SEEC FORM 20

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

Page	1	of	17
------	---	----	----

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE	SOAT LIGHT				LETP'ESO		
Marilyn for Mayor					is.		
2. TREASURER NAME			10		0.00	701-140-7	
Pirst		МІ	Last				Suffix
John		D.	Soltis				
3. TREASURER ADDRESS				the second of			
Street Address			City		State	Zip (ode
93 Ellsworth Street Apt. 210		18	Bridgepor	t	СТ	O66	05
4. ELECTION/REFERENDUM DATE	ELECTION/REFERENDUM DATE 5. OFFICE SOUGHT (Complete only if Candidate Committee)					6. DIST	RICT NUMB
(mm/dd/yyyy) 11/07/2023	Mayor			120		(y applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)	3			11.2	
First		MI	Last	Jan 193		27	Suffix
Marylyn	A 100 - 100	901	Moor	re			1
8. TYPE OF REPORT (Check One Box)				Idaye Call Askin II			
January 10 filing	7th day preced	ling primary	07	th day preceding referendum	[] Initial C	ontribution o	Disburseme
April 10 filing	O30 days follow	ing primary	O45	5 days following referendum	(PACs ON	LY)	
July 10 filing	7th day preced	ling election	OD	eficit	Type of F		
October 10 filing	O12th day prece		OT	ermination	AMEND	ED April 10	filing
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in Nov	ing election					
. PERIOD COVERED		n de la particiona					45
	Beginning Date	9		Ending Date	CHAR	27 APR	0.038 8EC.0
<u>(</u>	01/17/2023		thru	03/31/2023	RLES D.	PR I	POR P
					200) E	
D. CERTIFICATION		977	HS TO		mm M	3 3	987
I hereby certify and state, under pe Disclosure Statement for the per	enalties of false sta iod covered is tru	atement, that ue, accurate	t all of the	e information set forth on the information set forth on the information set for the information is a set of the information set for the information set inform	nis Itemized C	impalgar Piu 8	DS DS BFG BFG BFG
HO		Joh	ın D. Solti	s		04/11/20)23
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	PRI	NT NAME	OF SIGNER		DATE (m	m/dd/yyyy)
				4000			

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) Marilyn for Mayor	TYPE OF REPORT April 10 filing				
viality it for widy or	COLUMN A	COLUMN B			
	This Period	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			
6a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00			
6b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	and was All S	A PLATFILME			
6c. Total Purchases of Advertising Program Book or Sign (Section L3)	\$0.00	\$0.00			
7. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$66,777.00	\$66,777.00			
8. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$66,777.00	\$66,777.00			
9. Expenses Paid by Committee (Section P)	\$5,078.55	\$5,078,55			
0. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$61,898.45	\$61,898.45			
1. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	0.00			
2. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00			
i. In-Kind Contributions Received (Section M)	\$0.00	\$0.00			
. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00			
5. Loan Balance	\$0.00				
ia. + Loans Received (Section D)	\$0.00	\$0.00			
b. + Interest and Penalties on Loan	\$0.00	\$0.00			
c Payments on Loan	\$0.00	\$0.00			
d. Total Outstanding Loan Amount	\$0.00				
. Campaign Expenses Paid by Candidate (Section Q)	\$73.86	\$73.86			
Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00			
Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$1,196.44				
	\$1,196.44				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Marilyn for Mayor				April 10 filing					
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	s					
	-								
	zed Cont		utions from Indiv	iduals					
Last Name Morris		Fin	ail				МІ		
Residential Street Address	Cir				1 54-4-		i- 0- 4-		
315 Ely Ave.		ily Jorwa	alk		State	- 1	ip Code 15069		
Principal Occupation			Name of Employer		<u> </u>				
Retired			Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busines valued at more than \$5,000	ess he/she is a					.mount	of Contribution		
event reported in Section L1? No If yes, indicate w	hich branch	h or b		_ O No					
## ## ## ## ## ## ## ## ## ## ## ## ##	ne contract is	s with	Date Received	Aggregate Contributions	-				
Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney Or	rder	3/15/2023	riggregate Conditions					
Last Name	O ************************************	First]			MI		
Gooden			smyn				R.		
Residential Street Address	City				State	Zir	Code		
335 Evers St.	Br	idge	port		СТ		6610		
Principal Occupation			Name of Employer						
Registered Nurse			Aya Healthcare						
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000	s he/she is a				~ -	mount (of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event # No Section L1? If yes, list Event # No Section L1?	hich branch	or br		e contractor? Yes No Legislative					
Method of Contribution:		1	Date Received	Aggregate Contributions	7				
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money Ord	der	2/20/2023						
ast Name		First					MI		
Cooper		wa	ren						
tesidential Street Address	City				State		Code		
245 Palisades Avenue	DIT	idge			СТ	0	610		
rincipal Occupation Supervisor			Name of Employer Career Resources						
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business		candi	date for a chief executive		, An	nount o	f Contribution		
valued at more than \$5,000?		30010	O Yes O No	vidi said inuncipanty	\$50	0.00			
vent reported in Section L1? No If yes, indicate whi of government the	ich branch o	or bra with:	© Executive	Legislative ONo					
Aethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	۱.	Pate Received 2/19/2023	Aggregate Contributions					
to the Copy Copy Copy of the C	and the	W.C	Section B — This l	sage \$1,100.00					
			itional Section B Pa						
	-6-		(I						
TOTAL OF ALL CONTRIBUTIONS I (Enter total on			m A of Summary Page To						

I. MONETARY RECEIPTS (Sections A—K)

Marilyn for I	IE OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) yn for Mayor						1	TYPE OF REPORT April 10 filing			
es il color de			C1.	Contributio	ns from	Other (Commit	tees			
Name of Committ							e of Treasure:				
Together fo	r Tomorrow PAC					Lisa	Kelly				
Address					Is this co	ontribution	associated v	vith an Oyes ONo	Amount of Contribut		
1898 Jennife	ers Dr.				event re	ported in Se	ection L1? If yes, list I	vent#	\$300.00		
City			State	Zip Code	Date 1	Received	1	ggregate Contributions			
Guilford			СТ	06437	2/14	1/2023	1	300.00			
Name of Committe	ce				1	Name	of Treasurer				
Ten Town PA	AC .					Chri	istopher \	'. Marino			
Address					Is this co	ontribution a	associated w	ith an OYes ONo	Amount of Contributi		
334 Fairview	Rd.				event rep	ported in Se	ction L1? <i>If yes</i> , list E		\$1,000.00		
City			State	Zip Code	Date R	Received		ggregate Contributions	-		
Westbrook			CT	06498	03/1	0/23	\$	1,000.00			
Name of Committe	xe					Name	of Treasurer	·			
	~ tion Workers Of An	nerica Loca	I 1298			1 '	ise M Gib	son			
Address					T . a .				Amount of Contributi		
40 Scott Rd.					event rep	orted in Sec	ction L1?	th an Yes No			
City	• .	T:	State	Zip Code	Date R	eceived	If yes, list E	gregate Contributions	\$500.00		
·				1 '			- 1				
Prochari			CI	1 06/17	13/7/	アフロフマ	I &	รกก กก	18		
Prospect			СТ	06712		/2023		500.00			
				1		butions	from ot	her Committees			
Prospect Vame of Committee Cabrera for th	3			1		butions Name					
lame of Committee	3			1		butions Name	from ot		State Zip Code		
Name of Committee Cabrera for the	ne People			1	S Distri	butions Name	from ot		State Zip Code CT 06514		
Tame of Committee Cabrera for the ddress 352 Wintergro	een Ave.	. Reimbur		1	S Distri	Name of Sean	from ot		CT 06514		
Name of Committee Cabrera for the Address 352 Wintergre Date Received	ne People een Ave.	. Reimbur	rsemen	1	City	Name of Sean	from other of Treasurer P Grace		1 1 .		
Tame of Committee Cabrera for the address 352 Wintergro Date Received 2/8/2023	een Ave.	. Reimbur	rsemen	ts or Surplu	City	Name of Sean	from other of Treasurer P Grace		CT 06514 Amount of Receipt		
Tame of Committee Cabrera for the address 352 Wintergro Date Received 2/8/2023	een Ave.	. Reimbur	rsemen	ts or Surplu	City	Name of Sean	from other of Treasurer P Grace		CT 06514 Amount of Receipt		
Tame of Committee Cabrera for the Address 352 Wintergro Date Received 2/8/2023 Description	een Ave. Boxpenditure # (if applicable)	. Reimbur	rsemen	ts or Surplu	City	Name Sean	from other of Treasurer P Grace		CT 06514 Amount of Receipt		
Vame of Committee	een Ave. Boxpenditure # (if applicable)	. Reimbur	rsemen	ts or Surplu	City	Name Sean	from ot		CT 06514 Amount of Receipt		
Tame of Committee Cabrera for the Address B52 Wintergree Date Received 2/8/2023 Description The Committee	een Ave. Boxpenditure # (if applicable)	. Reimbur	rsemen	ts or Surplu	City	Name Sean	from ot		CT 06514 Amount of Receipt		
Tame of Committee Cabrera for the Address B52 Wintergree Date Received 2/8/2023 Description The Committee	een Ave. Boxpenditure # (if applicable)	. Reimbur	rsemen	ts or Surplu	City Harr	Name Sean	from ot		Amount of Receipt \$1,500.00		
Tame of Committee Cabrera for the ddress 152 Wintergree Part Received 1/8/2023 Pescription The Committee ddress	een Ave. Boxpenditure # (if applicable)	Paymo ORei	rsemen	ts or Surplu	City Harr	Name Sean	from ot		Amount of Receipt \$1,500.00		
Tame of Committee Cabrera for the ddress 152 Wintergree Part Received 1/8/2023 Pescription The Committee ddress	een Ave. Bxpenditure # (if applicable)	Paymo ORei	ent Type imburseme	ts or Surplu	City Ham pense	Name of Surplus Di	from ot		Amount of Receipt \$1,500.00		
fame of Committee Cabrera for the ddress 152 Wintergre Pate Received /8/2023 rescription ame of Committee ddress ate Received	een Ave. Bxpenditure # (if applicable)	Paymo ORei	ent Type imburseme	ts or Surplu	City Ham pense	Name of Surplus Di	from ot of Treasurer P Grace		Amount of Receipt \$1,500.00		
fame of Committee Cabrera for the ddress B52 Wintergre Date Received /8/2023 Description The Committee ddress ate Received	een Ave. Bxpenditure # (if applicable)	Paymo ORei	ent Type imburseme	ts or Surplu	City Ham pense	Name of Surplus Di	from ot of Treasurer P Grace	her Committees	Amount of Receipt \$1,500.00		
fame of Committee Cabrera for the ddress 152 Wintergre Pate Received /8/2023 rescription ame of Committee ddress ate Received	een Ave. Bxpenditure # (if applicable)	Paymo ORei	ent Type imburseme	ts or Surplu	City Harr City City City	Name of Surplus Di	from ot of Treasurer P Grace istribution	her Committees	Amount of Receipt \$1,500.00		
Tame of Committee Cabrera for the address 352 Wintergree Date Received 2/8/2023 Description ame of Committee ddress	een Ave. Bxpenditure # (if applicable)	Paymo ORei	ent Type imburseme	ent for shared ex	City Harri Pense G	Name of Surplus Distribution C —	from other of Treasurer P Grace istribution of Treasurer Distribution	e \$3,300.00	Amount of Receipt \$1,500.00		
Name of Committee Cabrera for the Address 352 Wintergro Date Received 2/8/2023 Description	een Ave. Bxpenditure # (if applicable)	Paymo ORei	ent Type imburseme	ent for shared ex	City Harr City Harr City AL Section BUTION	Name of Surplus Discon C — al Section I Sand I	from other of Treasurer P Grace istribution of Treasurer Distribution This Page RECEIPT	e \$3,300.00 s \$500.00 S \$3,800.00	Amount of Receipt \$1,500.00		

NAME OF COMMITTEE (Provide Complete Nam Marilyn for Mayor	ne as Registered with Filing Repos	sitory)		1 - 1 - 2 / 2 / 2	TYPE O	OF REPORT	
Manight to Mayor	D Loop	- Dage	eived this Perio	4 10 10	Арти	O Miling	no was a least of the
Name of Lender	D. LOAII	3 Kece	Source of Loan:	М			Day - Charies
			OBank OC	Candidate (Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	-
Name of Lender	·		Source of Loan: OBank OC	andidate () Individu	ial Oother	Date of Receipt
Street Address	City				State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank OC	andidate C) Individu	al Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (If applicable)							Amount Received
Street Address	City				State	Zip Code	ı. I
			TOTAL SECT	FION D			·
E. Receipts from Entit	ies other than Indivi	iduals	or Other Con	amittees	(Referen	rdum Committee	s ONLY)
lame of Entity							
treet Address				Date Rr	eccived		Amount Received
ity		State	Zip Code	Aggreg	gate Contrib	outions	
ame of Entity	1						
rreet Address				Date Re	ceived		Amount Received
ity		State	Zip Code	Aggreg	ate Contribu	utions	
ame of Entity	,					<u></u>	
reet Address				Date Re	ceived		Amount Received
ty	S	State	Zip Code	Aggregi	ate Contribu	utions	
			TOTAL SECT	ION E			

I. MONETARY RECEIPTS (Sections A—K)

				Αp	ril 10 filing
. Amount Transferred	from Affiliated	Rusina	g Trooping /D.		
	110 100 100 100 100			siness En	Amount
	on L1?	Yes <i>If ye</i> s No	, list Event #		VIIIoniif
	· · · · · · · · · · · · · · · · · ·		, list Event #		Amount
			, list Event #		Amount
134.5			, list Event #		Amount
			TOTAL SECTION	ON F	
ansferred from Affilia		n or Oth	er Organizatio	n Treas	ury (Organization Committees ONL
	Date of Receipt			Date of	Receipt
mount		Amount		1	Amount
	SET TO LANGE	TC	TAL SECTION	G	
				(19	
H. Personal Funds of (he Candidate R	eceived	this Period (Ca	ndidate (Committees ONLY)
H. Personal Funds of t	the Candidate R	teceived	this Period (Ca	ndidate (Committees ONLY) Amount
Control of the Contro	the Candidate R		this Period (Ca		III COMPLETE STATE OF THE STATE
Method of payment:					Amount
Method of payment: Cash Method of payment:	• Personal (Check	O Credit/Debit	Card	*\$500.00
Method of payment: Cash Method of payment: Cash		Check		Card	\$500.00 Amount
Method of payment: Cash Method of payment: Cash Method of payment:	Personal (Check	Credit/Debit	Card Card	*\$500.00
Method of payment: Cash Method of payment: Cash Method of payment: Cash	• Personal (Check	O Credit/Debit	Card Card	Amount \$500.00 Amount Amount
Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal (Check Check Check	Credit/Debit Credit/Debit	Card Card	\$500.00 Amount
Method of payment: Cash Method of payment: Cash Method of payment: Cash	Personal (Check Check Check	Credit/Debit	Card Card	Amount \$500.00 Amount Amount
	Is this transaction assoc event reported in Section Is this transaction assoc event reported in Section Is this transaction associate event reported in Section Is this transaction associate event reported in Section ansferred from Affilian	Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1?	Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Prescript Section Company of the section	Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Pages If yes, list Event # TOTAL SECTION TOTAL SECTION Date of Receipt Mount Amount	Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Is this transaction associated with an event reported in Section L1? Press, list Event # TOTAL SECTION F TOTAL SECTION F Total Section Treas Date of Receipt Date of Receipt

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

NAME OF COMMITTEE (Provide Complete		TYPE OF REPORT April 10 filing				
Marilyn for Mayor		SECTION IN COLUMN		Unling		
	J. Interest from Deposits in Author					
Name of Institution			Date Re	ceived	Amount	
Street Address	City	Sta	ite	Zip Code		
Name of Institution		1	Date Rec	ceived	Amount	
Street Address	City	Sta	te	Zip Code		
group delle station and con-	TOT	AL SECTION	J			
K. Mi	iscellaneous Monetary Receipts not Co			tions		
Name	sommer in the second se			te of Transaction	Amount Received	
Street Address	City		State	Zip Code		
Description						
Name			Dat	te of Transaction	Amount Received	
Company Addition	Lev		State	Zip Code	Amount Received	
Street Address	City		State	Zip Code		
Description				· · · · ·		
Name			Date	e of Transaction	Amount Received	
Street Address	City	T	State	Zip Code		
Description						
Name			Date	of Transaction	Amount Received	
Street Address	City		State	Zip Code		
Description		1				
	TOTAL SI	ECTION K				
SUMMAR'	Y OF OTHER MONETARY RECEIP	TS (Sections)	D thr	ough K)		
otal Loans Received this Period (Section	on D)					
otal Receipts from Entities other than I	ndividuals or Other Committees (Section E)	-	-			
otal Amount Transferred from Affiliate	ed Business Treasury (Section F)		ŀ			
	ed Labor Union or Other Organization Treasu	ry (Section G)	+			
otal Amount of Personal Funds of the C	Candidate Received this Period (Section H)		+			
otal Amount of Interest from Deposits i	n Authorized Accounts (Section J)	-	+			
otal Miscellaneous Monetary Receipts r	not Considered Contributions (Section K)	·	+ 1/	100		
(Add Sec	Total of Other ctions D through K) (Enter total on Line 15, Column					

NAME OF CO		(Provide Complete Name as Registered with Filing Repositor)	y)	TYPE OF REPORT April 10 filing		
(6)(6)		L1. Ever	nt Information		A VENE	
Event # Date of Event 2/10/2023	Letter A	Description Fundraising event with light refreshment	ts		Was this a fu	indraising even
Location: Street Circlo Sporting		500 Park Avenue	City Bridgeport		State	Zip Code 06604
Subpart 1: (A Was this even		ttees) a personal residence?		5 In-Kind Donations no use Party and complete ti(s) for food, beverage a	required in for	rmation for an
		de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			OYes (If yes, enter Total Rec	eipts here.)	\$	
	chases of	nittees, Municipal Candidates and Political Com. advertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L.			Program Book
	nittee sell	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	
Event # Date of Event 02/20/2023	Letter B	Description Fundraising event	**************************************		Was this a fun	ndraising even
Location: Street A Miss Thelma's		d Restaurant, 140 Fairfield Avenue	City Bridgeport		State	Zip Code 06604
Subpart 1: (All Was this event l		ees) a personal residence?	OYes (If yes, go to Section L5 Associated with a Houpurchases made by hoste No	se Party and complete i	required inform	
		e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Le and complete required i		t Considered (Contributions
		sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Rece	ipts here.)	<u> </u>	
Subpart 2: (Pas Were there pure sign associated v	hases of a	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a undraiser?	or on a Sign and complete No	Purchases of Advertisis		Program Book
	ttee sell fo	ittees ONLY) ood or beverage at a fair or similar mass tate with this fundraiser?	OYes (If yes, enter Total Recei	pts here.)	3	
SUBTOTA	L Section	L1-Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — T	his Page		
	9		on L1—Subpart 3 (Town Committe pts from Food Purchases — T			
		1	FOTAL of additional Section	Li Pages 1		
			PTS FROM SMALL PUR Line 16a, Column A of Summary I			

				nmittees are no longer re n, or a sale of donated ite			
	MITTEE (Provide Complete Nam	ne as Registered with Filing Repo	sitory)	TYPE OF RE			- Haranik
Marilyn for Mayo	or			April 10 fili	ing		
	L3. P	urchases of Advertis	sing in a Prog	gram Book or on a Sign			
Name of Purchaser					l _	chase Made By:	
					1 =	Business Entity	_
Street Address			City		10	Individual/Sole State	Proprietorship Zip Code
						Şimic	
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Pur	chase	Amount of S	Sign Purchase
Name of Purchaser						hase Made By:	
						Business Entity	_
Street Address			City		10.	Individual/Sole State	Proprietorship Zip Code
Street vomess			City			State	Zψ Coss
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad Pure	chase	Amount of Si	ign Purchase
Name of Purchaser					Purc	hase Made By:	
					O	Business Entity Individual/Sole I	Other Proprietorship
Street Address			City		10-	State State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
Name of Purchaser					Purch	nase Made By:	
That was a second					I .	Business Entity	Other
					1 =	ndividual/Sole P	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	- Con All Events	Amount of Program Ad Purc	Lago	Amount of Sig	- D-unhasa
Jate Received	Even #	Aggregate 1 account	I lor All Evene	Amount or Frogram as a way	Паве	AllQuit vi J.,	gn Furtuest
Name of Purchaser					Purch	ase Made By:	-
					OB	Business Entity	Other
					Or	ndividual/Sole P	
treet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcl	hase	Amount of Sig	n Purchase
BLG RECEITAN	ETYMA 17	118811	Mi fui ave	Vincent At 1 1 AB.		Almower	ill A Ma vinner
	SUBTOTAL Section	on L3 Total Purchases of	Advertising in I	Program Book — This Page			
	SUBTOTA	L Section L3 Total Purc	hases of Advert	ising on a Sign — This Page			
			TOTAL of	additional Section L3 Pages			
T	OTAL OF ALL PURCHA			RAM BOOK or ON A SIGN			

Marilyn for Mayor	L	In Kind Donatio			April 10 filing)		
Name of Donor	L	L4. In-Kind Donations Not Considered Contributi						
Name of Donor		. III-WIRG DONAGO	ns Not Cons	idered Contribu	ıtions	i wate		A Company
Street Address			City				State	Zip Code
Donation Given By: De	escription of Donation					Pale	Market V	lue of Donati
O Business Entity						ran	MINIMEL VI	ine or Donah
Orași asam	te Received	Event #		Aggregate Value fo	r this Event	┥		
O Sole Proprietorship		2.5,,,						
Name of Donor		<u>'</u>						
Street Address			City				State	Zip Code
Donation Given By: Des Business Entity	Description of Donation					Fair l	Market Va	lue of Donatio
O Individual Dat	e Received	Event #		Aggregate Value for	this Event	7		
Sole Proprietorship								
lame of Donor								,
treet Address			City				State	Zip Code
Business Entity	cription of Donation		`			Fair !	Market Val	ue of Donatio
Individual Sole Proprietorship	: Received	Event#	•	Aggregate Value for	this Event			
ame of Donor	-							
reet Address			City				State	Zip Code
onation Given By: Description Description Given By: Description De	cription of Donation			<u> </u>		Fair M	Iarket Valu	ie of Donation
Individual Date Sole Proprietorship	Received	Event #	_	Aggregate value for t	his Event			
		SUI	STOTAL Secti	on L4 — This Page		<u> </u>		
		тот	AL of addition	al Section L4 Pages				
TOTAL C	OF ALL IN-KIND	DONATIONS NOT C	ONSIDERED Column A of Su	CONTRIBUTIONS mmary Page Totals)				

Marilyn for Mayor					EPORT	
				April 10 filing		
	L5. In-Kind Donations Not Consid	dered Contributions Asso	ciated with a	House Pa	rty	
Name of Host			committee?	t supporting in OYes O complete Items	No	one candidate
Street Address		City	'		State	Zip Code
Description of Donation		'		Fair Ma	arket Value	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate			
Name of Host			committee?	supporting no Yes Oleomplete Itemi	No	one candidate
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate	1		
lame of Host			committee?	supporting m OYes ON omplete Itemiz	lo .	ne candidate dendum L5
treet Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
vent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
ame of Host			Is this event sommittee?		io	
reet Address		City			State	Zip Code
escription of Donation		I		Fair Mai	ket Value	of Donation
ent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
	Control of the second	SUBTOTAL Section L5 —	This Page			
		FOTAL of additional Section	n L5 Pages			
	OF ALL IN-KIND DONATIONS NO HA HOUSE PARTY (Enter total on					

NAME OF COMMITTEE (Provide Complete	e Name as I	legistered with	h Filing Repository)			TYPE OF R		NAME OF STREET	(A) (A) (A) (A)
Marilyn for Mayor						pril 10 fi	ling		
			M. In-Kind Co	ntr	ributions			A IMA	THE X HE
Name									
Street Address				Ci	ity			State	Zip Code
Type of contributor: OCommittee	Date Reco	eived	Aggregate Contributions		Description of In-Kind Con	itribution			
OIndividual / Sole Proprietorship Oother									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she is associa		e for a chief executive offic with have a contract with s OYes ONo				Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	utor a principal of a state , indicate which branch o emment the contract is wi	or br	ractor or prospective state ranches Executive		Ŏ No		
Name									
[0				les	a.			1 Conta	12:- 0:1
Street Address				Cit	у			State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Contributions	_	Description of In-Kind Cont	cribution			
Ondividual / Sole Proprietorship OOther									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		r business he/she is associ	iated	te for a chief executive office with have a contract with the Yes No				Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes, i	tor a principal of a state c indicate which branch or rnment the contract is wit	r bra	actor or prospective state conches		O N₀		
Name		01 80 100	Illiont the volume.		<u> </u>				<u> </u>
Street Address				City	,			State	Zip Code
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Receiv	red	Aggregate Contributions		Description of In-Kind Contr	ribution	·		<u></u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		business he/she is associa		e for a chief executive office with have a contract with s			+	Market Value Contribution
		Is contribute If yes, in		bra:	actor or prospective state co		SYes No		
17 yes, list Event #		OI ROAPIT		- 10		ekisian ve			
HOSTER BURNERS					tion M — This Page				
		FE 15	TOTAL of add	ition	nal Section M Pages	<u> </u>			
TOTAL OF ALL IN-KIND CONT	RIBUT	TONS (En	iter total on Line 23, Colu	mun A	of Summary Page Totals)				
	N.	Refund	able Deposit to To	elej	phone Company	NEW THE PARTY OF T	7 VI. 4V		
ast Name of Individual			Füst				МІ	Date Deposit	Made
esidential Street Address			City		State	Zip	Code		mount of Deposit
lame of Telephone Company								\dashv	•
and or resolution conducts									
treet Address		-	City		State	Zip	Code	\dashv	
TOTAL SEC	CTION	N (Enter to	tal on Line 24, Column A	A of	Summary Page Totals)				

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

SEEC FORM 20 Revised Jonatory 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMM Marilyn for May	TITEE (Provide Complete Name as Registered wit	h Filing Repository)		April 10 filing		
SUSTINGUES.		P. Expenses Paid by Cor	nmittee	(43)	25	Talky 183
Name of Payee				Date of Payment	Method of	Payment:
Sportivo Club				2/13/2023	O Check	
Street Address		City			State	Zip Code
2500 Park Avenu	ne	Bridgeport			СТ	06606
Purpose of Expenditure (by code) FNDR	f Expenditure Description FNDR Hall Rental		Even A		\$900.0	Amount O
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendated None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	ht (joint expenditure)) Independent	ed) DAOBOCOD		
Name of Payee				Date of Payment	Method of P	
Day Campaign				3/31/2023	O Check O Debit (
Street Address		City			State	Zip Code
112 Bloomfield A	ive.	Windsor			СТ	06095
Purpose of Expenditure	Description		Event	#		Amount
(by code) WEB	Payment Processing Platform				\$200.00)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sough Coordinated without reimbursement sou	t (joint expenditure)	Independent	ф а Ов Ос О о		
Name of Payee	•			Date of Payment	Method of Pa	
Day Campaign				3/31/2023	O Check i	_
Street Address		City			State	Zip Code
112 Bloomfield A	ve.	Windsor				
Purpose of Expenditure	Description		Event	¥	A	mount
(by code) CCP	Credit Card Fee Charge				\$1,161.8	10
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendu None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)) Independent	AOBOCO D	Method of Pa	
Name of Payee Anita Shipp				Date of Payment 2/9/2023	Check #	1002
Street Address		City				Zip Code
o Box 8184 Stam	nford CT	Stamford			СТ	06905
Purpose of Expenditure by code) PRNT	Description Marketing collaterals produced/p	printed	Event á	ı	\$60.00	mount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	(joint expenditure)	Independent	4 <u> </u>		
		SUBTOTAL Sect	ion P — This	Page \$2,321.80		
		TOTAL of addition	al Section P Pa	sges \$2,756.75		
	TOTAL OF	ALL EXPENSES PAID BY	Y COMMIT	FEE \$5,078.55		
	(Line		,			

NAME OF COMM Marilyn for May	ATTTEE (Provide Complete Name as Register	red with Filing Repository)	TYPE OF REPOR	T
		Campaign Expenses Paid b		
Name of Payee (Name	of Vendor, Person or Entity who candidate pai		Date of Payment	Is reimbursement claimed?
Staples online	•	••		O Yes O No
Street Address		City		
N/A		N/A		State Zip Code
Purpose of Expenditure (by code) PRNT	Description N/A		Event#	Amount \$73.86
Name of Payce (Name a	of Vendor, Person or Entity who candidate paid	l directly)	Date of Payment	ls reimbursement claimed?
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Name of Payee (Name o	f Vendor, Person or Entity who candidate paid	directly)	Date of Payment	Is reimbursement claimed? O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Name of Payee (<i>Name of</i>	Vendor, Person or Entity who candidate paid	directly)	Date of Payment	Is reimbursement claimed? O Yes O 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 d	lirectly)	Date of Payment	Is reimbursement claimed? O Yes O No
treet Address		City		State Zip Code
urpose of Expenditure y code)	Description		Event #	Amount
ame of Payee (Name of 1	l Vendor, Person or Entity who candidate paid di	rectly)	Date of Payment	Is reimbursement claimed? O Yes O No
reet Address		City		State Zip Code
rpose of Expenditure y code)	Description	•	Event #	Amount
		SUBTOTAL Section	on Q — This Page \$73.86	
		TOTAL of additional	Section Q Pages	
	TOTAL	OF ALL EXPENSES PAID B Enter total on Line 26, Column A of Sa	Y CANDIDATE \$73.86 ummary Page Totals)	

Marilyn for Mayo	TEE (Provide Complete Name as Registered with Filing OF	Repository)	TYPE OF RE April 10 fili		E Charles
S. JAWA		ncurred on Comm		V - 1	
Name of Issuing Ins	_	Type of Credit			
		O Visa	Master Card Discover	American Expre	ss OOther:
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. None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought)	int expenditure)	the below" is checked) Independent Organization OA OB O	СОР	
ame of Vendor, Person	or Entity			Date of 1	Fransaction
treet Address		City	<u> </u>	State	Zip Code
y code)	Description		Event#		Amount
y code) spenditure # applicable)	Type of Expenditure (Itemization in Addendum R I	nt expenditure)			Amount
y code) xpenditure # * applicable) ame of Vendor, Person or	Type of Expenditure (Itemization in Addendum R I	nt expenditure)	he below" is checked) Independent		
expenditure # f applicable) ame of Vendor, Person or rect Address repose of Expenditure y code)	Type of Expenditure (Itemization in Addendum R I	nt expenditure) in-kind contribution)	he below" is checked) Independent	Date of T	ransaction
y code) xpenditure # (applicable) ame of Vendor, Person or reet Address	Type of Expenditure (Itemization in Addendum R It None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (in Entity	nt expenditure) in-kind contribution) City equired unless "None of the texpenditure)	he below" is checked) Independent Organization: Event #	Date of T	ransaction Zip Code
y code) xpenditure # (applicable) ame of Vendor, Person or rect Address rpose of Expenditure (code)	Type of Expenditure (Itemization in Addendum R Itemization in Addendum	nt expenditure) in-kind contribution) City equired unless "None of the texpenditure)	Event # Below is checked) Independent B Octoor	Date of T	ransaction Zip Code
rependiture # applicable) me of Vendor, Person or cet Address pose of Expenditure code)	Type of Expenditure (Itemization in Addendum R Itemization in Addendum	equired unless "None of the expenditure) t expenditure) n-kind contribution)	Event # Event # Dorganization: A OB Oc B Oc	Date of T	ransaction Zip Code

NAME OF COMMI Marilyn for May	TTEE (Provide Complete Name as Registered with Filing Repository)		OF REPORT	- J - 1	11 11 31 5
Ivianiya tor iviay	S. Expenses Incurred by Com	mittee but Not Paid				
Name of Creditor	5. Expenses interior by Com	Interest But 110t 1 and	During th	310104	Date Incur	red
Joan V. Hartley		2/8/2023		23		
Street Address City			State	Zip Code		
500 Chase Parkv	vay	Waterbury		СТ	06708	
Purpose of Expenditure (by code) REF Check deposited into the committee's checking account in error.				(Est	ount Incurred imate or Actual)	
Expenditure # (If applicable)					\$1,00	JO.00
Name of Creditor Marilyn Moore					2/1/202	
Street Address	-	City			State	Zip Code
666 Cleveland Av	/e.	Bridgeport			СТ	06604
Purpose of Expenditure (by code) RMB	Campaign meeting - restaurant cost		Event #			ount Incurred mate or Actual)
Expendiure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ure) Organi	endent)в Ос Ор	\$77.6	4
Name of Creditor					Date Incurre	d
Marilyn Moore					2/3/2003	3
Street Address 666 Cleveland Av	е.	City Bridgeport			State CT	Zip Code 06604
Purpose of Expenditure by code) RMB	Description Campaign meeting - restaurant cost		Event #		(Estin	unt Incurred nate or Actual)
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum S Required use None of the below Coordinated with reimbursement sought (joint expenditused to Coordinated without reimbursement sought (in-kind control to the control to t	Indepe	ndent	в Ос Ор	\$55.1	1
	A STORY OF THE STORY	SUBTOTAL Section S	S-This Page	\$1,132.75		
	TO	OTAL of additional Sect	ion S Pages	\$63.69		
TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURIN (Enter total on Lin	G THIS PERIOD BUT ne 28, Column A of Summar		\$1,196.44		
	Previously reported Expe	nses Unpaid and still Ou	tstanding	0.00		
	TOTAL OF ALL EXPENSES INCURRED I	BY COMMITTEE BUT 28a, Column A of Summar,		\$1,196.44		

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Reposit	tory)				YPE OF R pril 10 fil			
	T. Itemization of Rein	nbu	rsements a	and Secon					
Last Name of Worker/C		F	_{irst} Narilyn		•	•	МІ	Person e	Payment to Vendor, or Entity /2023
Name of Vendor, Person Staples	n or Entity Paid by Committee Worker/Consultant					reported	to Reimburs in Section P: eck # <u>1041</u>	-	Worker/Consultant a
Street Address of Vendo Staples online	or, Person or Entity Paid by Committee Worker/Consultant		City N/A					State N/A	Zip Code N/A
Purpose of Expenditure (by code) PRNT	Description Printer cartridge				Event #			\$75.86	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditure with reimbursement sought (joint expenditurement) Coordinated without reimbursement sought (in-kin temporated)	pendit	ture)	O Indepe	ndent O	0 (), O, D		
Last Name of Worker/Co	msultant	Fü	rst				МІ	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant						n Section P:		Worker/Consultant as
Street Address of Vendor	r, Person or Entity Paid by Committee Worker/Consultant		City					State	Zîp Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-kind)	enditu	ıre)	Indepe	ndent O	O C) О		
Last Name of Worker/Cor	nsultant	Fin	st		•		MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant		_				Section P:	Committee V	Vorker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditur	re)	Indepen	dent O	O C) О		
		SI	UBTOTAL S	ection T —	This Pag	e \$75.8	86		
		TO	TAL of addit	ional Section	on T Page	:8			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	VOI	RKERS AN	D CONSU	LTANI	\$ \$75.8	36	-	

SEEC FORM 20 Revised Francey 3015

Section L1. ADDITIONAL PAGE 1____ of 1___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	the sales of the sales	TYPE OF REPORT		
Marilyn for Mayor		April 10 filing		
L1. Even	t Information	OTHER STREET		
Event # Date of Event Letter Mar 19, 2 D Fundraising event with food			Was this a fu • Yes	ndraising ever
Location: Street Address	City		State	Zip Code
The Gathering and Tap Tavern, 155 State St.	Bridgeport		СТ	06604
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complet	e required info	mation for any
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 La and complete required in	nformation.)	ot Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (<i>If yes</i> , enter Total Rece	ipts here.)	\$	· · ·
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Subpart 3: (Town Committees ONLY)		Purchases of Adverti		Program Book
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Rece	ipts here.)	\$	<u>.</u>
Event # Description Date of Event Letter	-		Was this a fun O Yes	draising event
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 Associated with a Houspurchases made by host(s	e Party and complete	required inform	
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 and complete required in No		ot Considered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Recei		\$	
sign associated with this fundraiser?	ittees other than Exploratory C Yes (If yes, go to Section L3 I or on a Sign and comple No	urchases of Advertis		Program Book
rathering held within the state with this fundraiser?	OYes (If yes, enter Total Receip	ots here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from	m Sale of Donated Items — Ti	his Page \$0.00		
	n L1—Subpart 3 (Town Committee its from Food Purchases — Ti			
1	OTAL of additional Section I	1 Pages \$0.00		
	PTS FROM SMALL PURC ine 16a, Column A of Summary P			

SEEC FORM 20 National Assessing 2015

Section P. ADDITIONAL PAGE 1____ of _2_

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repositor)			TYPE OF REPORT	STO ME	
Marilyn for Mayor			April 10 filing			
The last law	P. Expense	s Paid by Committe	e		16128	
The Stress Factory comedy club, Bridgeport (for The Gathering and Tap Tavern) Date of Payment Date of Payment			Method of Chec			
Street Address 167 State St.		Bridgeport		State	Zip Code 06604	
Purpose of Expenditure (by code) FNDR	Description Fundralsing event with food		Even:	t#	\$2,344	Amount
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization O B O C D						
Name of Payee Stop and Shop	·			Date of Payment 3/11/2023	Method of O Check O Debit	c#
Street Address 760 Villa Ave.		City Fairfield			State CT	Zip Code 06825
Purpose of Expenditure (by code) FOOD	Description Meeting refreshments		Event	#	\$12.71	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee)	dent	A OBOC OD		
Name of Payee Staples Online				3/19/2023	Method of I Check Debit	#1041
Street Address		N/A			State N/A	Zip Code N/A
Purpose of Expenditure by code) PRNT	Description Printer cartridge		Event #	y * · · ·	\$ 75.86	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)	ndent	A OB OC OD		
Name of Payee TAYLOR RENTAL (CENTER			Date of Payment 2/10/2023	Method of P Check Debit (#Card OEFT
ireet Address 304 Boston Post F	Rd.	Orange			State CT	Zip Code 06477
urpose of Expenditure by code) MISC	Description Event # Tablecloths A		\$240.40	Amount		
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in kind contrib	nmittee) O Independ	dent _	A OB OC OD		
	sı	UBTOTAL Section P —	This l	Page \$2,673.02		

SEEC FORM	Zi
Bandond Service 9016	

SEEC FORM 20 Section PADDITIONAL PAGE 2 of 2

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Repositor)	y)	TYPE OF REPORT	
Marilyn for	Mayor			
	P. Expense	s Paid by Committe	æ	
Name of Payee			Date of Payment	Method of Payment:
В	lig Y		2/10/2023	Check #
Street Address		City	ZITOIZOZO	State Zip Code
055 111	1	Stratford		OT COOL
355 Hawley Purpose of Expenditure		- Change	F #	CT 06614
(by code)	Light refreshments	Event #		**************************************
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ure) 🔲 Indepe	ndent zation: O A O B O C O D	
Name of Payee			Date of Payment	Method of Payment:
TI	D Bank		3/22/2023	☐ Debit Card ■ EFT
Street Address		City	•	State Zip Code
975 Madis	son Ave.	Bridgeport		CT 06605
Purpose of Expenditure (by code) BNK	Returned Deposit Item Ch	arge	Event #	Amount \$20.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	e) 🔲 Indepen		
Name of Payee		_	Date of Payment	Method of Payment:
TD Bank			Check #	
Street Address		City		State Zip Code
975 Madiso	on Ave.	Bridgeport		CT 06606
Purpose of Expenditure by code)	Description		Event #	Amount
BNK	Maintanance Fee			\$10.00
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contraction)	re) Indepen		
Name of Payee			Date of Paytiscut	Check # Debit Card
Street Address		City	•	State Zip Code
				1 1
rupose of Expenditure by code)	Description		Event #	Amount
expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribution)) Independ		-
	SI	UBTOTAL Section P —	This Page \$83.73	
	тот	FAL of additional Section	on P Pages	
	TOTAL OF ALL EXPEN	NSES PAID BY COM 19, Column A of Summary		

SEEC FORM 20 Raylood January 2015

Section S ADDITIONAL PAGE 1 of 1

	ITEE (Provide Complete Name as Registered with Filing Repository)	2	TYI	PE OF REPORT		
Marilyn for Mayo	or					
	S. Expenses Incurred by Com	nittee but Not Paid	During t	his Period	1000	A DESCRIPTION
Name of Creditor Marilyn Moore		***		- A.S	Date Incurr	ed
Street Address		City			State	Zip Code
666 Cleveland A	ve,	Bridgeport			СТ	06604
Purpose of Expenditure (by code) RMB	Light refreshments		Event #			ount Incurred mate or Actual)
	Light tellesiments		D		\$63.6	9
Expenditure # (f/ applicable)	Type of Expenditure (Itemization in Addendum S Required s None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ure) Indep	endent	Ов Ос От		
Name of Creditor					Date Incurre	d
Street Address		City	<u> </u>		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			unt Incurred nate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated without reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with the below Coordinated with reimbursement sought (in-kind control of the below Coordinated with the below Coor	C Indepe	endent	Эв Ос О в		
Name of Creditor					Date Incurred	
itreet Address		City			State	Zip Code
urpose of Expenditure by code)	Description		Event #			nt Incurred ate or Actual)
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum S Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	(Indepe	ndent	рв Ос Ор		
		SUBTOTAL Section S	-This Page	\$63.69		
	то	TAL of additional Sect	ion S Pages	\$63.69		
OTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURING (Enter total on Line	G THIS PERIOD BUT 28, Column A of Summa				
	Previously reported Expen	ses Unpaid and still Ou	tstanding	\$0.00		
	TOTAL OF ALL EXPENSES INCURRED B (Enter total on Line 2	Y COMMITTEE BUT				
	· · · · · · · · · · · · · · · · · · ·					

SEEC FORM 20 Revised January 2015

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) SUBTOTAL SECTION A	\$			
B. Itemized Contributions from Indiv	riduals			
Last Name First		MI		
Abrams Mary		1		
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? If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ct with said municipality	Amount of Contribution \$200.00		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective statement of the section L1? No If yes, list Event # Is contributor a principal of a state contract or prospective statement of government the contract is with:	ate contractor? Yes No			
Method of Contribution: Date Received	Aggregate Contributions	1		
□ Cash □ Personal Check ● Credit/Debit Card □ Payroll Deduction □ Money Order 1/31/2023				
Last Name First	- 11 .	MI		
Adams Terry		B.		
Residential Street Address City		State Zip Code		
14 Lipton Place Stamford		CT 06902		
rincipal Occupation Name of Employer				
Retired Retired				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	re officer of a municipality, t with said municipality	Amount of Contribution \$200.00		
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with:	te contractor? Yes No			
Method of Contribution: Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 3/13/2023				
ast Name First	<u></u>	MI		
Anderson Sarah				
csidential Street Address City	s	State Zip Code		
338 Summerfield Avenue Bridgeport	1	CT 06610		
rincipal Occupation Name of Employer				
Retired				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality	Amount of Contribution \$50.00		
this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches If yes, indicate which branches If yes,	No			
fethod of Contribution: Date Received	Aggregate Contributions			
1 Cash ☐ Personal Check				
SUBTOTAL Section B — This	Page \$450.00			
TOTAL of additional Section B P	ages			
	The state of the s			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1				

Section B ADDITIONAL PAGE 2 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayo) r			1	April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	<u></u> .			
	B. Itemized Co	ontrib	utions from Indiv	iduak				
Last Name	<u>. </u>	Fi	rst				MI	
Angerame		E	leanor				_ H.	
Residential Street Address		City				State	Zip Code	
497 Laurel Avenue		Brid	geport			СТ	06605	
Principal Occupation			Name of Employer					
Director	_		Green Field In	itiativ	/e	_		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?						unt of Contribution 0.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bre of government the contre	nch or b	oranches	_	No No			
Method of Contribution:			Date Received	Aggreg	ate Contributions	7		
☐ Cash ☐ Personal Check	Card ☐ Payroll Deduction ☐ Mone	y Order	3/24/2023					
Last Name	*	Fir		J.,			MI	
Anwar			Saud					
Residential Street Address		City			· 1	State	Zip Code	
93 Rock Ledge Drive		Sout	th Windsor			СТ	06074	
Principal Occupation	<u> </u>		Name of Employer					
Physician			NEPA, LLC				<u> </u>	
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive isted with have a contract Yes No	e officer with sai	of a municipality, d municipality		ant of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	oranches		No			
Method of Contribution:			Date Received		te Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	3/25/2023					
Last Name	···	Firs					МІ	
Azor		G	erard					
Residential Street Address		City				State	Zip Code	
91 Ridgeley Avenue		Fairf	ield			CT (06825	
Principal Occupation	··· <u>·</u>		Name of Employer					
Pharaceutical Account Manag	er		Cardinal Hea	lth				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	idate for a chief executive attend with have a contract \(\subseteq \text{Yes} \text{No} \)	officer with sai	of a municipality, d municipality	\$50.	ent of Contribution	
is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a self yes, indicate which branched of government the contract	ich or bi	ranches	contrac	No			
Method of Contribution:			Date Received	Aggrega	te Contributions			
🗆 Cash 🔲 Personal Check 🛑 Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order	2/4/2023					
	SUBT	OTAL	Section B — This	Page	\$350.00	<u>. </u>		
	TOTAL	of ad	ditional Section B P	ages	\$61,	377.0	0	
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1	INDIV	VIDUALS (Sections A nn A of Summary Page 7	+ B) otals)	\$6	2,477	.00	
							_	

SEEC FORM 20 Revised James y 2015

Section B ADDITIONAL PAGE 3 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Ш,		TYPE OF REPORT	11 To 11	30 2		
Marilyn for Mayor			April 10 filing	April 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$				
Marilyn for Mayor							
	ntri	butions from Indivi	duals	STILL	- 2		
Last Name	П	First				МІ	
Bakalar		Rina				İ	
Residential Street Address	City			State	Zip C	ode	
114 Wells View Road	Sh	elton			064	484	
Principal Occupation		Name of Employer					
Goverment Director		Town of Trumb	oull				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				* ·	ount of	Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a No If yes, indicate which bra	nch o	contractor or prospective state	e contractor? Yes No				
If yes, list Event # of government the contract Method of Contribution:	Q1 10 H	Date Received	Aggregate Contributions	-			
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Orde	2/1/2023					
Last Name	F	First	<u>.</u>			MI	
Bakalar	H	Rina					
	City			State	Zip C	ode	
114 Weels View Road	She	eiton			06	3484	
Principal Occupation		Name of Employer					
Government Director		Town of	Trumbuli				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves does contributor or business he/she valued at more than \$5,000?					unt of (Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a figure, indicate which brain of government the contract.	nch or	branches	No				
Method of Contribution:	JE 13 W		Aggregate Contributions	┪			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	Order	3/22/2023	\$200.00				
Last Name	F	irst	·			МІ	
Baker		Andre			ĺ	F.	
	City	······································		State	Zip Co		
985 Stratford Avenue		Bridgeport		СТ	0	6607	
Principal Occupation	-	Name of Employer					
Funeral Director		Baker-Issac Ful	neral Service, I	nc.			
is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a cai	ndidate for a chief executive ciated with have a contract v	officer of a municipality vith said municipality		unt of 6 0.00	Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section If yes, indicate which bran of government the contract	ch or	branches	contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	1			
☐ Cash ☐ Personal Check	Order	1/30/2023					
SUBT	ОТА	L Section B — This I	Page \$300.00				
TOTAL	of a	dditional Section B Pa	iges \$61,377.	00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	IND:	IVIDUALS (Sections A umn A of Summary Page To	+ B) \$62,47	7.00		i	

SEEC FORM 20 Revised James y 2015

Section B ADDITIONAL PAGE 4 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repository)			TYI	E OF REPORT		6.7%	
Marilyn for Mayor					April 10 filin	g		
A. Total Contributions from Small Contributor) (See instructions for definition of Small Contributor)			his Period ONLY TOTAL SECTION A	\$				
В.	Itemized Co	atrit	outions from Indivi	dual	S	and f		
Last Name		F	irst					MI
Baldwin			Jeffrey					<u> </u>
Residential Street Address	ľ	City				State	1.	Code
54 Chestnut Street		V	<u>Vest Haven</u>			СТ		<u>06516</u>
Principal Occupation			Name of Employer					
Mechnanic			Sikorsky					
	or business he/she		ndidate for a chief executiv ciated with have a contract Yes No			· ·	0unt	of Contribution).00
event reported in Section L1? No If yes, in	or a principal of a s ndicate which bran rnment the contrac	ch or		_	No No			
Method of Contribution:		. 15 **1	Date Received		gate Contributions	\dashv		
☐ Cash ☐ Personal Check	duction	Order	1/30/2023					
Last Name		Fü	Jeffrey					L.
Baldwin Residential Street Address	la	City				State	Zip	Code
54 Chestnut Street		•	West Haven			C		06516
Principal Occupation Mechanic			Name of Employer Sikorsky Airo	craft				
	or business he/she is		didate for a chief executive ciated with have a contract to Yes No				200.	f Contribution
event reported in Section L1? No If yes, in	or a principal of a st adicate which bran- rnment the contract	ch or l		_	No No	1		
Method of Contribution:	imment the contract	18 WIL			ate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Ded	uction Money ()rder	2/20/2023		\$400.00			
Last Name	<u>.</u>	Fin			• • • • • • • • • • • • • • • • • • • •		_	MI
Baldwin			Raymond					G.
Residential Street Address	C	ity	· · , · · · · · · · · · · · · · · · · · · ·			State	Zip (
700 Booth Hill Road			Trumbull			CT	1	06611
Principal Occupation			Name of Employer					
Administrative Assista	ant		City of Shelto	าก				
	r business he/she is		didate for a chief executive iated with have a contract w			1	unt of	Contribution
event reported in Section L1? No If yes, inc	a principal of a sta licate which branc innent the contract i	h or b		_	No			
Method of Contribution:				Aggrega	te Contributions			
Cash Personal Check Credit/Debit Card Payroll Dedu	ction	rder	2/2/2023					
	SUBTO	TAI	Section B — This P	age	\$500.00			
	TOTAL	f ad	ditional Section B Pa	ges	\$61,3	77.00		
TOTAL OF ALL CONTRIBU (Ente			VIDUALS (Sections A mn A of Summary Page To		\$62,	477.0	0	

Section B ADDITIONAL PAGE _ 5 of _ 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	(ענו		† –	E OF REPORT			
Marilyn for Mayor				April 10 filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$				
		-					
	Contr	ibutions from Indivi	idua	8			
Last Name Baptiste Rabel		Myriam					МІ
Residential Street Address	City	<u> </u>			State	Zir	Code
44 Sterling Street	1 1	airfield				0	825
Principal Occupation		Name of Employer		<u> </u>			
Construction		JB and Sons H	lom	e Improvem	ent		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\ does contributor or business he valued at more than \$5,000?						00.0	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which of government the contributor approach in the contri	branch o		_	□ N₀			
Method of Contribution:		Date Received	Aggre	gate Contributions			
☐ Cash ☐ Personal Check	oney Ord	^{ler} 2/10/2023					
Last Name		First					MI
Barkley		Thayer					
Residential Street Address	City				State	Zip	Code
281 Thorme Street	Bri	idgeport			CT		06606
Principal Occupation Financial Analyst		Name of Employer Glence	оге,	Ltd			
	No does contributor or business he/she is associated with have a contract with said municipality					f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of fyes, indicate which of government the contributor approximation of government the government of g	branch o			● No			
Method of Contribution:		Date Received		ate Contributions	┦		
☐ Cash ☐ Personal Check	ney Orde	er 2/10/2023					
Last Name	Ţ	First					MI
Barkley	- 1	Thayer					
Residential Street Address	City				State	Zip	Code
281 Thorme Street	Bri	dgeport			CT	06	606
Principal Occupation	•	Name of Employer					
Financial Analyst		Glencore Ltd					
is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No Valued at more than \$5,000?						ount o	f Contribution
event reported in Section L1? No If yes, indicate which b	contribution associated with an						
Method of Contribution:							
☐ Cash ☐ Personal Check	ey Orde	2/20/2023	\$15	0.00			
sun	втот	AL Section B — This l	Page	\$250.00			
TOTA	AL of a	dditional Section B Pa	ages	\$61,	377.0	00	
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A lumn A of Summary Page T			2,477		

Section B ADDITIONAL PAGE 6 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor		And 40 Sing				
Marilyn for Mayor			April 10 filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period SUBTOTAL SEC					
D. I.	Contain the stand for	Y. 32 2 3				
Last Name	Contributions fro	m Individua	8		Mi	
Barkley Residential Street Address	Thorme			94-4-		
251 Thorme Street	Bridgeport			State	Zip Code 06606	
Principal Occupation Financial Analyst	Name of Em	re Ltd				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution Is in excess of \$4 does contributor or business he/valued at more than \$5,000?		ve a contract with s			ant of Contribution 0.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which to of government the contributor as principal of government the contributor as principal of the section L1?	branch or branches	Executive DL	egislative			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol! Deduction ☐ Mo	Date Receive 3/19/20		gate Contributions 350.00			
Last Name	First				MI	
Barnes	Maurice	_				
Residential Street Address	City			State	Zip Code	
1985 Stratford Avenue	Bridgeport			CT	06607	
Principal Occupation Owner		Plus Social		,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a cl she is associated with hav Yes	e a contract with sa	er of a municipality, aid municipality		nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?	branch or branches	spective state contr Executive Le	No No			
Method of Contribution:	Date Received	" "	ate Contributions			
☐ Cash ☐ Personal Check	ney Order 2/20/202	3				
Last Name	First				MI	
Bell	Cheyrl				L.	
Residential Street Address	City			State	Zip Code	
58L Patricia Road	Bridgeport			CT	06606	
Principal Occupation	Name of Empl	oyer				
Administrator	Recove	ry Network	of Programs	3		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?	00 to a candidate for a ch he is associated with hav Yes	e a contract with sa	r of a municipality, id municipality	\$100	nt of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # of government the contribution of government the contribution appropriate which be set to b	ranch or branches		ctor? Yes No			
Method of Contribution:	Date Received	Aggreg	ate Contributions	Ī		
☐ Cash ☐ Personal Check	ey Order 2/10/202	23				
SUE	BTOTAL Section B	— This Page	\$300.00			
	L of additional Se		\$61,377.00			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	OM INDIVIDUALS (e 13, Column A of Sumi		\$62,477.00			

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 7 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TIPE OF REPORT				
Marilyn for Mayor		April 10 filing	April 10 filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period Ol SUBTOTAL SECTION					
		_				
B. Itemized Co	ntributions from	Individuals				
Last Name	First		MI			
Bell	Harry		A.			
Residential Street Address	City		State Zip Code			
2 Rockridge	Bridgeport		CT 06606			
Principal Occupation	Name of Employe	τ	<u> </u>			
Security	City of Br					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra	nch or branches	ctive state contractor?				
Method of Contribution:	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check	Order 2/3/2023					
Last Name	First		MI			
Berns	Phillip		E.			
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? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$25.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?	nch or branches	ecutive Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check	Order 3/29/2023					
Last Name	First	, , , , , , , , , , , , , , , , , , ,	MI			
Blackmon	Dorothy		R.			
	City		State Zip Code			
	Stamford		CT 06902			
Principal Occupation	Name of Employer					
International Transportation Analyst	R T Vande		<u> </u>			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief e is associated with have a c Yes	xecutive officer of a municipality, ontract with said municipality No	Amount of Contribution \$50.00			
is this contribution associated with an expert reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, indicate which bran of government the contract	ch or branches	No				
Method of Contribution:	Date Received	Aggregate Contributions]			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 3/29/2023					
SUBT	OTAL Section B —	This Page \$125.00	·			
TOTAL	of additional Section	n B Pages \$61,377.00				
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sect	tions A + B)				
(Direct speed Of Lane 1	.,	ΨυΖ,Τ11.00				

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 fili	ng
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized Co	ontributions from Indivi	duals	
Last Name	First		MI
Bradley	Erica		G.
Residential Street Address 18 Centerbrook Road	Nort Haven		State Zip Code CT 06473
Principal Occupation Travel Agent	Name of Employer Crimson	n World Travel	-
	O to a candidate for a chief executive is associated with have a contract Yes No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which bra of government the contra		contractor? Yes Legislative	\$30.00
Method of Contribution: ☐ Cash ☐ Personal Check	Date Received 3/31/2023	Aggregate Contributions]
Last Name	First		MI G.
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer	I	<u> </u>
	to a candidate for a chief executive is associated with have a contract to Yes 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 lf yes, indicate which bra of government the contra		No	
Method of Contribution:	Date Received	Aggregate Contributions	1
☐ Cash ☐ Personal Check	Order		
Last Name	First		МІ
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a sevent reported in Section L1? If yes, list Event # of government the contraction of government the government of govern		contractor? Yes No	
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Money		Aggregate Contributions	
SUBT	OTAL Section B — This F	age	\$50.00
TOTAL	of additional Section B Pa	ges \$61,377.	00
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page To		77.00

SEEC FORM 20 Revised James y 2015

Section B ADDITIONAL PAGE 9 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory)	- Northwest - Williams	TYPE OF REPORT				
Marilyn for Mayor			April 10 filing	pril 10 filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$				
		ibutions from Indiv	iduals	ji geliji ji			
Last Name		First			MI		
Bradley Residential Street Address	City	Dennis		State	A. Zip Code		
Residental Succi Aduress	City			CT	Zip Code		
Principal Occupation		Name of Employer	••				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?			t with said municipality	\$5	nount of Contribution		
Is this contribution associated with an event reported in Section L1? Solution a principal of government the contributor apprincipal of government the government the government the government the go	h branch o		te contractor?				
Method of Contribution:		Date Received	Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ M	Ioney Orde	3/22/2023					
Last Name	I	First	<u> </u>		МІ		
Bradley	l l	Karina			ı		
Residential Street Address	City	-		State	Zip Code		
528 Clinton Avenue	Brid	dgeport		CT	06604		
Principal Occupation		Name of Employer		<u> </u>	•		
Salon Owner		The Coulor	Boutique				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of solution does contributor or business he valued at more than \$5,000?				I .	ount of Contribution		
event reported in Section L1? No If yes, indicate which	branch o		No				
If yes, list Event # of government the co	muaci is w	Date Received	Legislative Aggregate Contributions	┥			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mo	oney Order						
Last Name	F	irst			MI		
Bradshaw	l l	Michelle			M.		
Residential Street Address	City	<u> </u>	···	State	Zip Code		
8 Beechwood Drive	Nor	t Haven		СТ	05473		
Principal Occupation	1	Name of Employer					
Technical Clerk		South Central f	Regional Water	Auth	ority		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?		ndidate for a chief executive	officer of a municipality	, Am	ount of Contribution		
s this contribution associated with an Yes Is contributor a principal of which reported in Section L1? In No If yes, list Event #	branch or		contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	┪			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	mey Order	2/20/2023	\$800.00				
su su	ВТОТА	L Section B — This l	Page \$700.00				
тот	'AL of a	dditional Section B Pa	ages \$61,377.00)			
TOTAL OF ALL CONTRIBUTIONS FR. (Enter total on Li		IVIDUALS (Sections A umn A of Summary Page 7)			

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE ______ of ______

NAME OF COMMITTEE (Provide Complete N	lame a	s Registered with Filing Repository)	1		TYI	PE OF REPORT		100	disease are a
Marilyn for Mayor					Ар	April 10 filing			
A. Total Contributions from (See instructions for definition of Sma				this Period ONLY TOTAL SECTION A	\$				
									-
		B. Itemized Co	ntri	butions from Indiv	idual	ls			NAME OF THE OWNER.
Last Name Blackmon				First Dorothy					MI
									R.
Residential Street Address 48 Elmcroft Road			City	Stamford			State	Zip	06902
Principal Occupation International	Тгаі	nsportation Analyst		Name of Employer R T Vano	lerbi	ilt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					ly, Aı		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contract	nch o	r branches	_	No		•	
Method of Contribution:		· · · · · · · · · · · · · · · · · · ·		Date Received	Aggre	gate Contributions			
☐ Cash Personal Check Credit/Debit	Card	☐ Payroll Deduction ☐ Money	Orde	1/29/2023					
Last Name			F	First			•		МІ
Residential Street Address			City				State	Zip	Code
Principal Occupation				Name of Employer			•		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	doc	ontribution is in excess of \$400 as s contributor or business he/she and at more than \$5,000?					y, An	ount o	f Contribution
s this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ach or	rbranches		● No			
Method of Contribution:		or government die condac	A IS W	Date Received		ate Contributions	┨		
☐ Cash ☐ Personal Check	ard [Payroll Deduction Money	Order	.					
ast Name			F	irst					MI
Residential Street Address			City				State CT	Zip C	Code
rincipal Occupation		<u> </u>		Name of Employer			01		
							 		
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	does	entribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?					', Am	ount of	Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a st If yes, indicate which brance of government the contract	ch or	branches		●No			
Method of Contribution:				 		ate Contributions	┪		
	ard [Payroll Deduction Money (Order						
		SUBT	OTA	L Section B — This l	Page	\$50.00)		
		TOTAL	of ac	dditional Section B Pa	nges	\$61,37	7.00		
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page T		\$62,37	7.00		

Section B ADDITIONAL PAGE 11 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	400	White the same of	
Marilyn for Mayor		April 10 filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) SU	d this Period ONLY JBTOTAL SECTION A	\$			
TOWN THE CONTRACT OF THE CONTR	ributions from Indivi	duals			
Last Name	First			МІ	
Branch	Razuel			M.	
Residential Street Address Ci	•		State	Zip Code	
	Bridgeport		СТ	06606	
Principal Occupation	Name of Employer				
Consultant	Magnacon Cer	•		<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?			\$100	nt of Contribution 0.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? No of government the contract is	or branches	contractor?			
Method of Contribution:	Date Received	Aggregate Contributions	_		
☐ Cash ☐ Personal Check	rder 3/31/2023				
Last Name	First			MI	
Brantley	Gwedolyn			1	
Residential Street Address City	<u> </u>		State	Zip Code	
865 Mix Avenue	amden		СТ	06514	
Principal Occupation	Name of Employer		•		
Self employed	Access Educa	ational Services	;		
is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes local frontribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?		stract with said municipality \$100.00			
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state lifyes, indicate which branch of government the contract is	or branches	No			
Method of Contribution:		Aggregate Contributions	1		
☐ Cash ☐ Personal Check	ier 3/31/2023				
ast Name	First			MI	
Broown	Stan				
City Cesidential Street Address			State 2	Zip Code	
15 Beaver Brook Road Da	anbury		CT C	06810	
rincipal Occupation	Name of Employer		<u>-</u>		
Construction company	Action Construc	tion			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?			*200	t of Contribution	
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state of the section L1? No If yes, indicate which branch of the section L1?	or branches	No			
If yes, list Event # of government the contract is vertex of Government the contract is vertex of Contribution:		ggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Ord	er 3/30/2023				
SUBTOT	AL Section B — This P	age \$400.00			
TOTAL of	additional Section B Pa	ges 62,377.00		<u></u>	
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Sections A rolumn A of Summary Page To)		

SEEC FORM 20 Revised James y 2015

Section B ADDITIONAL PAGE 12

of 112

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT		SECTION OF	
Marilyn for Mayor				April 10 filing			
A. Total Contributions from Sm (See instructions for definition of Small Co			s Period ONLY TAL SECTION A	\$			
	B. Itemized Co	ontribu	tions from Indiv	iduals	A section		
Last Name		First				MI	
Brown		Er	nest				
Residential Street Address		City			State	Zip Code	
77 Huntington Tpke.		Bridg	eport		CT	06610	
Principal Occupation			Name of Employer				
Team Focus			Team Focus				
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 oes contributor or business he/sho alued at more than \$5,000?					ount of Contribution 00.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	The state of the s	anch or br	anches	e contractor?			
Method of Contribution:	•	[1	Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check	☐ Payroll Deduction ☐ Mone	y Order	3/24/2023				
Last Name		First				MI	
Brown		Gr	eta			ĺ	
Residential Street Address		City	<u> </u>		State	Zip Code	
3250 Main Street		Bridge	eport		СТ	06606	
Principal Occupation	·-·		Name of Employer	-			
CFO			Kafa Group				
or dependent child of a lobbyist?	contribution is in excess of \$400 ses contributor or business he/she lued at more than \$5,000?	to a candi is associat	date for a chief executive ted with have a contract Yes No	e officer of a municipality	y, Amo	sunt of Contribution	
is this contribution associated with an Pes event reported in Section L1? No If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	anch or bra	inches	e contractor? Yes No Legislative			
Method of Contribution:	0.80		ate Received	Aggregate Contributions	┥		
☐ Cash ☐ Personal Check	☐ Payroll Deduction ☐ Money	Order 3	3/30/2023				
ast Name		First				MI	
Burke		Do	uglas				
Residential Street Address	<u> </u>	City		 _	State	Zip Code	
1230 Hope Street Unit 6		Stamf	ord		СТ	06907	
Principal Occupation		N	ame of Employer				
Buisiness owner		1	The Cleaning A	uthority			
r dependent child of a lobbyist? 💮 No do	contribution is in excess of \$400 to es contributor or business he/she lued at more than \$5,000?	to a candid is associat	late for a chief executive ed with have a contract of Yes No	officer of a municipality with said municipality	y, Amo \$50	unt of Contribution .00	
s this contribution associated with an vent reported in Section L1? No No No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or bras	nches	contractor? Yes No			
Method of Contribution:	<u> </u>		ate Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order 3	/26/2023				
	SUBT	TOTAL S	Section B — This	Page \$250.00			
	TOTAL	of addi	tional Section B Pa	ages \$62,377.00)		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1.		DUALS (Sections A A of Summary Page T		 0		
						=	

SEEC FORM 20 British Jamesy 2015

Section B ADDITIONAL PAGE 13 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REPORT	SAL N		
Marilyn for Mayor			April 10 filing			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)		d this Period ONLY BTOTAL SECTION A	\$			
B. Itemiz	ized Cont	ributions from Indiv	iduals	W. Br		
Last Name		Pirst			MI	
Butler		James			D.	
Residential Street Address	Cit	ty		State	Zip Code	
141 Ridgefield Road	H	lartford		СТ	06112	
Principal Occupation		Name of Employer				
Machinist		Raytheon Tec				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is a	a candidate for a chief executive associated with have a contract Yes	ve officer of a municipalit t with said municipality		ount of Contribution 00.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princ If yes, indicate we of government the section of gover	which branch		te contractor? Yes Legislative No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check	☐ Money Or	rder 3/29/2023				
Last Name		Pirst	•		МІ	
Camille		Jean				
Residential Street Address	City	<u> </u>		State	Zip Code	
48 Kings College Place	s	tratford		СТ	06615	
Principal Occupation		Name of Employer				
Bus Driver		Hoyt Trans				
	ss he/she is a	candidate for a chief executive ssociated with have a contract Yes No			unt of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No If yes, indicate we of government the	vhich branch		te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check	☐Money Oro	der 2/9/2023				
Last Name		First			MI	
Cann		Immacula				
Residential Street Address	City	<u> </u>		State	Zip Code	
234 Klondike Street	St	tratford		CT	06614	
Principal Occupation	<u> </u>	Name of Employer			•	
CNO-RN		Silver Hill Hosp				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality		unt of Contribution 0.00	
s this contribution associated with an veent reported in Section L1? If yes, list Event # No If yes, indicate who of government the	hich branch		contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check	☐Money Ord	ler 2/3/2023				
	SUBTOT	TAL Section B — This	Page \$725.00			
T	OTAL of	additional Section B P	ages \$62,377.00			
TOTAL OF ALL CONTRIBUTIONS (Enter total o	FROM IN	DIVIDUALS (Sections A Column A of Summary Page 7	+ B) (fotals) \$63,477.00			
			700,			

Section B ADDITIONAL PAGE 14 of 113

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYP	TYPE OF REPORT				
Marilyn for Mayor				Apı	April 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$					
	B. Itemized Co	ntrib	utions from Indivi	dual	S				
Last Name		F	irst	111				MI	
Canty		[L	_ucinda						
Residential Street Address				-			State Zip Code		
70 Capen Street			dsor			СТ	0	6095	
Principal Occupation			Name of Employer						
Associate Professor			UMASS Amhe	rst					
or dependent child of a lobbyist? No does c	tribution is in excess of \$400 contributor or business he/she I at more than \$5,000?						00.0	of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor or prospective state contract in Section L1? No If yes, list Event #					No No				
Method of Contribution:			Date Received	Aggre	gate Contributions	╛			
☐ Cash ☐ Personal Check	Payroll Deduction Money	Order	2/8/2023						
Last Name		Fis	rst					МІ	
Card	Card			Ann				M.	
Residential Street Address		City				State	Zip	Code	
270 Monroe Tpke.			1onroe			CT		06468	
Principal Occupation	•		Name of Employer		<u></u>			-	
Retired			Retired						
or dependent child of a lobbyist? No does co	ributor a lobbyist, spouse,								
his contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?									
vent reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative									
Method of Contribution:			Date Received	Aggreg	Aggregate Contributions				
☐ Cash ☐ Personal Check	ayroll Deduction Money	Order	1/29/2023						
ast Name		Fin	st					MI	
Carr			lbert					J.	
Residential Street Address					S		Zip	Code	
138 Hillcrest Road	ĺ	Brid	geport			CT	06	606	
rincipal Occupation	<u> </u>		Name of Employer						
Chef			Nutrition Cente	r					
ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a mur does contributor or business he/she is associated with have a contract with said municivalued at more than \$5,000?							Amount of Contribution \$50.00		
this contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor or p					■No				
Method of Contribution:			Date Received	Aggreg	te Contributions				
Cash Personal Check Credit/Debit Card Pa	ayroll Deduction	Order	1/25/2023			Щ.			
SUBTOTAL Section B — This Page						50.00			
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				

SEEC FORM 20 Revised James 2016

Section B ADDITIONAL PAGE 15 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 Contribution (See instructions for definition of Small Contributor)	\$								
(2000)		,	DEBOSES VINE TO						
В.	Itemized Co	ntrib	utions from Indivi	iduals	8				
Last Name		Fi	ret				MI		
Carrillo			Dorcia						
Residential Street Address		City			State	- 1 '	Code		
600 Huntington Tpke.			ridgeport		СТ	\perp	06610		
Principal Occupation			Name of Employer						
Attorney			Quickbase		-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							of Contribution)O		
s this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes vent reported in Section L1? No If yes, indicate which branch or branches									
If yes, list Event # of government of govern	imieni ne conuac	t is with	Date Received	Aggregate Contributions	-				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol! Dec	luction Money	Order	2/20/2023						
Last Name		Fin				-	МІ		
Cayo			Andre						
Residential Street Address	lo	City	7 11 10 10		State	Zip	Code		
54 Calhoun Avenue		Tr	umbull		СТ		06611		
Principal Occupation			Name of Employer						
Attorney			Self						
or dependent child of a lobbyist? No does contributor o	ntribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, contributor or business he/she is associated with have a contract with said municipality at at more than \$5,000? Amount of Contributor Of Contributor or business he/she is associated with have a contract with said municipality at at more than \$5,000?								
event reported in Section L1? No If yes, in	nis contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches								
If yes, list Event # of gover Method of Contribution:	nment the contract	t is with	Date Received	Legislative Aggregate Contributions	-				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dedu	uction ITMoney (Order	3/30/2023	Aggregate Controller	9				
Last Name		Firs					МІ		
Chambers			Owen						
Residential Street Address	lo	City	OWCII		State	Zip	Code		
240 Kimbady Avanya		Ne	ew Haven		СТ	b 68	519		
210 Kimberly Avenue Principal Occupation		Ť	Name of Employer			-			
Retired			Retired						
ntributor a lobbyist, spouse, Pyes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality						ount of	f Contribution		
valued at more that statis contribution associated with an Yes Is contributor		nte con	Yes No	contractor?	1				
int reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative									
Method of Contribution:		- 1	Date Received 3/20/2023	Aggregate Contributions			44		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dedu	ction	Order	3/20/2023			_			
	SUBTO	DTAL	Section B — This l	Page \$650.00					
TOTAL of additional Section B Pages \$62,377.00									
TOTAL OF ALL CONTRIBUTE	TIONS FROM 1 or total on Line 13	INDIV	IDUALS (Sections A nn A of Summary Page T	+ B) (otals) 63,477.00)				

SEEC FORM 20 Ravised Jessey 1815

Section B ADDITIONAL PAGE 16 of 112

NAME OF COMMITTEE (Provide Complete N	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
Marilyn for Mayor					Арі	April 10 filing					
A. Total Contributions from (See instructions for definition of Sma		ors-Recei		his Period ONLY TOTAL SECTION A	\$	-					
ş.											
	B. Ite	mized Co	-	outions from Indiv	idual	S	- E		1990		
Last Name Christian			F	Wendell					MI		
Residential Street Address 652 Cleavland Avenue			City	Bridgeport	•		State	Zij	06604		
Principal Occupation	orotor			Name of Employer			D 4				
Heavy Equipment Op			4 11			d Highway					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		usiness he/she		ndidate for a chief executive ciated with have a contractor Yes			y, Am		of Contribution 50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes, indica	principal of a ate which bra ent the contra	nch or		_	No		·			
Method of Contribution:				Date Received		gate Contributions	1				
☐ Cash ☐ Personal Check	Card Payroll Deducti	on Money	Order	3/26/2023							
Last Name	•		Fi	rst	1	7			MI		
Christiano				Teige							
Residential Street Address			City	Newtown			State	Zip	Code		
137 South Main St	reet						СТ	<u>L</u>	06470		
Principal Occupation Market	ting			Name of Employer Newtown S	Self S	Storage					
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in ex does contributor or but valued at more than \$5	siness he/she	to a car	ndidate for a chief executive ciated with have a contract	e office with sa	τ of a municipality id municipality			of Contribution		
Is this contribution associated with an	Yes Is contributor a p	orincipal of a		ontractor or prospective sta	te contr	actor? Yes	- '		J.00		
event reported in Section L1? If yes, list Event #		te which bran			☐ Le						
Method of Contribution:				Date Received	Aggreg	ate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction	n Money		3/30/2023					_		
Last Name			Fi	Charles					W.		
Colbert							State	T zi n	Code		
Residential Street Address 1706 Golf Course Drive			City	Mitchellville			MD	Ž.Ψ	20721		
Principal Occupation	<u>. </u>			Name of Employer							
Retired				Retired							
is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in exc does contributor or bus valued at more than \$5	siness he/she i	o a can	didate for a chief executive stated with have a contract Yes No	e office with sai	r of a municipality id municipality			f Contribution		
s this contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive						No] `	DCQ	0.00		
Method of Contribution:	1			Date Received		ste Contributions	7				
☐ Cash ☐ Personal Check	ard Payroll Deduction	n	Order								
		SUBT	OTA	L Section B — This	Page	\$500.0	0				
		TOTAL	of ad	ditional Section B P	ages	\$62,477.0	0				
TOTAL OF A	LL CONTRIBUTIO (Enter to	NS FROM tal on Line 1.	INDI 3, Colu	VIDUALS (Sections A mn A of Summary Page 1	+ B) Totals)	\$41,377.0	0				

Section B ADDITIONAL PAGE ______ of ___112

NAME OF COMMITTEE (Provide Complete N	ame a	Registered with Filing Repository)	Elyspi		TYPE OF REPORT					
Marilyn for Mayor					Apr	pril 10 filing				
A. Total Contributions from (See instructions for definition of Sma				his Period ONLY TOTAL SECTION A	\$					
	You a	B. Itemized Co	ntril	butions from Indiv	idual					
Last Name			F	First					MI	
Coleman				Lional						
Residential Street Address			City				State	Ι,	p Code	
175 Seltsam Road				Bridgeport			СТ		06606	
Principal Occupation				Name of Employer		4				
⊦	lom	eimprovements		Lchomeimp	rove	ments				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					y, An		of Contribution \$50.00	
this contribution associated with an entreported in Section L1? Yes Is contributor a principal of a state contractor or prospective state liftyes, indicate which branch or branches						actor?		Ì	φου.ου	
2011	yes, list Event # of government the contract is with:									
Method of Contribution:	a	Observation Observation		Date Received	Aggreg	ate Contributions				
Cash Personal Check Credit/Debit	Caro	Payroll Deduction Money		ZISIZOZO					T	
Last Name Crook			F	Michelle					МІ	
156 Chamberlain Avenue							State		со ве 06606	
Principal Occupation				Name of Employer						
Busine	SS (development		Kline						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doc	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer with sai	of a municipality d municipality	, Am	of Contribution		
	Yes No	Is contributor a principal of a lifyes, indicate which bran	nch or	branches		No No		φ.	25.00	
If yes, list Event # Method of Contribution:		of government the contrac	21 18 WI	th: Executive Date Received		te Contributions	┥			
_	'and f	☐ Payroll Deduction ☐ Money	Order	2/9/2023			1			
Last Name			Fi	net					МІ	
Crook				Michelle						
Residential Street Address		-	City			İ	State	Zip	Code	
156 Chamberlain Aven	ue		E	Bridgeport			CT		06606	
Principal Occupation				Name of Employer						
Business develop	me	nt		Kline						
is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	doc	ontribution is in excess of \$400 ts contributor or business he/she and at more than \$5,000?	o a can	ndidate for a chief executive ciated with have a contract Yes No	officer with sai	of a municipality d municipality		ount o	f Contribution .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 of prospective state contractor or prospe										
Method of Contribution:		·				te Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard [Payroll Deduction Money	Order	3/23/2023	ŢŢ	75.00				
		SUBT	OTA	L Section B — This	Page	\$	225.0	00		
		TOTAL	of ad	ditional Section B Pa	ages		1,477			
TOTAL OF A	+ B) Totals)									

SEEC FORM 20 Revised Jessery 2015

Section B ADDITIONAL PAGE 18 of 112

NAME OF COMMITTEE (Provide Complete Name as Regis	The mark was a	TYPE OF REPORT						
Marilyn for Mayor				Apr	il 10 filing			<u> </u>
A. Total Contributions from Small C (See instructions for definition of Small Contribution)			otal section A	\$		_		<u>.</u>
	B. Itemized Co	ntrib	utions from Indivi	dual			178	
Last Name		Fi	Vaillant					МІ
Domingue		la:	Valliarit			I com	7-2	- C-4-
Residential Street Address 679 Lakeside Drive		City B	ridgeport			State		ip Code 06606
Principal Occupation			Name of Employer					
Music Teacher					y of Music			
or dependent child of a lobbyist? No does con	bution is in excess of \$400 ntributor or business he/she at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes	e office with s	er of a municipality	y, Aı		of Contribution 0.00
event reported in Section L1?	contributor a principal of a If yes, indicate which bratter of government the contract	nch or l	branches	_	No No			
If yes, list Event # Method of Contribution:	0. 80.01		Date Received		rate Contributions	7		
☐ Cash ☐ Personal Check	yroll Deduction Money	Order	2/9/2023					
Last Name	-	Fir	st			_		MI
Doreste			Emmanual					
Residential Street Address City								Code
46 Taylor Street #101 Stamford								06902
Principal Occupation Librarian			Name of Employer Fergusor	ı Lib	rary			
or dependent child of a lobbyist? No does con	oution is in excess of \$400 tributor or business he/she more than \$5,000?	to a can is assoc	didate for a chief executive stated with have a contract Yes No	e office with sa	r of a municipality id municipality	, An		of Contribution \$50.00
Is this contribution associated with an Yes event reported in Section L1? If yes, list Event #	contributor a principal of a siff yes, indicate which brase of government the contract	nch or b	oranches		No.			
Method of Contribution:	Or Boseriman are comme		Date Received		ate Contributions	7		
☐ Cash ☐ Personal Check	roll Deduction	Order	2/9/2023			1		
Last Name		Fire			***************************************			MI
Dubois Walton			Karen					E.
Residential Street Address 58 E. Pearl Street		City	New Haven			State	1.	06513
Principal Occupation			Name of Employer					
President			ECC/NANI	Η				
or dependent child of a lobbyist? No does cont	ution is in excess of \$400 t ributor or business he/she i more than \$5,000?	o a cano	didate for a chief executive inted with have a contract Yes No	officer with sai	r of a municipality id municipality	, An		of Contribution \$200.00
event reported in Section L1?	contra	ctor? Yes No			:			
Method of Contribution:	of government the contract		Date Received		te Contributions	1		
☐ Cash ☐ Personal Check	roll Deduction	Order	1/30/2023					
	SUBT	OTAI	L Section B — This	Page	\$400.0	0		
	TOTAL	of ad	ditional Section B P	ages	\$61,37	7.00)	
TOTAL OF ALL CON	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 7)							

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-Receign (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$			
B. Itemized C		butions from Indiv	iduals			
Last Name	F	⁷ irst				MI
Dunston Boon	Table 1	Gina	··	la.	l e:	<u> </u>
Residential Street Address	City	Trumbull		State	Zip	06611
8 Meadow Ridge Drive		Name of Employer		СТ	Ц.	
Principal Occupation Physician		NEMG				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				* 1	unt o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which branches of government the contributor.	anch or	ontractor or prospective stat	te contractor? Yes Legislative No			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check	y Order	2/10/2023				
Last Name	Fi	irst				MI
Ellis		Dwane				
Residential Street Address 8 Beechwood Drive	City	North	Haven	State	Zip ()6473
Principal Occupation		Name of Employer			_	-
Employed		State o	f Connecticu	t		
Is contributor a lobbyist, spouse,		ndidate for a chief executive	officer of a municipality	, Amo		Contribution
or dependent child of a lobbyist? One does contributor or business he/she valued at more than \$5,000?	15 4850	Yes No	with said municipality	_ \$2	25.0	0
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brateful of government the contral of government the g	ınch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check	Order	3/25/2023		İ		
Floiguer	Fir	 Eugene		•		MI
	City	Lugerie		State	Zip C	'ode
Residential Street Address	City	Bridgepo	ort.	CT	ı	06605
PO Box 38550		Name of Employer		<u> </u>		
		Self				
Engineer s contributor a lobbyist, spouse,	to a can		officer of a municipality	Amor	int of	Contribution
or dependent child of a lobbyist? No No does contributor or business he/she valued at more than \$5,000?				\$	50.0	
s this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which brain of government the contract.	nch or b	oranches h: Executive	☐ Legislative			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 2/9/2023 □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order						
REPORT TO THE PROPERTY OF THE		L Section B — This	Page \$10	1 00		
TOTAL of additional Section B Pages \$61,377.00						
TOTAL OF ALL CONTRIBUTIONS FROM	I INDI		+B) \$62.4			

Section B ADDITIONAL PAGE 20 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	12 2	TYPE OF REPORT					
Marilyn for Mayor			April	10 filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$				
		outions from Indivi	iduals	and dent		i bu	
Last Name	F	irst					МІ
Evans	lan.	Coral			Laur	l esta	J.
Residential Street Address 518 South O'Leary Street	City	Flagstaff			State AZ	Zip	86001
Principal Occupation		Name of Employer					
Regional Director		U.S. Senator	Mark	Kelly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?	he is asso	ciated with have a contract	with said	municipality	y, Am		of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which be of government the contributor approximately section L1?	ranch or	branches	_	No No			
Method of Contribution:		Date Received	Aggregate	Contributions			
☐ Cash ☐ Personal Check	ey Order	3/25/2023	i				
Last Name Evans	Fi	Darrette					MI
Residential Street Address 661 Lakeside Drive	City	Bridgeport			State	Zip	06606
Principal Occupation Public Defender Secretary		Name of Employer Division of F	Public	Defender	Servi	ces	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					, Amo		f Contribution
Is this contribution associated with an Principal of Prest, list Event # Is contributor a principal of Prest, list Event # Is contributor a principal of Prest, list Event # If pes, list Event # If pes, list Event #	ranch or i	branches		No No	!		
Method of Contribution:	-	Date Received		Contributions	7		
☐ Cash ☐ Personal Check	y Order	3/26/2023			ľ		
Exum Exum	Fir	Tammy					MI
Residential Street Address 40 Gin Still Lane	City	West Hartford		-	State CT	Zip (Code 06107
Principal Occupation Legislator	! .	Name of Employer CT General	Asse	mbly			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a can e is assoc	didate for a chief executive intended with have a contract Yes No	officer of with said a	a municipality nunicipality	Amo		Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?	anch or b	ranches	contracto	No			
Method of Contribution:		Date Received	Aggregate	Contributions	7		
☐ Cash ☐ Personal Check	y Order	3/26/2023					
SUB	TOTAL	L Section B — This	Page	\$250.	00		
TOTAL	L of ad	ditional Section B P	ages	\$61,	377 <u>.</u> 0	0	
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI 13, Colu	VIDUALS (Sections A mn A of Summary Page 7	+ B) Totals)	\$62,47	7.00		

Section B ADDITIONAL PAGE 21 of 112

NAME OF COMMITTEE (Provide Complete N	lame as Registered with Filing Repository)		9	TYPE OF REPORT	191		
Marilyn for Mayor				April 10 filing			
A. Total Contributions from (See instructions for definition of Sma			this Period ONLY TOTAL SECTION A	S		W	
							•
Transcentification with	B. Itemized Co	ontri	ibutions from Indivi	duals	* ***		
Last Name Farrell			Elisabeth]	MI
Residential Street Address 7 Bittersweet Lane		City	South Brunswick	(State ME	Zip Con 039	
Principal Occupation		<u> </u>	Name of Employer		•		
Project Direct				New Hampshi			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					\$25.0	Contribution O
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which brai of government the contract	nch o	or branches	contractor? Yes Legislative No			
Method of Contribution: Cash Personal Check Credit/Debit 6	Card Payroll Deduction Money	y Orde	Date Received 1/31/2023	Aggregate Contributions			
Last Name		I	(ı	M	Œ
Farrow		'	Eamin				Ρ.
Residential Street Address 357 Pearl Street		City B	ridgeport	.	State	Zip Cod 06	608
Principal Occupation			Name of Employer	- 44			
Attorney			Edwin P.F	arrow Attorn	ey at	Law	,
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?					unt of Co S1,000	0.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or	r branches	No			
Method of Contribution:			Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit C	Card Payroll Deduction Money	Order	3/22/2023				
Ferris		F	David			М	C.
Residential Street Address	(City	Onemanuell		State	Zip Code	
1 West Track Road			Cromwell		СТ		2416
Principal Occupation Architect			Antinozzi A	\ssociates			
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				·	int of Co 400.	ontribution OO
s this contribution associated with an veent reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a st If yes, indicate which brane of government the contract	ch or	branches	No			
Method of Contribution:				Aggregate Contributions			ľ
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money (Order	3/22/2023				
	SUBT	ОТА	L Section B — This P	age \$1,42	<u>25.00</u>	_	
	TOTAL	of a	dditional Section B Pa	ges \$61,	377.00)	
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A - tumn A of Summary Page To		,477.0	0	

SEEC FORM 20 Beyind January 2015

Section B ADDITIONAL PAGE 22 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor	Oraconi, et a.e.			April 10) filing			
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY STOTAL SECTION A	\$				
	B. Itemized Co	ontri	ibutions from Indivi	duals	100000	III		
Flemming-Butler			Janice Janice					Т.
Residential Street Address 141 Ridgefield Road	<u> </u>	City	Hartford			State	Zip	06112
Principal Occupation Self employed			Name of Employer Strategic O	utreach	Solution	ns		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400		candidate for a chief executiv	e officer of a	municipality		ount o	f Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said m			\$5	00.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch o	or branches	_	No No			
Tethod of Contribution: Date Received					ontributions	┥		
☐ Cash ☐ Personal Check	☐ Cash ☐ Personal Check							
Last Name Fredericks		I	First Joanne					MIS.
CA E L LUI DI						State CT	Zip C	06824
rincipal Occupation Name of Employer								
Scientist			Unileve	er				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo	ount of	Contribution \$25.00
s this contribution associated with an vent reported in Section L1?	es Is contributor a principal of a	nch o	contractor or prospective state r branches		No No	1		Ψ25.00
Method of Contribution:	or government are contact	JC 15 W		Aggregate Co		1		
☐ Cash ☐ Personal Check	rd Payroll Deduction Money	Order	2/9/2023					
ast Name			irst					MI
Gadkar-Wilcox	· · · · · · · · · · · · · · · · · · ·		Sujata			Ca	7:- 0	-4-
Residential Street Address 36 Overlook Place	ľ	City Tru	umbull			State	Zip C	6611
Principal Occupation			Name of Employer					
Professor	<u> </u>		Quinnipiac l		-			
r dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?					1	unt of	Contribution
Is contribution associated with an treported in Section L1? Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches of government the contract is with:					□Yes ●No			
Method of Contribution:	_							
Cash Personal Check Credit/Debit Can	1/29/2023							
	SUBT	ОТА	L Section B — This P	age	\$62	25.00		
	TOTAL	of a	dditional Section B Pa	iges	\$	61,37	77.00	o
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13	IND	IVIDUALS (Sections A fumn A of Summary Page To	+ B) otals)				0

Section B ADDITIONAL PAGE 23 of 112

NAME OF COMMITTEE (Provide Complete No	ame as Registered with Filing Repository)			TYPE OF REPORT		FLAN	
Marilyn for Mayor				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Co	ontrib	utions from Indivi	iduals	ji wasy s		125
Last Name Gadkar-Wilcox		Fi	Wynn				MI
Residential Street Address 36 Overlook F	Place	City Tru	ımbull		State)6611
Principal Occupation Professor	•		Name of Employer Western C	onnecticut Stat	te Uni	vers	ity
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, An		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	ranches	e contractor?	-	•	
Method of Contribution: Cash Personal Check Credit/Debit C	Card □ Payroll Deduction □ Money	y Order	Date Received 1/29/2023	Aggregate Contributions			
Last Name Gale		Fire	Tracy	· · · · · · · · · · · · · · · · · · ·			т.
Residential Street Address 6 Cone Street		City	Hartford		State	1 '	Code 06105
Principal Occupation Retired			Name of Employer Retire	d			
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		f Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which brate of government the contract	nch or b	ranches	No			
Method of Contribution:	of government the contract			Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	3/23/2023				
ast Name Ganino		Fire	Michael				^{мі} В.
tesidential Street Address 3 Cantebury Lane		City	Trumbull		State	Zip C	6611
rincipal Occupation Retired			Name of Employer Retired		-		
r dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					ount of	Contribution
e this contribution associated with an vent reported in Section L1?	Is contributor a principal of a solution of government the contract	ch or br	anches	contractor? Yes	7 *	20.0	,,
dethod of Contribution: Cash	rd □ Payroll Deduction □ Money	1		Aggregate Contributions	7		
	SUBT	OTAL	Section B — This I	Page \$225	.00		-
	TOTAL	of add	litional Section B Pa		61,37	77.00)
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 1)		IDUALS (Sections A in A of Summary Page To		62,47	77.00	0

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-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$				
MANUFACTURE CONTRACTOR OF THE	ontributions from Indivi	duals				
Last Name Garcia	First Gloria		MI			
Residential Street Address 31 Jewett Avenue	City Bridgeport		State Zip Code CT 06606			
Principal Occupation Restaurant	Miss Thelma's	3				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amount of Contribution \$1,000.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contraction.		contractor? Yes No	7			
Method of Contribution: ☐ Cash ☐ Personal Check	Date Received 3/22/2023	Aggregate Contributions	-			
Last Name Gardner	First Eva		MI L.			
Residential Street Address 130 Platt Street	Bridgeport	1	State Zip Code CT 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? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$100.00			
event reported in Section L1? No If yes, indicate which bras		No No				
If yes, list Event # of government the contract Method of Contribution:		Aggregate Contributions	1			
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money						
ast Name	First		MI			
Lindsworth	Garvey					
lesidential Street Address 31 Mill River Drive	Stratford	i	State Zip Code CT 06614			
rincipal Occupation	Name of Employer					
Information Technology	Microsoft (Согр.	i			
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution \$100.00			
this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a st If yes, indicate which brancof government the contract		contractor? Yes No Legislative	·			
fethod of Contribution:		ggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C	Order 2/3/2023					
SUBTO	OTAL Section B — This P	age \$1,200				
TOTAL	of additional Section B Pa	ges \$61,377.	00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A - 3, Column A of Summary Page To		00			

SEEC FORM 20 Revised James y 2015

Section B ADDITIONAL PAGE 25 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with I	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							TYPE OF REPORT				
Marilyn for Mayor				April 10 filing								
A. Total Contributions from Small Contribu			is Period ONLY OTAL SECTION A	\$				<u>.</u>				
	_											
B. 1	Itemized Co		utions from Indivi	idual		- ji 0		a galagyak				
Gates-Ferris		Fu	Kathryn					E.				
Residential Street Address 253 Larch Drive		City	Bogata			State	Zi	ip Code 07603				
Principal Occupation VP			Name of Employer CAI Global					c				
	r business he/she		didate for a chief executive intensity in the contract Yes			y, Ar		of Contribution				
event reported in Section L1? No If yes, inc	r a principal of a dicate which bran nment the contrac	nch or b			No No							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	uction	Order	Date Received 1/30/2023	Aggreg	ate Contributions							
Last Name Goldsby	-	Fin	Aigne		·			MI				
Residential Street Address 25 Carver Circle		City	Simsbury		-	State CT		06070				
Principal Occupation Founder		·	Name of Employer Black Esq	uire,	LLC							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in does contributor or valued at more than	r business he/she	to a cand is associ	lidate for a chief executive ated with have a contract Yes No	e office with sa	of a municipality d municipality	, An		of Contribution				
event reported in Section L1? No If yes, ind	r a principal of a s dicate which bras	nch or b			No.	7						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 1/29/2023		te Contributions	1						
Last Name	-	Firs						МІ				
Gomes			Edwin					1.,				
Residential Street Address 72 Martin L. King Drive		City E	Bridgeport			State	1.	06608				
Principal Occupation Assembler			Name of Employer Sikorsky									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in does contributor or valued at more than	business he/she i	o a cand is associ	idate for a chief executive ated with have a contract of Yes No	officer with sai	of a municipality d municipality	, Am		of Contribution				
Is this contribution associated with an event reported in Section L1? Yes Is contributor of government of government for gover		_	ctor? Yes No		•							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduc	ction	- 1	Date Received 3/28/2023	Aggrega	te Contributions							
	SUBT	OTAL	Section B — This	Page	\$150.	00						
			litional Section B P		\$61,37	7.00						
TOTAL OF ALL CONTRIBUT	TIONS FROM to total on Line 1.	INDIV 3, Colum	TDUALS (Sections A nn A of Summary Page 7	+ B) otals)	62,477.	00						

SEEC FORM 20 Revised Jessey 1815

Section B ADDITIONAL PAGE 26 of 112

NAME OF COMMITTEE (Provide Complete I	Vame a	Registered with Filing Repository)	The P		TY	PE OF REPORT		= = %	
Marilyn for Mayor					Ap	ril 10 filing			
A. Total Contributions from (See instructions for definition of Smo				nis Period ONLY OTAL SECTION A	\$				
		B. Itemized Co		utions from Indivi	idua	ls			
Goodridge			1	^{rst} Valencia					МІ
Residential Street Address 239 M	cKir	nley Avenue	City	New Haven			State	Ι,	p Code 06515
Principal Occupation Realator				Name of Employer Coldwell Ban	ker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she used at more than \$5,000?					у, А		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or t	ntractor or prospective stat		No			
Method of Contribution: ☐ Cash ☐ Personal Check	Card	☐ Payroll Deduction ☐ Money	Order	Date Received 3/29/2023	Aggre	gate Contributions			
Last Name Goodwin			Fin	Maquis					МІ
Residential Street Address 2390 State	Stre		City	Hamden			State		Code 06517
Principal Occupation Photographer	•	1		Name of Employer GoNation,	LLC	;			
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does	ontribution is in excess of \$400 to s contributor or business he/she is aed at more than \$5,000?					, A		of Contribution
s this contribution associated with an vent reported in Section L1?	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	ranches		● No	7		
Method of Contribution:	ard [Payroll Deduction Money (sate Contributions	1		
ast Name Goodwin			Pirs				J		MI
tesidential Street Address 8 Beechwood D	rive	C	City	Nort Haven			State	Zip (Code 06473
Photographer				Name of Employer GoNation,	LL	C	<u> </u>		
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	docs	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?						00.00	f Contribution
this contribution associated with an vent reported in Section L1? Hyes, list Event #	Yes No	Is contributor a principal of a str If yes, indicate which branc of government the contract	h or br	anches	_	No			
Method of Contribution: Cash Personal Check Credit/Debit C	ard [Payroll Deduction Money C	- 1	Date Received 3/25/2023	Aggreg	ate Contributions			ı
		SUBTO	DTAL	Section B — This I	Page	\$300).00		
		TOTAL	of add	litional Section B Pa	iges	\$6	1,37	7.00	
TOTAL OF A	LL C	ONTRIBUTIONS FROM (Enter total on Line 13,		TDUALS (Sections A in A of Summary Page To		\$6	32,47	77.00)

Section B ADDITIONAL PAGE 27 of 112

NAME OF COMMITTEE (Provide Complete Name as Regis	and the same	TYPE OF REPORT					
Marilyn for Mayor				April 10 filing			
A. Total Contributions from Small C (See instructions for definition of Small Contribut			his Period ONLY OTAL SECTION A	s			
	B. Itemized Co	ntrib	utions from Indiv	iduals		4	
Last Name Griffin		F	Jimmie				MI L.
Residential Street Address		la		<u></u>	In.	lat o	<u> </u>
213 2nd Avenue		City	West Have	n	State	Zip C	ື້06516
Principal Occupation			Name of Employer	_4:4			
Retired			-	etired 			
or dependent child of a lobbyist? No does con	bution is in excess of \$400 stributor or business he/she t more than \$5,000?				ty, Am		Contribution 50.00
	contributor a principal of a If yes, indicate which brau of government the contract	nch or	branches	te contractor?			
Method of Contribution:	or government the contra	V. 13 WI	Date Received	Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check	yroll Deduction	Order	2/1/2023				
Last Name		Fir			- 1		мі
Griffiths			Clive			ĺ	M.
Residential Street Address 970 Reservoir Avenue		City	Bridgeport		State	Zip Co	de 16606
Principal Occupation	-				СТ		
Alliance for Communi	tv Empowermer	ıt	Name of Employer IT Profession	nal			
	ution is in excess of \$400 t				y, Amo	ount of C	Contribution
	ributor or business he/she i more than \$5,000?	is assoc	iated with have a contract Yes No	with said municipality		\$50.0	00
event reported in Section L1?	ontributor a principal of a s If yes, indicate which bran of government the contrac	ich or t	oranches	e contractor? Yes	-	V -0.0	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payr	roll Deduction	Order	2/1/2023				
ast Name		Firs				1	AI _
Halstead Cesidential Street Address		<u> </u>	Robert		State	Zip Cod	<u>E.</u>
55 Sterling Place	ľ	Brio	dgeport		CT	1	06604
rincipal Occupation Retired			Name of Employer Retired				
r dependent child of a lobbyist? No does contri	ation is in excess of \$400 to ibutor or business he/she is more than \$5,000?				, Ame		ontribution).00
vent reported in Section L1? No If	ntributor a principal of a st fyes, indicate which branch of government the contract	ch or br	anches	contractor?			
Aethod of Contribution:	10 1 0 - Pre-	- 1		Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payro	on Deduction LIMoney (лаег	3/25/2023	#4E0/	<u> </u>		
	SUBTO	DTAL	Section B — This I	age \$150.0	טי		
	TOTAL	of add	litional Section B Pa	ses \$61,3	77.00		
TOTAL OF ALL CONT			/IDUALS (Sections A	10012.4	4 7 7.00)	

SEEC FORM 20 Berbed January 2015

Section B ADDITIONAL PAGE 28 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	E OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			YPE OF REPORT			
Marilyn for Mayor			April 10 filing	April 10 filing			
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$				
	ed Contr	ributions from Indivi	duals		Тмі		
Hanley		Wyatesia					
Residential Street Address 410 Hooker Road	City	Bridgeport	<u> </u>	State	2ip Code 06610		
Principal Occupation Sales		Name of Employer Gault F	amily Compani	es			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves If contribution is in excess of does contributor or business valued at more than \$5,000.	s he/she is a	candidate for a chief executive ssociated with have a contract	e officer of a municipality with said municipality		ount of Contribution 50.00		
	pal of a state		Legislative	1			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	Date Received 3/28/2023	Aggregate Contributions				
Last Name Hartley	i	First Joan			Mī V.		
Residential Street Address 500 Chase Parkway	City	Waturbury	· · · · · · · · · · · · · · · · · · ·	State	Zip Code 06708		
Principal Occupation Legislator	.,	Name of Employer Stae of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess or does contributor or business valued at more than \$5,000?	he/she is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality		sunt of Contribution \$1,000.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princip If yes, indicate whi of government the	ich branch		e contractor? Yes				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate Contributions	7			
Last Name Hartley		First Joan			MI V.		
Residential Street Address 500 Chase Parkway	City	Waturbury		State	Zip Code 06708		
Principal Occupation Legislator	l_	Name of Employer Stae of CT	<u>. </u>	CT_			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is as:	candidate for a chief executive sociated with have a contract Yes No	officer of a municipality	/, Amo	unt of Contribution \$1,000.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which of government the of government the	ch branch c		☐ Legislative	_, _,	2023 ck refunded		
Method of Contribution: ☐ Cash ☐ Personal Check	Money Orde	Date Received 3/30/2023	Aggregate Contributions \$2,000				
	SUBTOT	AL Section B — This	Page \$2,050	.00			
		additional Section B P	Photographic Property of the Control	377.00)		
TOTAL OF ALL CONTRIBUTIONS F (Enter total on	FROM IN Line 13, C	DIVIDUALS (Sections A column A of Summary Page 1	+ B) Fotals) \$62	2,477.0	00		

Section B ADDITIONAL PAGE 29 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 S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Co		utions from Indivi	duals			Lia
Last Name Haskell		Fin	William				МІ
Residential Street Address 125 weston Road		City	Westport		State CT		Code 880
Principal Occupation Student			Name of Employer N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive interest with have a contract Yes No	e officer of a municipalit with said municipality	у, Ап		f Contribution 5.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	1	nch or b	ranches	contractor? Yes Legislative No			
Method of Contribution: Cash Personal Check Credit/Debit Co	ard □ Payroll Deduction □ Money	Order	3/29/2023	Aggregate Contributions			
Last Name Hill-Johnson		Firs	Karen				MI
Residential Street Address 958 Platt Street		City	Bridgeport		State	Zip (606
Principal Occupation Project Mana	ger		Name of Employer	Manegement C	ompa	ny	
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executive	officer of a municipality			Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a solid life yes, indicate which brain of government the contract	nch or b	ranches	No No	;		
Method of Contribution: Cash Personal Check Credit/Debit Ca			Date Received 2/13/2023	Aggregate Contributions			
Last Name Hopkins State	en	Firs	Thereasa				MI
Residential Street Address 1833 Asylum Aver	nue	City	st Hartford		State	Zip (ode 06117
Principal Occupation Foundation	President, VP of Equit	ty	Name of Employer Eversource E	nergy			,
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a cand is associ	lidate for a chief executive ated with have a contract to Yes No	officer of a municipality with said municipality		ount of 200.	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or br	anches Executive	☐ Legislative			
Method of Contribution:	rd □ Payroll Deduction □ Money	- 1	Date Received 3/26/2023	Aggregate Contributions	!		
	SUBT	OTAL	Section B — This l	Page \$250.00	o		
	TOTAL	of add	ditional Section B P	ages \$61,37	7.00		
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIV 3, Colum	VIDUALS (Sections A nn A of Summary Page 7	+ B) \$62,47	77.00		

Section B ADDITIONAL PAGE 30 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 Indi	The second secon			
Last Name Huber First Sonya	MI			
Residential Street Address 75 Clinton Avenue City Stratford	State Zip Code CT 06614			
Principal Occupation Professor Fairfield U	Jniversity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?	act with said municipality			
Is this contribution associated with an event reported in Section L1? No If yes, list Event # Is contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with:	tate contractor?			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 2/6/2023	Aggregate Contributions			
Last Name Issac Mary	MI			
Residential Street Address 50 Skating Pond Road City Trumbull	State Zip Code CT 06611			
Principal Occupation Retired Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contractivation or business he/she is a second or business he/she is a second or business he/she is a second or business he/she is a second or business he/she is a second or business he/she is a second or business he/she is a second or business he/she is a second or business he/she is a second or business he/she is a second or business he/she is a second or business he/she	ct with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective standard principal of a state contract or prospective standard principal or principal of a state contract or prospective standard principal or princ	tate contractor? Yes No Legislative			
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received 1/29/2023	Aggregate Contributions			
Jakubowski Jason	МІ			
Residential Street Address 33 Westminster Drive City West Hartford	State Zip Code 06107			
Principal Occupation Name of Employer CEO Connecticu	it Foodshare			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, twith said municipality \$100.00			
is this contribution associated with an event reported in Section L1? If yes, list Event # Security Is contributor a principal of a state contractor or prospective states of government the contract is with: Executive	No			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 2/1/2023	Aggregate Contributions			
SUBTOTAL Section B — This	s Page \$250.00			
TOTAL of additional Section B	Pages \$61,377.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page				

Section B ADDITIONAL PAGE 31 of 112

NAME OF COMMITTEE (Provide Complete No	ame as Registered with Filing Repository)			TYPE OF REPORT			
Marilyn for Mayor				April 10 filing			
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
	B. Itemized Co	ontri	butions from Indivi	iduals	W. Add		
Last Name		Ţ,	First				MI
Janensch			Gail				E.
Residential Street Address 3030 Park Avenue	Apt. 12	City	Bridgeport		State	Zi	p Code
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					mount \$200	of Contribution
Is this contribution associated with an	Yes Is contributor a principal of a	state co		te contractor?	<u>, </u>		
event reported in Section L1? If yes, list Event #	No If yes, indicate which bra of government the contra			Legislative No	ŀ		
Method of Contribution:			Date Received	Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check	Card Payroll Deduction Money	y Order	3/6/2023				
Last Name		Fi	irst				МІ
Janensch			Gail				E,
Residential Street Address 3030 Park Avenue Apt. 12	2	City	Bridgepo	rt	State		6604
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400				/, An	10unt	of Contribution
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract of Yes No	with said municipality		\$2	200.00
	No If yes, indicate which bra	nch or	branches	■ No	7		
If yes, list Event # Method of Contribution:	of government the contrac	ct is wi		Legislative Aggregate Contributions	4		
	ard Payroll Deduction Money	Order	3/11/2023	\$400.00			
ast Name		Fig		+ 100.00			MI
Johnson			Susan				M.
Residential Street Address		City	Guoun		State	Zip	Code
120 Boliva Street		1	Willamantic		СТ	06	226
rincipal Occupation			Name of Employer				
Attorney			O'Brien and	Johnson Attori	nevs	at L	aw
s contributor a lobbyist, spouse,	If contribution is in excess of \$400 t	o a can	didate for a chief executive	officer of a municipality	, Am	ount o	f Contribution
	does contributor or business he/she is valued at more than \$5,000?	s assoc	iated with have a contract v	vith said municipality		\$50	0.00
s this contribution associated with an Y	es Is contributor a principal of a s	tate con	ntractor or prospective state	contractor?	1		
vent reported in Section L1? N If yes, list Event #	If yes, indicate which bran of government the contract	ch or b	ranches	No	1		
Method of Contribution:	or government me contract	15 WILL		Aggregate Contributions	-		
Cash Personal Check Credit/Debit Car	rd Payroll Deduction Money	Order	1/29/2023				
	SUBT	OTAI	L Section B — This F	Page \$450.	00		
	TOTAL	of ad	ditional Section B Pa	iges \$61,3	77.00	0	
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 1:		VIDUALS (Sections A		477.0	00	

Section B ADDITIONAL PAGE 32 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 Indiv	duals			
Johnson First Lisa		MI		
Residential Street Address 27 Redwood Drive Unit 1410 City East Haven		State Zip Code CT 06513		
Principal Occupation Name of Employer Engineer Bisma	nrk			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Yes Is contributor a principal of a state contractor or prospective state of government the contract is with:	e contractor? Yes Legislative No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 1/31/2023	Aggregate Contributions			
Johnson Furst Calvin		MI		
Residential Street Address 4383 Grant Forest Cir. City Ellenwood		Zip Code 3094		
Principal Occupation Service Technician Name of Employer ATT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes		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 of government the contract is with: Is contributor a principal of a state contractor or prospective state of government the contract is with:	e contractor? Yes No Legislative			
Method of Contribution: Date Received	Aggregate Contributions			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 3/20/2023		12.5		
Jordan First Damika		MI		
2 Hillview Street City Bridgeport		Zip Code 7 06606		
Principal Occupation Medical Administrator Name of Employer NY State em	ployee			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	officer of a municipality, with said municipality	Amount of Contribution \$50.00		
s this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Section L1? If yes, list Event # Executive If yes, indicate which branch or branches of government the contract is with:	contractor? Yes No			
	Aggregate Contributions			
SUBTOTAL Section B — This	Page \$200.00)		
TOTAL of additional Section B Pa		77.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page T		77.00		

SEEC FORM 20 Berkel Juney 2015

Section B ADDITIONAL PAGE 33 of 112

NAME OF COMMITTEE (Provide Complete N	ame as	Registered with Filing Repository)			TYPE OF REPORT			
Marilyn for Mayor					April 10 filing			
A. Total Contributions from (See instructions for definition of Small				his Period ONLY FOTAL SECTION A	\$			
		B. Itemized Co	ntrik	butions from Indivi	iduals			Dia Na
Last Name			F	inst				MI
Judge				David		1	·	A
Residential Street Address 51 Brooklawn Pl.			City	Bridgeport		State	Zip C	06604
Principal Occupation Pre	side	ent		Name of Employer Judge Ele	ectric			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No		contribution is in excess of \$400 es contributor or business he/she		indidate for a chief executiv	e officer of a municipali	ty, Am	ount of	Contribution
	val	ued at more than \$5,000?		☐ Yes ●No		_	Ψιψ	0.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor?			
Method of Contribution:		<u></u>		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check	Card	☐ Payroll Deduction ☐ Money	/ Order	2/20/2023				
Last Name			Pü	Christine				MI
King						I _A	175-0	•
Residential Street Address 1375 Chopsey Hill	R4	i i	City	Pridaenort		State	Zip Co	ode 6606
Principal Occupation		•		Bridgeport Name of Employer		СТ		
Consultant				CKEducati	on			
Is contributor a lobbyist, spouse,	If co	ontribution is in excess of \$400	to a car			v. Amo	unt of (Contribution
or dependent child of a lobbyist? No	does	s contributor or business he/she ted at more than \$5,000?					\$100	
is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or l	branches	_ No			
Method of Contribution:				Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Cash	ard [Payroll Deduction Money		3/29/2023				
ast Name King			Fin	[™] Valerie				MI
Residential Street Address		-	City	Manadana		State	Zip Co	
15 Rock Hill Rd.				Woodbridge		CT		06525
rincipal Occupation Retired				Name of Employer Retired	1			
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	does	ntribution is in excess of \$400 to contributor or business he/she i ed at more than \$5,000?					unt of C	Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event #	res No	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or b	ranches n: Executive	☐ Legislative			
Method of Contribution:					Aggregate Contributions			
Cash Personal Check Credit/Debit Ca	ırd □	Payroll Deduction Money (Order	3/30/2023	1987			<u></u>
		SUBT	OTAI	L Section B — This F	Page \$250.0	00		
		TOTAL	of ad	ditional Section B Pa	ges \$61,3	77.00		
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To		,477.0	10	

Section B ADDITIONAL PAGE 34 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	AME 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- (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$				
B. Itemiz	zed Contrik	outions from Indivi	duals				
Last Name Knight	F	Kevin			MI		
Residential Street Address 37 Cranbury Rd.	City	Norwalk		State	Zip Code 06851		
Principal Occupation Marketing		Name of Employer Kgro	up				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality		ount of Contribution		
	ipal of a state co hich branch or	ontractor or prospective stat branches	e contractor? Yes No	3 '	50.00		
Method of Contribution: ☐ Cash ☐ Personal Check	☐Money Order	Date Received 3/25/2023	Aggregate Contributions				
Last Name Kowalski	Fi	Linda			МІ		
Residential Street Address 23 Sybil Creek Pl.	City	Branford		State	Zip Code 06405		
Principal Occupation Government Relations	_	Name of Employer Rome, Smi	th,Lutz and Ko	walsk	i		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess does contributor or business valued at more than \$5,000	s he/she is asso	ndidate for a chief executive ciated with have a contract Yes No	officer of a municipality	y, Am	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princi If yes, indicate with an event reported in Section L1? If yes, list Event #	hich branch or	ontractor or prospective state branches th:	e contractor? Yes		V .00.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check	Money Order	2/17/2023					
Last Name	Fir				MI		
Kowalski Residential Street Address	City	Linda		State	Zip Code		
23 Sybil Creek Pl.	1 *	Branford		СТ	06405		
Principal Occupation		Name of Employer					
Goverment Relations		Rome, S	mith, Lutz and	Kowa	alski		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? No loss contributor or business valued at more than \$5,000	s he/she is assoc	didate for a chief executive ciated with have a contract V	officer of a municipality with said municipality	/, Ame	\$250.00		
Is this contribution associated with an contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event #					4200.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money Order	3/30/2023	\$350.00	<u> </u>			
	SUBTOTA	L Section B — This	age	00.00			
T	OTAL of ad	ditional Section B Pa	ages \$6	1,377 	.00		
TOTAL OF ALL CONTRIBUTIONS (Enter total of	FROM INDI n Line 13, Colu	VIDUALS (Sections A umn A of Summary Page T	+ B) \$6	2,477	7.00		

SEEC FORM 20 Berhad January 2015

Section B ADDITIONAL PAGE 35 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-Receive (See instructions for definition of Small Contributor) SU	d this Period ONLY JBTOTAL SECTION A	\$		
B. Itemized Cont	tributions from Indivi	duals		
Last Name	First		MI L.	
Kushnar	Julie			
Residential Street Address 75 Old Ridgebury Rd.	Danbury		CT Zip Code CT 06810	
Principal Occupation	Name of Employer			
State Senator	CT General A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No No No N	a candidate for a chief executive associated with have a contract Yes	e officer of a municipality, with said municipality	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 star of the section L1? No If yes, indicate which branch of government the contract is	h or branches	e contractor? Yes Legislative No	8	
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check	rder 1/29/2023			
Last Name	First		М	
Kushnar	Julie			
Residential Street Address Cit	•		State Zip Code	
75 Old Ridgebury Rd.	Danbury		CT 06810	
Principal Occupation State Senator	Name of Employer CT General /	Assembly		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of section L1? If yes, list Event # Of government the contract is	n or branches	No No	\$200.00	
Method of Contribution:	Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check	_{der} 1/29/2023	\$400.00		
Last Name Lesser	First Matthew		MI	
Residential Street Address 2 Mazzatto PI.	Middletown		State Zip Code CT 06457	
Principal Occupation State Senator	Name of Employer State of Col	nnecticut		
			Amount of Contribution	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	ssociated with have a contract v	with said municipality	\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?	or branches	contractor?	φ100.00	
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check	_{der} 3/25/2023			
SUBTO	TAL Section B — This I	Page \$500.00		
TOTAL of	f additional Section B Pa	ages \$61,377	.00	
TOTAL OF ALL CONTRIBUTIONS FROM IT (Enter total on Line 13, 6	NDIVIDUALS (Sections A Column A of Summary Page To	+ B) \$62,47	7.00	

Section B ADDITIONAL PAGE 36 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	pository)		The Late of Control	TYI	E OF REPORT		V/1	
Marilyn for Mayor			Ар	April 10 filing				
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			this Period ONLY TOTAL SECTION A	\$				
	,							
B. Itemia	zed Co	ntri	butions from Indiv	idual	s		W.	
Last Name		, I	Füst					MI
Lewis			Dorothy					M.
Residential Street Address 290 Greenwood Street		City E	Bridgeport			State	Zip	06606
Principal Occupation			Name of Employer					
State of Connecticut			Legislat	ive /	Nide (Admir	istrat	ive)	
	ss he/she		andidate for a chief execution ociated with have a contract Yes			·	100 100	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princ If yes, indicate w of government the	hich bran	ch or		_	ractor?			
Method of Contribution:		. 15 ***	Date Received	_	gate Contributions	-		
☐ Cash ☐ Personal Check	Money	Orde	2/7/2023		•			
Last Name		F	irst					MI
Lewis			Dorothy					M.
Residential Street Address	C	lity				State	Zip (Code
290 Greenwood Street		Bri	idgeport			СТ		06606
Principal Occupation			Name of Employer			•		
State of Connecticut			Legislativ	e Aid	de (Adminis	trativ	e)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is					/, Am		Contribution
			ontractor or prospective sta	te contr	actor? Yes		Ψ	00.00
event reported in Section L1? No If yes, indicate will yes, list Event # of government the						1		
Method of Contribution:			Date Received	Aggreg	ate Contributions	7		
☐ Cash ☐ Personal Check	Money C	Order	3/19/2023	\$2	200.00	1		
Last Name		Fi	rst A === 0					MI
Lovinsk			Anne —				, _	
Residential Street Address	C	ity				State	Zip C	Code
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000.	s he/she is						unt of 50.0	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # If yes, list Event #	ich branc	h or l		_	ctor? Yes No			
Method of Contribution:			Date Received	Aggreg	te Contributions			
☐ Cash ☐ Personal Check	Money O	rder	2/8/2023					
	SUBTO	TA	L Section B — This	Page	\$250.0	0		
T	OTAL o	f ad	lditional Section B P	ages	\$61,37	7.00		
TOTAL OF ALL CONTRIBUTIONS (Enter total or	FROM 1 n Line 13,	NDI Colu	VIDUALS (Sections A umn A of Summary Page 1	+ B) Totals)	\$62,4	77.00		

Section B ADDITIONAL PAGE 37 of 112

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY			TYP.	TYPE OF REPORT				
Marilyn for Mayor	Marilyn for Mayor A			Apr	pril 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	- 			
							_	
	B. Itemized Co	ntrib	outions from Indivi	idual	8			
Last Name		F	^{irst} Kyle					MI
Lewis Residential Street Address		100				10	72:	A.
290 Greenwood S	Street	City	Bridgeport			State		06606
Principal Occupation Technician			Name of Employer Aggressiv	e Di	onostics			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, Ar		of Contribution 5.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a self-yes, indicate which brain of government the contract	nch or	branches		No No			
Method of Contribution: ☐ Cash ☐ Personal Check	rd □ Payroll Deduction □ Money	Order	Date Received 3/19/2023		zate Contributions			
Luckett		Fü	valita					MI
Residential Street Address		City	<u> </u>			State	Zip	Code
29 Old Pasture Ln.			Hamden			СТ		06518
Principal Occupation Consultants	· • · · · · · · · · · · · · · · · · · ·		Name of Employer Luckett ar	nd Lu	uckett Asso	ciate	s	
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					, Am		of Contribution
s this contribution associated with an event reported in Section L1?	o If yes, indicate which bran	ich or t	branches		No.			
If yes, list Event # Method of Contribution:	of government the contrac	t is wit	h: Executive Date Received		gislative ite Contributions	┥		
☐ Cash ☐ Personal Check ☐ Credit/Debit Can	d Payroll Deduction Money	Order	2/8/2023					
Last Name		Fire						MI
Luxenberg		-	Geoffrey					
Residential Street Address 93 Plymouth Ln.		City	Manchester			State CT	1 "	^{Code} 6040
Principal Occupation State Legislator	<u> </u>		Name of Employer Stae O	f CT				
r dependent child of a lobbyist? No	if contribution is in excess of \$400 to loes contributor or business he/she is valued at more than \$5,000?					Am		f Contribution
s this contribution associated with an event reported in Section L1?		ch or b	ranches	contrac	No			
Method of Contribution:				Aggrega	te Contributions			
Cash Personal Check Credit/Debit Card	1 Payroll Deduction Money (Order	1/30/2023					
	SUBT	OTAI	Section B — This l	Page	\$575.00)		
			ditional Section B Pa		\$61,37	7.00		
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To		\$62,477	.00		

Section B ADDITIONAL PAGE 38 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			
Marilyn for Mayor	April 10 filing			
A. Total Contributions from Small Contributors-Received to (See instructions for definition of Small Contributor) SUB	this Period ONLY TOTAL SECTION A	s		
B. Itemized Contri	hutiane from Indivi	duale	and the second	
	First	uuais	MI	
Manigat Residential Street Address City	Angeucci		12i-0.4	
Residential Street Address 66 Yale St.	Stratford		State Zip Code CT 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? Yes If contribution is in excess of \$400 to a contributor or business he/she is assigned at more than \$5,000?			Amount of Contributio \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contributor aprincipal of a state contributor	branches	contractor? Yes No		
Method of Contribution: ☐ Cash ☐ Personal Check	Date Received 2/8/2023	Aggregate Contributions		
Last Name Manigat	ங் Damicia		MI	
Residential Street Address City 66 Yale St.	Stratford		State Zip Code CT 06615	
Principal Occupation Registered Nurse	Name of Employer Hartford He	ealthcare		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor is in excess of \$400 to a car does contributor or business he/she is assovalued at more than \$5,000?			Amount of Contribution \$50.00	
is this contribution associated with an Event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch or of government the contract is with the contract	branches	No No		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received	Aggregate Contributions	-	
Last Name Fi	Marshall		мі D.	
Residential Street Address 91 Stonehouse Rd.	Trumbull		State Zip Code CT 06611	
Principal Occupation Retired	Name of Employer Retired			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a car does contributor or business he/she is associated at more than \$5,000?			Amount of Contribution \$100.00	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a state confusion of the section of the s	branches	contractor? Yes	- 4100.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		aggregate Contributions]	
SUBTOTA	L Section B — This P	age \$20	00.00	
	lditional Section B Pa	3,000	77.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDI (Enter total on Line 13, Colu			77.00	

SEEC FORM 20 Revised Justicy 2015

Section B ADDITIONAL PAGE 39 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		fl. to by		
Marilyn for Mayor	April 10 filing	ril 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s				
B. Itemized Contributions from Indi	viduals				
Last Name First Martin Jiff			MI		
Residential Street Address 99 Dog Ln. City Mansfield		State	Zip Code 06268		
Principal Occupation Educator Name of Employer Unv. C	of CT	•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5.000?	ct with said municipality		S100.00		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1? No If yes, indicate which branch or branches			φ100.00		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 3/5/2023	Aggregate Contributions				
Last Name First James			МІ		
Residential Street Address 22 Saranac Rd. Milford		State	Zip Code 06461		
Principal Occupation Name of Employer Legislator Stae of CT					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contractivation of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of the specific properties of \$400 to a candidate for a chief execution of \$400 to a chief execution of \$400 to a candidate for a chief execution of \$400 to a chief execution of		ity, Ame	ount of Contribution \$50.00		
s this contribution associated with an vest sent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with: Executive	ate contractor?				
Method of Contribution: Date Received	Aggregate Contributions	\dashv			
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 3/11/2023			Typ.		
ast Name Maroney First James			МІ		
esidential Street Address 22 Saranac Rd. Milford		State	Zip Code 06461		
rincipal Occupation Name of Employer	 	СТ	00401		
Legislator Stae of C	Γ				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes of contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		ty, Amo	ount of Contribution \$50.00		
s this contribution associated with an vent reported in Section L1? Yes No No Is contributor a principal of a state contractor or prospective state in Section L1? If yes, indicate which branch or branches of government the contract is with:	☐ Legislative				
Method of Contribution: Cash	Aggregate Contributions \$100.00				
SUBTOTAL Section B — This	Page	\$200.0	00		
TOTAL of additional Section B	Pages	\$61,37	77.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections a (Enter total on Line 13, Column A of Summary Page		\$62,47	77.00		

Section B ADDITIONAL PAGE 40 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor				Apı	April 10 filing			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	ributors-Recei		his Period ONLY TOTAL SECTION A	\$				
	B. Itemized Co		outions from Indiv	idual	S	areti		
Last Name		F	Pirst Code de la Code					D.
Martin Residential Street Address		Ich	Sylvia			State	75	Code
85 Corinthian Ave.		City	Stratford			CT	Zψ	06615
Principal Occupation Retired			Name of Employer Retire	d				
or dependent child of a lobbyist? No does contribut			indidate for a chief executive ciated with have a contract				юин с \$25.	of Contribution
Is this contribution associated with an Yes Is contribution event reported in Section L1?	·	nch or		_	No No	_	,	
Method of Contribution:			Date Received	Aggre	pate Contributions	7		
☐ Cash ☐ Personal Check	Deduction Money	Order	3/29/2023					
Last Name		Fi	rst	•		•		МІ
Martin			Тегга					L.
Residential Street Address 25 Smoke Hill Rd.		City N	ew Fairfield			State	1 .	Code 16812
Principal Occupation			Name of Employer	-		T		
Community Outreach			CAVG					
	or or business he/she		ndidate for a chief executive ciated with have a contract Yes No			, Am		Contribution
	utor a principal of a ; , indicate which brai		mtractor or prospective stat	e contr	actor? Yes		φ∠;	5.00
	vernment the contrac			□ Le		╛		
Method of Contribution:	_		Date Received	Aggrega	ate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll D	eduction		1/30/2023					
Mays Green		Fir	** Makida					MI
Residential Street Address 8 Walnut Ridge Ln.	N.	City	Stamford			State	Zip (6905
Principal Occupation			Name of Employer		•			
Researcher			Paramour	nt				
	r or business he/she i		didate for a chief executive intended with have a contract Ves No				0unt of	Contribution
event reported in Section L1? No If yes,	ntor a principal of a s indicate which bran ternment the contract	a state contractor or prospective state contractor? A Yes anch or branches						
Method of Contribution:			Date Received	Aggrega	te Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll D	eduction	Order	3/30/2023					
	SUBT	OTA	L Section B — This	Page	\$75.00			
	TOTAL	of ad	ditional Section B P	ages	\$61,37	7.00		
TOTAL OF ALL CONTRIB			VIDUALS (Sections A mn A of Summary Page T		\$62,47	77.00)	

SEEC FORM 20 Revised James 2015

Section B ADDITIONAL PAGE 41 of 112

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		LOW HELD WINDSHIP	TYPE OF REPORT					
Marilyn for Mayor				Apri	l 10 filing			
A. Total Contributions from Small (See instructions for definition of Small Contrib			nis Period ONLY OTAL SECTION A	s				
	D. Hamiral Co.		utions from Tudini	tala ala		SCHOOL S		
Last Name	B. Itemized Co		utions from Indiv	lauais				MI
McBride			lermaine					L
Residential Street Address 65 Macon Dr.		City	Bridgeport			State	- 1 '	p Code 06606
Principal Occupation Electrician		•	Name of Employer BOE					
or dependent child of a lobbyist? No does co	ribution is in excess of \$400 ontributor or business he/she at more than \$5,000?					у, Ап		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	is contributor a principal of a If yes, indicate which brain of government the contract	nch or l	branches	_	No No]	•	
Method of Contribution: ☐ Cash ☐ Personal Check	Payroll Deduction Money	Order	Date Received 3/28/2023	Aggrega	te Contributions			
Last Name McClain		Fir	Tyrone					R.
Residential Street Address 1002 Township Way		City	Roswell			State GA	Zip	30075
Principal Occupation Senior Director			Name of Employer Pfizer, Inc.					
or dependent child of a lobbyist? No does co	ibution is in excess of \$400 t ntributor or business he/she i at more than \$5,000?							of Contribution
is this contribution associated with an Yes Yest reported in Section L1? No If yes, list Event #	contributor a principal of a s If yes, indicate which bran of government the contract	ich or b	oranches	_	No No			
Method of Contribution: Cash Personal Check Credit/Debit Card Check Credit/Debit Card Check Credit/Debit Card Check Credit/Debit Card Check C	1,577		Date Received 3/30/2023		e Contributions			
Last Name McKenzie		Firs	Steve			_		МІ
Residential Street Address 72 Granfield Ave.		City	Bridgeport			State CT	1 -	Code 06610
Principal Occupation President			Name of Employer Kafa Group)				
r dependent child of a lobbyist? No does cor	bution is in excess of \$400 to atributor or business he/she is at more than \$5,000?					Amo		of Contribution
s this contribution associated with an Yes vent reported in Section L1? No No No	with an Yes Is contributor a principal of a state contractor or prospective state contractor?				No			
Method of Contribution:	yroll Deduction				Contributions	1		
	SUBT	OTAL	Section B — This l	Page	\$1,2	00.00)	
	TOTAL	of ado	litional Section B Pa	ages	\$6	1,377	'.00	
TOTAL OF ALL CON	VTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A nn A of Summary Page T		\$6	2,477	7.00)

Section B ADDITIONAL PAGE 42 of 112

AME 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-Re (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$				
	F = 177 177 177						
	Contribut	tions from Indivi	iduals		Mi		
McLoud		Eva			J.		
Residential Street Address 2675 Park Ave. Unit 27	City	Bridgeport		State	Zip Code 06604		
Principal Occupation Retired		Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves Uf contribution is in excess of \$\frac{3}{4000}\$ does contributor or business he valued at more than \$5,000?				- 1	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, indicate which of government the co	branch or bra	nches	e contractor?				
Method of Contribution: ☐ Cash ☐ Personal Check		2/17/2023	Aggregate Contributions				
Last Name McLoud	First	Eva			J.		
Residential Street Address 2675 Park Ave. Unit 27	City	Bridgeport		State	Zip Code 06604		
Principal Occupation Retired	1	lame of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$5,000?					unt of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of the section L1? If yes, list Event # Is contributor a principal of the section L1? If yes, list Event #	branch or bra	nches	e contractor? Yes Legislative No				
Method of Contribution:	D	ate Received	Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mo	oney Order	3/30/2023	\$300.00				
Last Name Mechanic	First	Michelle			МІ		
Residential Street Address 6 Blackburry Ln.	City	Westport		State	Zip Code 06880		
Attorney and Consultant	1	ame of Employer Law Office of I	Michelle Mecha	nic			
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a candid she is associate	ate for a chief executive ed with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ant of Contribution \$500.00		
is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1? If yes, indicate which long government the contributor is principal of government.	branch or brai	nches	contractor? Yes No				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	_ [_	ate Received 3/25/2023	Aggregate Contributions				
su	BTOTAL	Section B — This	Page \$700.00				
	100	tional Section B P	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
TOTAL OF ALL CONTRIBUTIONS FRO		DUALS (Sections A A of Summary Page T		.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	April 10 filing			
A. Total Contributions from Si (See instructions for definition of Small)			his Period ONLY OTAL SECTION A	\$				
	B. Itemized Co	ntrib	utions from Indiv	iduals		100	12	
Last Name		F	irst				MI	
Miller			Patricia					
Residential Street Address 95 Liberty St. Unit	t 4	City	Stamford		- 1	CT	Zip Code 06902	
Principal Occupation			Name of Employer					
Legislator			Connecticut	General Asse	mbl	ly		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality						Amount of Contribution		
10.00	valued at more than \$5,000? Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or l	branches		res No	\$100.00		
If yes, list Event #	or government die conda	rt 12 W11	Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check	rd □ Payroll Deduction □ Money	Order	2/3/2023					
Last Name Miller		Fir	Patricia				MI	
Residential Street Address Legislator		City	Stamford				Zip Code 06902	
			Name of Employer		10	T]	00902	
Principal Occupation Legislator Connecticut General Assembly								
or dependent child of a lobbyist? No	No does contributor or business he/she is associated with have a contract with said municipality					nt of Contribution		
Is this contribution associated with an very event reported in Section L1? If yes, list Event #		ich or b	oranches		'es Vo			
Method of Contribution:			Date Received	Aggregate Contributions	\dashv			
☐ Cash ☐ Personal Check	d Payroll Deduction Money	Order	3/31/2023	\$200.00				
Last Name	· · · ·	Fire	st				MI	
Mitchell		-	Annie					
Residential Street Address		City			Sta	ute 2	Zip Code	
890 Seaview A	Ave. #10	Br	idgeport		C	T	06607	
Principal Occupation			Name of Employer					
Retired			Retired					
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 to loes contributor or business he/she in valued at more than \$5,000?			-	ity,		ot of Contribution	
s this contribution associated with an vent reported in Section L1? No No No No.		ch or bi	ranches	_ N		,		
Method of Contribution:		Ī		Aggregate Contributions	\dashv			
Cash Personal Check Credit/Debit Card	Payroll Deduction Money (Order	1/29/2023					
	SUBT	OTAL	Section B — This l	Page \$250	.00			
	TOTAL	of ade	ditional Section B Pa	ages \$61,3	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 44 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	ומי	TYPE OF REPORT				
Marilyn for Mayor		April 10 filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$				
	Contributions from Indiv	iduals	MI			
McLoud	First Eva		J.			
Residential Street Address 2675 Park Ave. Unit 27	Bridgeport		State Zip Code CT 06604			
Principal Occupation Retired	Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of S does contributor or business he valued at more than \$5,000?	400 to a candidate for a chief executive. /she is associated with have a contract Yes	ve officer of a municipality, t with said municipality	Amount of Contribution \$100.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which of government the contributor of government the contributor apprincipal of the section of the section of	ntract is with:	☐ Legislative No				
Method of Contribution: ☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mo	Date Received 2/23/2023	Aggregate Contributions \$300.00				
Last Name Moore	First Lillie	-	MI			
Residential Street Address 66 Coventy Ln.	City Trumbull		State Zip Code CT 06611			
Principal Occupation Retired	Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor is in excess of \$4 does contributor or business he/valued at more than \$5,000?	100 to a candidate for a chief executive she is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution \$50.00			
Is this contribution associated with an event reported in Section L1? A Yes No If yes, indicate which of government the core		te contractor? Yes No				
Method of Contribution: ☐ Cash ☐ Personal Check	Date Received 2/10/2023	Aggregate Contributions				
Last Name Moore	First Lillie		МІ			
Residential Street Address 66 Coventy Ln.	City Trumbull		Zip Code CT 06611			
Principal Occupation Retired	Name of Employer Retired		<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive she is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution \$50.00			
Is this contribution associated with an event reported in Section L1? No If yes, list Event # A Section L1? No of government the contributor a principal of the section L1?	☐ Legislative					
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	Date Received ney Order 2/10/2023	Aggregate Contributions \$100.00				
	BTOTAL Section B — This		00			
TOTA	ages \$61,3	77.00				
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A see 13, Column A of Summary Page 2	(+ B) Fotals) \$62,4	77.00			

Section B ADDITIONAL PAGE 45 of 112

Principal Occupation Paralegal Scelf Scottributor a lobbyist, spouse, or dependent child of a lobbyist? No Scelf Scottribution associated with an event reported in Section 1.17 Method of Countribution Moore First Michelle Moore Residential Systems Navigator Scottributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Moore First Michelle Moore Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer Residential Street Address Morong Name of Employer No Morong Name of Employer Residential Street Address Morong Name of Employer No Morong Name of Employer No Morong Name of Employer No Morong Name of Employer No Morong Name of Employer No Morong Name of Employer No Morong Name of Employer No Morong No Morong No Morong No Morong No Morong No Morong No Morong No Morong No Morong No Morong No Morong No Morong No Morong No Moro	NAME OF COMMITTEE (Provide Complete Name as Registere	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
B. Itemized Contributions from Individuals State	Marilyn for Mayor				Apri	April 10 filing				
Test Moore First Yolanda Mill Mi					\$					
Test Moore First State Address State Sta										
Moore Yolanda Susta Zig Code CT 06805		B. Itemized Co			iduals	28 1,110	W-W			
Stamford	Moore									
Self			1 '	Stamford			ł.	Ziq	06905	
does contributor or business holhe is associated with have a contract with said municipality with a second of the contract of the second of	Principal Occupation Paralegal			1						
went reported in Section L1?	dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				y, Aı					
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/7/2023 Michelle	event reported in Section L1? No Ify	es, indicate which bra	nch or b	ranches	_	No				
Residential Street Address 622 Soundview Ave. City	_	l Deduction Money	Order	1	Aggrega	nte Contributions				
Bridgeport CT 06606			Fin		•		<u> </u>	•	МІ	
Health Systems Navigator Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? No No No No No No No N			City	Bridgeport				Zip		
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an proper of government the contract or or prospective state contractor? Yes		ems Navigator	•		Hosp	ital				
Substitution Section 1.17 No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative No Substitutions Substi	or dependent child of a lobbyist? No does contribu	itor or business he/she		ated with have a contract			, An	Amount of Contribution \$100.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/25/2023 Cast Name Morong First Mary Lou Residential Street Address 30 Beacon St. City Bridgeport CT O6605 Principal Occupation Name of Employer Retired Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No State No No No No No No No N	event reported in Section L1? No If ye	es, indicate which brai	nch or b	ranches	_	No]			
Morong Residential Street Address 30 Beacon St. Bridgeport Retired State	Method of Contribution:	-		Date Received	Aggregat	e Contributions	1			
Bridgeport Retired Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No late this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Substotal Section B — This Page \$250.00 Substotal Secti			Firs					_	МІ	
Retired s contributor a lobbyist, spouse, or dependent child of a lobbyist? No loss contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				ridgeport				Zip	^{Code} 06605	
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	- 10-			* -	ı					
Subtotal Section B - This Page Section B - This Pa	or dependent child of a lobbyist? No does contribut	tor or business he/she i		ated with have a contract v			7.1		111 17 18 111	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 2/8/2023 SUBTOTAL Section B — This Page \$250.00	event reported in Section L1? No If yes	s, indicate which bran	ch or br	anches		No				
	Method of Contribution:			Date Received						
		SUBT	OTAL	Section B — This I	Page	\$250.00				
TOTAL of additional Section B Pages \$61,377.00		TOTAL of additional Section B Pag				\$61				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$62,477.00						\$6	2,47	7.00		

SEEC FORM 20 Revised James 2015

Section B ADDITIONAL PAGE 46 of 112

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		32 32	TYPE OF REPORT			
Marilyn for Mayor				April 10 filing		
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$		
		4 911				
Last Name	B. Itemizea Co	ontribu Fir	utions from Indivi	iduais	-11- 11	MI
Morong			Mary Lou		•	
Residential Street Address 30 Beacon St.		City	Bridgeport		State	Zip Code 06605
Principal Occupation Retired			Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a does contributor or business he/she is associated with have a contract with said movel at more than \$5,000?			e officer of a municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which brai of government the contract	nch or b	oranches	te contractor? Yes		
Method of Contribution: ☐ Cash ☐ Personal Check	Card □ Payroll Deduction □ Money	y Order	Date Received 3/20/2023	Aggregate Contributions \$150.00		
Lust Name Murphy	·	Firs	John	•		Р.
Residential Street Address 205 Westerly Teri		City	ast Hartford		State	Zip Code
Principal Occupation Staff Representative			Name of Employer CSEA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand is associ	didate for a chief executive intended with have a contract. Yes No	e officer of a municipality with said municipality		unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a single If yes, indicate which brain of government the contract	nch or b	oranches	e contractor? Yes	;	, 100.0 2
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	2/25/2023			
Last Name Nanoli		First				мі А .
Napoli			Ronald		State	Zip Code
Residential Street Address 28 Deer Parl Circle		City W	/aturbury		CT	06708
Principal Occupation Teacher			Name of Employer Waturbury	Public Schools	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a cand is associa	lidate for a chief executive ated with have a contract to	officer of a municipality		unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a si If yes, indicate which bran of government the contract	t is with:	ranches : Executive	☐ Legislative		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	- 1	Date Received 2/5/2023	Aggregate Contributions		
	SUBT	OTAL	Section B — This l	Page \$26	5.00	<u> </u>
	TOTAL	of add	ditional Section B Pa	ages \$61	,377.0	0
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1:	INDIV	VIDUALS (Sections A nn A of Summary Page T	+ B) \$62	,477.0	0

Section B ADDITIONAL PAGE 47 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			AZ CHISA Le			
Marilyn for Mayor				April 10 filing		
A. Total Contributions from (See instructions for definition of Sma			his Period ONLY TOTAL SECTION A	\$		
THE REPORT OF THE PARTY PARTY.	B. Itemized Co		outions from Indiv	iduals	No.	
O'Donnell		Fi	James			MI E.
Residential Street Address 505 West McKinle	y Ave.	City	Bridgeport		State	Zip Code 06604
Principal Occupation			Name of Employer		<u> </u>	
Attorney			Law Offices	of James E. O'	Donne	ell, LLC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				late for a chief executive officer of a municipality, ed with have a contract with said municipality		
event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or t	branches	e contractor? Yes	: 	\$100.00
If yes, list Event #	At Soscillitions are course	ICL IS WIL	Date Received	Aggregate Contributions	\dashv	
_	Card ☐ Payroll Deduction ☐ Mone	y Order	2/10/2023			
Last Name	· · · · · · · · · · · · · · · · · · ·	Fin	rat	ı		MI
O'Donnell			James			E.
Residential Street Address 505 West McKinley	Ave.	City	Bridgeport		State	Zip Code 06604
Principal Occupation			Name of Employer			
Attorney			Law Office	es of James E.	O'Don	nell, LLC
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				l .	unt of Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event #	•	nch or b	ntractor or prospective state branches	No	7 .	,230.00
Method of Contribution:			1 1	Aggregate Contributions	7	
Cash Personal Check Credit/Debit C	Card Payroll Deduction Money	Order	3/29/2023	\$350.00		
ast Name Okagbaa		Firs	Janet		·	МІ
tesidential Street Address	ace Pl. Unit 2	City			State	Zip Code
	ice Fi. Offit 2		Stamford Name of Employer		СТ	06902
rincipal Occupation Analyst			Deep Trac	<u> </u>		
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amo	\$100.00
s this contribution associated with an vent reported in Section L1?	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	t is with:	ranches : Executive	☐ Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	- 1	2/1/2023	Aggregate Contributions		
	SUBT	OTAL	Section B — This I	Page \$450.00		
	TOTAL	of add	ditional Section B Pa	sges \$61,37	7.00	
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A mn A of Summary Page To		77.00	

Section B ADDITIONAL PAGE 48 of 112

NAME OF COMMITTEE (Provide Complete Nau	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor				April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$				
	B. Itemized Co		utions from Indivi	duals				
Last Name ONeil		Fin	Richard			E.		
Residential Street Address 345 Buckland Hill	s Dr.	City	Manchester		State	Zip Code 06042		
Principal Occupation Committee Cler	k - CGA		Name of Employer State of CT	HDO				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution \$100.00		
-	this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No Vent reported in Section L1? Yes No No Vent reported in Section L1?							
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard □ Payroll Deduction □ Money	y Order	Date Received 2/10/2023	Aggregate Contributions				
Last Name		Firs		· · · · · · · · · · · · · · · · · · ·		MI		
Osten			Catherine			A		
Residential Street Address 187 Scotla		City Ba	altic		State	2ip Code 06330		
Principal Occupation State Senator			Name of Employer State of Cor	necticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				**	Amount of Contribution \$250.00		
Is this contribution associated with an event reported in Section L1?	lo If yes, indicate which bran	nch or bi	ranches	N				
If yes, list Event # Method of Contribution:	of government the contrac	_	Date Received	Legislative Aggregate Contributions	\dashv			
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money	Order	2/5/2023					
Last Name Parker	· · · · · · · · · · · · · · · · · · ·	First	Herbert			мі К .		
Residential Street Address 30 Briar Oak		City	Veston		State	Zip Code 06883		
Principal Occupation]:	Name of Employer					
Retired			Retired					
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				1	sunt of Contribution		
	s contribution associated with an Pes Is contributor a principal of a state contractor or prospective state contractor? Pes reported in Section L1? If yes, indicate which branch or branches							
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Car	d □ Payroll Deduction □ Money	Order	2/17/2023					
	SUBT	OTAL	Section B — This l	Page \$	450.00)		
TOTAL of additional Section B Pages				ages	\$61,377.00			
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1:		IDUALS (Sections A in A of Summary Page To		62,477	.0 <mark>0</mark>		

SEEC FORM 20 Bevious Jacobsy 2015

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 Indivi	duals	MI			
Perkus Joseph	·				
Residential Street Address 74 Union PI. City Hartford		CT Zip Code CT 06103			
Principal Occupation Legislative Associate Name of Employer State of Cor	necticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	re officer of a municipality, with said municipality				
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1? No If yes, indicate which branch or branches	e contractor? Yes No	- \$100.00 			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 3/19/2023	Aggregate Contributions]			
Last Name First	<u> </u>	W.			
Pheanious Pat					
Residential Street Address 63 Squaw Hollow Rd. City Ashford		State Zip Code CT 06278			
Principal Occupation Name of Employer Retired Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	e officer of a municipality, with said municipality	Amount of Contribution \$100.00			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	e contractor? Yes No				
Method of Contribution: Date Received	Aggregate Contributions	†			
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 3/26/2023					
Last Name Pollock Takina	·	MI			
Residential Street Address 49 Sydney St. City Bridgeport		State Zip Code CT 06606			
Principal Occupation Director Name of Employer Bridgeport Fall	rmers Market Co	ollaborative			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	officer of a municipality, with said municipality	Amount of Contribution \$25.00			
Is this contribution associated with an event reported in Section L1? No	No				
Method of Contribution: ☐ Cash ☐ Personal Check	Aggregate Contributions				
SUBTOTAL Section B — This	Page \$225.00				
TOTAL of additional Section B P	ages \$61,377.0	00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 7		00			

Section B ADDITIONAL PAGE 50 of 112

NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing Repository)			TYPE	F REPORT		EARLY CHILDS	
Marilyn for Mayor				Аргіі	April 10 filing			
A. Total Contributions from Small Conference of Small Contribution of Small Contribution of Small Contribution of Small Contribution of Small Contribution of Small Contribution of Small Contributions of Sma			nis Period ONLY OTAL SECTION A	\$				
	B. Itemized Co	لنجاشنده	utions from Indiv	iduals	un anticomo	A CONTRACT		
Prebrezza		Fi	Nexhmi				N.	
Residential Street Address 87 Beardsley St.		City	Bridgeport			State	Zip Code 06607	
Principal Occupation Woodworker			Name of Employer Elite AP Co	огр.				
or dependent child of a lobbyist? No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?						ount of Contribut	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a	nch or t	ntractor or prospective state		No	,	,000.00	
Method of Contribution: Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	y Order	Date Received 2/18/2023	Aggregate	Contributions			
Last Name Reale)	Fin	1				МІ	
Residential Street Address	ewster Pl.	City	rumbull			State	Zip Code 06611	
Principal Occupation Attorney	· · · · · · · · · · · · · · · · · · ·		Name of Employer Self			!		
or dependent child of a lobbyist? 💮 No 🛮 doe	contribution is in excess of \$400 cs contributor or business he/she ued at more than \$5,000?						unt of Contribution \$300.00	
s this contribution associated with an Yes event reported in Section L1? No No If yes, list Event#	Is contributor a principal of a If yes, indicate which brat of government the contract	nch or b	ranches		No No	7		
Method of Contribution:	of government the contract		Date Received		Contributions	-		
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	3/30/2023					
ast Name Robinson		Fire	Casidee				MI	
Residential Street Address		City	 			State	Zip Code	
272 Newfield Ave.			Bridgeport			СТ	06607	
rincipal Occupation			Name of Employer				<u></u>	
Talent Aquisition			Evolution (Conne	cticut			
r dependent child of a lobbyist? No does	ontribution is in excess of \$400 ts contributor or business he/she is ted at more than \$5,000?						unt of Contributio	
s this contribution associated with an vent reported in Section L1? No No No	Is contributor a principal of a se If yes, indicate which bran of government the contract	of a state contractor or prospective state contractor?				00.00		
Method of Contribution:	or Reveniment me contract				ontributions	1		
Cash Personal Check Credit/Debit Card	Payroll Deduction Money	Order	1/29/2023					
	SUBT	OTAL	Section B — This l	Page	\$1,350.	00		
	TOTAL of additional Section B Pa					7.00		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13		IDUALS (Sections A an A of Summary Page To		\$62,47	7.00		

Section B ADDITIONAL PAGE 51 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor				Ар	April 10 filing			
A. Total Contributions from (See instructions for definition of Sma			this Period ONLY TOTAL SECTION A	\$				
Total Management of the Control of t	B. Itemized Co	ntri	butions from Indivi	idual	S			Tra .
Robinson			Keisha					T.
Residential Street Address 2 Rockri	idge Circle	City	Bridgeport			State		06606
Principal Occupation Custome	er Service		Name of Employer CT Post					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			contract with said municipality				of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a in If yes, indicate which brain of government the contract	nch o	r branches		No No	7	·	
Method of Contribution: ☐ Cash ☐ Personal Check	Card □ Payroll Deduction □ Money	Orde	Date Received 2/3/2023	Aggre	gate Contributions			
Last Name Rocha		F	Marie					MI
Residential Street Address 16 Fairway D		City	Stamford			State	Zip	^{Code} 06903
Principal Occupation General Partner and F	ounder		Name of Employer Realist Ventu	ures	•			_
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?						Amount of Contribution \$100.00	
is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or	r branches		No.			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard □ Payroll Deduction □ Money	Order	Date Received 3/30/2023	Aggreg	ate Contributions			
ast Name		Fi	Tylorob					М.
Rory Residential Street Address	1/	City	Tyierah			State	7 in (Code
17 Davenpo		ы	Bridgeport			CT	1 .	6607
Principal Occupation			Name of Employer					-
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a car s asso	ndidate for a chief executive ciated with have a contract v	office with sa	r of a municipality id municipality	Ame	ount of	f Contribution
s this contribution associated with an vent reported in Section L1?	Is contributor a principal of a st If yes, indicate which brance of government the contract	pal of a state contractor or prospective state contractor? Yes ich branch or branches					_	
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money (Order	3/26/2023	Aggreg	te Contributions			
	SUBTO	OTA	L Section B — This I	Page	\$175	.00		
	TOTAL	of ac	iditional Section B Pa	ages	\$61,	377.0	00	
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page To		\$62,4	77.00)	

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 (See instructions for definition of St				nis Period ONLY OTAL SECTION A	s				
					4 1124 100 215 00	2 10 70			
		B. Itemized Co		utions from Indivi	iduals		Lig		
Last Name Rutigliano			''	Michele			М А.		
Residential Street Address			City			State	Zip Code		
52 Stemway	Rd.			Trumbull		СТ	06611		
Principal Occupation		Professional	<u> </u>	Name of Employer Trumbull F	Public School		<u>-</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vo Voice of Security of S						Amount of Contribution \$100.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No		nch or b	oranches h:	Legislative Yes				
Method of Contribution: ☐ Cash ☐ Personal Check	it Card	☐ Payroll Deduction ☐ Money	y Order	Date Received 3/16/2023	Aggregate Contributions				
Last Name Saccente			Fire	Kenneth	'	_	МІ		
Residential Street Address 524	Ridg	geview Rd.	City	Orange		State	Zip Code 06477		
Principal Occupation Legislati	ve S	Staff		Name of Employer State of Co	nnecticut	01			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?				40.27	unt of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bras of government the contras	nch or b	ranches	e contractor? Yes No Legislative		·		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit	Card	☐ Payroll Deduction ☐ Money		Date Received 3/21/2023	Aggregate Contributions				
ast Name			Firs				MI		
Sainvile				Rouchon		_	la a		
tesidential Street Address	0 Le	wis St.	City B	Bridgeport		State	Zip Code 06604		
rincipal Occupation	uder	nt		Name of Employer N/A					
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	doe	contribution is in excess of \$400 t es contributor or business he/she i ued at more than \$5,000?				, Amoi	unt of Contribution \$50.00		
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or br	anches 🔲 Executive	☐ Legislative				
Method of Contribution: Cash Personal Check Credit/Debit	Card [☐ Payroll Deduction ☐ Money	- 1	Date Received 2/7/2023	Aggregate Contributions				
		SUBT	OTAL	Section B — This I	Page \$200.0	00			
	11. 401 11. 10	TOTAL	of add	litional Section B Pa	ages \$61,3	377.00	0		
TOTAL OF	ALL (CONTRIBUTIONS FROM (Enter total on Line 1:		TDUALS (Sections A	+ B) \$62,4	477.00)		

Section B ADDITIONAL PAGE 53 of 112

NAME OF COMMITTEE (Provide Complete Name	se as Registered with Filing Repository)	Z-U		TYPE OF REPORT					
Marilyn for Mayor				Ар	April 10 filing				
A. Total Contributions from Si (See instructions for definition of Small Control			his Period ONLY FOTAL SECTION A	\$					
en de l'appropriété avec	B. Itemized Co		butions from Indiv	idual	s	Na.			
Samson		ľ	Brosset					М	
Residential Street Address 70 Pepperi	idge Circle	City	Stratford			State	1 ')6614	
Principal Occupation Auto Mechanic			Name of Employer Wiz Auto					·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, Aı		of Contribution	
Is this contribution associated with an event reported in Section L1? Who is this contribution associated with an event reported in Section L1? Who is contributor a principal of a state contractor or prospective statement of government the contract is with: Executive			_	No No		\$50.00			
Method of Contribution: Cash Personal Check Credit/Debit Car	rd □ Payroll Deduction □ Money	y Order	Date Received 2/10/2023	Aggre	gate Contributions				
Last Name			rst					 Л.	
Santos Residential Street Address		City	John			State	Zip	Code	
9 Captains Hill	Rd.	**X	Monroe			СТ		06468	
Principal Occupation Retired			Name of Employer Ret	ired					
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Am	Amount of Contribution \$50.00		
s this contribution associated with an vertical reported in Section L1? No No No.		nch or l	branches		■ No				
Method of Contribution:	or go verianone are contain	JC 10 W10	Date Received		ate Contributions	1			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	l □ Payroll Deduction □ Money	Order	2/6/2023						
.ast Name Scott		Fin	^{₃t} Denise					MI	
Residential Street Address 26 Cutter Dr. A	vpt. B	City	Bridgeport			State	Zip (O6608	
rincipal Occupation Advocate/EAducation	n I		Name of Employer ConC	ANN		<u> </u>			
r dependent child of a lobbyist? No de	f contribution is in excess of \$400 to oes contributor or business he/she in alued at more than \$5,000?					Am	200	Contribution	
this contribution associated with an Yes vent reported in Section L1? No If yes, list Event #		ch or b	ranches	_	ctor? Yes		Ψι	30.00	
Method of Contribution:	☐ Payroll Deduction ☐ Money 6				te Contributions				
	SUBT	OTAI	L Section B — This F	Page	\$200.00				
	TOTAL	of ad	ditional Section B Pa	iges	\$61,	377.	00		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To		\$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				Ар	ril 10 filing				
A. Total Contributions from Si (See instructions for definition of Small 6)			this Period ONLY TOTAL SECTION A	\$					
	B. Itemized Co	ontri	butions from Indiv	idua	s	71. I	7		
Last Name Sellers			First Lillian					MI	
Residential Street Address 2 Valley Rd.	- 1	City	Westport			State	Zi	06880	
Principal Occupation	rit. Program Managae		Name of Employer						
Cyber Secur	ity Program Managee	;	Citi						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					\$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:					No No				
Method of Contribution:			Date Received		gate Contributions	\dashv			
☐ Cash ☐ Personal Check	rd Payroll Deduction Money	Orde	2/20/2023						
Last Name		F	irst teelieee					MI	
Shafer			Julian						
Residential Street Address		City	Bridgenort			State	Zip	Code	
49 Sydney St.			Bridgeport			СТ		06606	
Principal Occupation Teacher			Name of Employer Danbury Pul	blic (Schools				
or dependent child of a lobbyist? No o	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, An		of Contribution	
s this contribution associated with an Yes				e contr		7	₽4	25.00	
event reported in Section L1? No If yes, list Event #	of government the contract			□ Le	gislative No				
Method of Contribution:	_		Date Received	Aggreg	ate Contributions	7			
Cash Personal Check Credit/Debit Care	d □ Payroll Deduction □ Money	Order	3/27/2023						
ast Name Skeyers-T	homas	Pi	Shirley					R.	
Residential Street Address		City				State		Code	
8 Horseshoe Hil	l Rd.	В	Bethany			CT	⊥ '	06524	
Principal Occupation Attorney			Name of Employer CGA						
r dependent child of a lobbyist? 🌑 No 🛮 d	f contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?					An	юцаt о \$50	f Contribution	
s this contribution associated with an vent reported in Section L1? No No No		ch or l	branches	_	No				
Method of Contribution:			1	Aggrega	te Contributions]			
Cash Personal Check Credit/Debit Card	□ Payroll Deduction □ Money (Order	3/21/2023						
	SUBTO	OTA	L Section B — This l	Page	\$225	.00			
	TOTAL	of ad	lditional Section B Pa	ages	\$61,37	77.0	0		
TOTAL OF ALI	CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page To		\$62,47	7.00			

Section B ADDITIONAL PAGE 55 of 112

NAME OF COMMITTEE (Provide Complete Na	une as Registered with Filing Repository)		10 10 10 10 10 10	TYPE OF REPORT					
Marilyn for Mayor				April 10 filing					
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	•				
The property of the Manager of	B. Itemized Co		utions from Indivi	dual	S				
Last Name Slap		Fi	Derek					мі М.	
Residential Street Address 51 Fa	uirlee Rd.	City	West Hartford			State	Zip	^{Code} 06107	
Principal Occupation Non Pr	ofit VP and State Sena	tor	Name of Employer Village for	· Chi	idren and F	-amili	es		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution \$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 of prospective state contractor of prospective state contractor of prospective state contractor or prospective s					No			, •	
Method of Contribution: Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money	Order	Date Received 3/27/2023	Aggre	gate Contributions				
Last Name Sniffen		Fin	st Scott					MI	
Residential Street Address 1432 Old Waturbu		City	Southbury			State CT	Zip (Code 06488	
Principal Occupation Produ	cer/Director		Name of Employer Sniffen Produc	ction	s				
							ount of 100.	Contribution	
s this contribution associated with an vevent reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or b	oranches		No				
Method of Contribution:	0.80.00.00.00.00.00				ate Contributions	╡			
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	2/7/2023						
Last Name Soltis		Firs	John					MI	
Residential Street Address 93 Ellsworth Street		City B	ridgeport			State	Zip C	6605	
Principal Occupation Librarian			Name of Employer Bridgepo	rt Pi	ıblic Library	/			
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					, Amo		Contribution 0.00	
s this contribution associated with an vent reported in Section L1? If pes, list Event #	Is contributor a principal of a st If yes, indicate which branc of government the contract	ch or br	ranches		No				
Method of Contribution: Cash Personal Check Credit/Debit Ca	rd □ Payroll Deduction □ Money (Date Received 1/28/2023	Aggrega	te Contributions]			
Joan Dictional Cheek Countries Con		df	Section B — This I	Page	\$650	<u></u>			
		12/1	ditional Section B Pa	30/05		377.0	0		
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line 13	INDIV	VIDUALS (Sections A nn A of Summary Page To	+ B) otals)	\$62,4	477.0	0	i i	

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 Indivi	duals	MI			
Spiller Karen		Α.			
Residential Street Address 1 Mount Pleasant Terr. Unit 3 City Boston		MA Zip Code MA 03119			
Principal Occupation Name of Employer University Univer	sity of New Ham	pshire			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution \$200.00			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1? No If yes, indicate which branch or branches	e contractor? Yes Legislative				
Method of Contribution: ☐ Cash ☐ Personal Check	Aggregate Contributions				
Last Name Stewart Stewart First Jeffrey		мі С.			
Residential Street Address City Trumbull	i	State Zip Code CT 06611			
Principal Occupation Name of Employer Manager Stew's Infu	used Catering, L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No		Amount of Contribution \$50.00			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with:	e contractor? Yes No				
	Aggregate Contributions	1			
□ Cash □ Personal Check ● Credit/Debit Card □ Payroll Deduction □ Money Order 2/10/2023					
Southerland First Douglas		М			
14 Petticoat Ln. City Trumbull		State Zip Code CT 06611			
Principal Occupation Retired Name of Employer Retired					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution \$50.00			
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with:	contractor? Yes				
	Aggregate Contributions				
SUBTOTAL Section B — This I	Page \$300.	.00			
TOTAL of additional Section B Pa		<u></u>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To		477.00			

Section B ADDITIONAL PAGE 57 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT				
Marilyn for Mayor					Ар	ril 10 filing				
A. Total Contributions from (See instructions for definition of S				his Period ONLY FOTAL SECTION A	\$					
S S S S S S S S S S S S S S S S S S S	- 1799						4 TO YOU	17.+		
Last Name	17.0	B. Itemized Co		butions from Indivi	idua	8		102	МІ	
Swan				Tom			,			
Residential Street Address 155 St	andi	sh Rd.	City	Coventry			State	Zip	Code 06238	
Principal Occupation EXEC	utive	Director		Name of Employer CCAG					_	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o do	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?						10 UDI 0	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No		nch or	branches		No No		Ψ.υ.	3.00	
Method of Contribution: Cash Personal Check Credit/Deb	it Card	☐ Payroll Deduction ☐ Money	y Order	Date Received 3/31/2023	Aggre	gate Contributions				
Last Name Tesoro			F	vicki					мі А .	
Residential Street Address	Beec	hwood Ave.	City Tı	rumbull			State CT	Zip (611	
Principal Occupation First Select	man			Name of Employer Town of Tru	mbı	1 				
	Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					, Am		Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which brast of government the contract	nch or	branches		No No				
Method of Contribution: Cash Personal Check Credit/Debi	t Card			Date Received 2/14/2023	Aggreg	ate Contributions	1			
Last Name Thom	as	- ''.	Fi	Shirley					мі S .	
Residential Street Address	Веац	ıvue Terr.	City	Bridgeport			State	Zip C	06606	
Principal Occupation Conti	acto	r		Name of Employer 777 Cleani	ng a	ınd Home lı	mpro	vem	ent	
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	doe	ontribution is in excess of \$400 tes contributor or business he/she is used at more than \$5,000?					Am	910	Contribution 0.00	
s this contribution associated with an vent reported in Section L1? If yes, list Event #										
Method of Contribution:	Card [☐ Payroll Deduction ☐ Money				ate Contributions				
		SUBT	OTA	L Section B — This l	Page	\$400.	00			
		AWS Latter Manual Land 10		ditional Section B Pa		\$61,3°				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line 1)		VIDUALS (Sections A mn A of Summary Page To		\$62,47	77.00			

Section B ADDITIONAL PAGE 58 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rej	pository)	TYPE OF REPORT				
Marilyn for Mayor		April 10 filing				
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	-Received this Period ONLY SUBTOTAL SECTION A	s				
P. Itami	zed Contributions from Indiv	i d-nala				
Last Name	First First	luuis	MI			
Thomas	Deon		M.			
Residential Street Address 105 Beauvue Terr.	City Bridgeport		State Zip Code CT 06606			
Principal Occupation Contractor	Name of Employer 777	Cleaning and Ho	ome Improvement			
	s of \$400 to a candidate for a chief executions he/she is associated with have a contraction?		Amount of Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a princ No If yes, indicate w	cipal of a state contractor or prospective state which branch or branches he contract is with:	_ No	-			
Method of Contribution: ☐ Cash ☐ Personal Check	Date Received 3/17/2023	Aggregate Contributions	1			
Last Name Thompson-Bennet	First Donna		MI			
Residential Street Address 45 East Eton St.	City Bridgeport		State Zip Code CT 06606			
Principal Occupation Director	Name of Employer NPLI					
=	of \$400 to a candidate for a chief executives he/she is associated with have a contract or Yes No	_	Amount of Contribution \$100.00			
event reported in Section L1? No If yes, indicate wi	ipal of a state contractor or prospective sta hich branch or branches ne contract is with: Executive	tte contractor? Yes No				
Method of Contribution: ☐ Cash ☐ Personal Check	Money Order Date Received 2/13/2023	Aggregate Contributions				
Last Name Thorton	First Mary		E.			
Residential Street Address 40 Sturbridge Ln.	City Trumbull		State Zip Code CT 06611			
Principal Occupation Retired	Name of Employer Retired					
s contributor a lobbyist, spouse, and dependent child of a lobbyist? Some No S	of \$400 to a candidate for a chief executive she/she is associated with have a contract? Yes No	e officer of a municipality, with said municipality	Amount of Contribution \$200.00			
event reported in Section L1? No If yes, indicate wh of government the		☐ Legislative				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Date Received 1/29/2023	Aggregate Contributions				
	SUBTOTAL Section B — This	Page \$500	0.00			
	OTAL of additional Section B P		377.00			
TOTAL OF ALL CONTRIBUTIONS (Enter total of	FROM INDIVIDUALS (Sections A n Line 13, Column A of Summary Page 1	(+ B) Fotals) \$62	,477.00			

Section B ADDITIONAL PAGE 59 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 Pe (See instructions for definition of Small Contributor) SUBTOTAL	riod ONLY SECTION A \$
B. Itemized Contribution	The state of the s
	Maria L.
Residential Street Address 18 Butternut Ln. City	Trumbuil State CT CT 06611
Principal Occupation Retired	of Employer Retired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated we valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor If yes, indicate which branch or branche of government the contract is with:	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date R	2/7/2023 Aggregate Contributions
Tisdale First Pro	eston MI
Residential Street Address 18 Butternut Ln. City	rumbull State Zip Code CT 06611
Principal Occupation Name of Attorney	Koskoff, Koskoff & Beider
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated we valued at more than \$5,000?	or a chief executive officer of a municipality, th have a contract with said municipality Yes No \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor of government the contract is with:	
Method of Contribution: Date Re	Aggregate Contributions /25/2023
Last Name First	John MI
Residential Street Address 18 General Wooster Rd. City Derby	State Zip Code CT 06418
Principal Occupation Name of	remployer Bridgeport Caribe Youth Leaders
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	r a chief executive officer of a municipality, the have a contract with said municipality \$100.00
s this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Is contributor a principal of a state contractor of the section L1? If yes, list Event #	☐ Executive ☐ Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions 3/9/2023
SUBTOTAL Sect	ion B — This Page \$1,150.00
TOTAL of addition	φ01,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUA (Enter total on Line 13, Column A of	LLS (Sections A + B) Summary Page Totals) \$62,477.00

Section B ADDITIONAL PAGE 60 of 112

NAME OF COMMITTEE (Provide Complete)	Vame a	s Registered with Filing Repository)		CARLES NO MAYO	TYPE OF REPORT					
Marilyn for Mayor					Ap	ril 10 filing				
A. Total Contributions from (See instructions for definition of Small				his Period ONLY TOTAL SECTION A	\$					
		B. Itemized Co		outions from Indiv	idua	ls	leon.			
Last Name Traber			ľ	Robert					J.	
Residential Street Address 110 Hale Terr.			City	Bridgeport			State	Zίτ	06610	
Principal Occupation Retired				Name of Employer Retired		•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					y, AI		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution:	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	entractor or prospective state	OL	No 🌰 No				
☐ Cash ☐ Personal Check	Card	☐ Payroll Deduction ☐ Money	Order	1/30/2023						
Last Name Vermont			Fü	Regina					MI	
Residential Street Address 155 Ma	gno	lia St.	City	Bridgeport			State CT	1 -	^{Code} 6610	
Principal Occupation	luca	itor		Name of Employer Bridgeport P	ublic	Schools				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?								Amount of Contribution \$50.00		
s this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which brat of government the contract	nch or l	branches		No No		1		
Method of Contribution:		1 8- /		Date Received		ate Contributions	7			
☐ Cash ☐ Personal Check	Card [Payroll Deduction Money	Order	2/10/2023						
ast Name Vermont			Fin	** Terrance					мі А .	
tesidential Street Address 155 Magnolia St.		,	City	Bridgeport			State CT	Zip (06610	
rincipal Occupation Eligability	Serv	rices Specialist		Name of Employer Dept. of Socia	al Se	ervices				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	does	entribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?					, Am		f Contribution 5.00	
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a si If yes, indicate which bran of government the contract	ch or b	ranches	_	ctor? Yes No				
Method of Contribution: Cash Personal Check Credit/Debit C	ard C	Payroll Deduction Money (Order	3/28/2023		ste Contributions \$75.00				
		SUBT	OTAI	L Section B — This l	Page		\$17 <u>5</u> .	.00		
		TOTAL	of ad	ditional Section B Pa	ages	\$61,3	77.0	0		
TOTAL OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To		\$62,	477.0)0		

Section B ADDITIONAL PAGE 61 of 112

NAME OF COMMITTEE (Provide Complete	Name a	s Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor					April 10 filing				
A. Total Contributions from (See instructions for definition of Sm				his Period ONLY TOTAL SECTION A	\$				
								_	
Last Name		B. Itemized C		outions from Indiv	idua	ls			No. of the last
Volcy			lr	Garry					MI
Residential Street Address 2600 Pa	ark A	\ve	City	Bridgeport			State	Z	ip Code 06604
Principal Occupation Social Worker				Name of Employer Private					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/sh lued at more than \$5,000?					у, А		of Contributio
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	1	inch or	ntractor or prospective state	_	ractor?	r	, -	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit	Card	☐ Payroll Deduction ☐ Mone	y Order	Date Received 2/9/2023	Aggre	gate Contributions	7		
Last Name Watanbe			Fir	* William					K.
Residential Street Address 1740 Broadway 1	5th f	7.	City	New York			State		10019
Principal Occupation	Attor	nev		Name of Employer The Watanbe	e La	w Firm, LLC			
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?					.	100 mount	of Contribution
s this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or t	ranches		No No] `	,	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card [Date Received 2/19/2023		pate Contributions			
ast Name Washington	-		Fire	Diana		<u> </u>			L.
esidential Street Address 80 Springdal	e St		City	Bridgeport			State CT	1 1	Code 06606
rincipal Occupation Retire	ď			Name of Employer Retired				_	
contributor a lobbyist, spouse, Yes dependent child of a lobbyist? No	does	ntribution is in excess of \$400 t contributor or business he/she ed at more than \$5,000?					Am		of Contribution
this contribution associated with an ent reported in Section L1? Tyes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or br	anches		ctor? Yes No	1		
lethod of Contribution:	ard [Payroll Deduction Money				ate Contributions	1		
		SUBT	OTAL	Section B — This I	age	\$350	.00		
				litional Section B Pa		\$61,3	77.00	o	
TOTAL OF A	LL C	ONTRIBUTIONS FROM (Enter total on Line 1:		IDUALS (Sections A on A of Summary Page To		\$62,	477.	00	

NAME OF COMMITTEE (Provide Complete)	lame a	as Registered with Filing Repository)	100	ALL IN SECOND	TYI	PE OF REPORT	100	r-III	
Marilyn for Mayor					Ap	ril 10 filing			
A. Total Contributions from (See instructions for definition of Sma				this Period ONLY TOTAL SECTION A	\$				
		B. Itemized Co	ontri	butions from Indivi	idua	s	175		
Last Name			T	First					МІ
Weeks				Brad			Ta.		
Residential Street Address 5 Twin Pines Dr.	,		City	Wallingfo	ord		State	- 1	ip Code 06492
Principal Occupation Governen	t Re	elations		Name of Employer Rome, Smit	h, L	utz and Kov	vals	ki	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	do	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?					у, А		of Contribution
s this contribution associated with an event reported in Section L1? No Yes No Is contributor a principal of a state contractor or prospective state					No No		4	150.00	
Method of Contribution:		or government are contact		Date Received		gate Contributions	+		
☐ Cash ☐ Personal Check	Card	☐ Payroll Deduction ☐ Money	y Order	3/30/2023					
Last Name Volcy			F	Garry	•		-		MI
Residential Street Address			City				State	Zi	p Code
2600 Park A	\ve	•	0,	Bridgeport			СТ		06604
Principal Occupation Name of Employer									
Social Worker Private									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doc	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?					'. Ai		of Contribution).00
	Yes No	Is contributor a principal of a If yes, indicate which brai	nch or	branches		No.			
If yes, list Event # Method of Contribution:		of government the contrac	ct is wi	ith: Executive Date Received		egislative ate Contributions	-		
	Card	Payroll Deduction Money	Order		000	\$100.00			
Last Name				irst		Ψ100.00			MI
Weeks				Karen					K.
Residential Street Address			City				State	Zip	Code
5 Twin Pines D	r.			Wallingford			CT		06492
rincipal Occupation				Name of Employer	•••		_		
Goverment Relations				Rome, Sn	nith,	Lutz and K	OWE	ilski	
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	doc	ontribution is in excess of \$400 t is contributor or business he/she i ued at more than \$5,000?					, Ar		of Contribution 150.00
s this contribution associated with an vector reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a si If yes, indicate which bran of government the contract	ch or t	branches		ctor? Yes]		
Method of Contribution:		or government are consume	. 15 1111			ate Contributions	1		
Cash Personal Check Credit/Debit C	ard [Payroll Deduction Money	Order	3/30/2023					
		SUBT	ОТА	L Section B — This I	Page	\$350.0	00		_
		TOTAL	of ad	lditional Section B Pa	iges	\$61,37	7.00)	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B (Enter total on Line 13, Column A of Summary Page Total)						\$62,477.00			

Section B ADDITIONAL PAGE 63 of 112

NAME OF COMMITTIEE (Provide Complete Name as Registered with		TYPE OF REPORT			
Marilyn for Mayor			April 10 filing		
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)		ed this Period ONLY UBTOTAL SECTION A	\$		
P	Time 1 Closel	Tu Ata		escuring.	
B. Last Name	Itemized Conu	tributions from Indivi	iduals		Тмі
Whaley		Andre			S.
Residential Street Address 181 Wessels	Cit	Bridgeport		State	Zip Code 06610
Principal Occupation Self employed/tilting service	······································	Name of Employer Mobile R	Registration Serv	vices o	of CT
	r or business he/she is a	a candidate for a chief executive associated with have a contract		y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contribution associated with an If yes, Is contribution associated with an event reported in Section L1?		te contractor or prospective state	te contractor? Yes No		\$200.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check	eduction Money Or	3/25/2023			
Last Name Wiggs		First Jerri			MI
Residential Street Address 96 Robert St.	City	Bridgeport		State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired			
	or business he/she is as	a candidate for a chief executive associated with have a contract v		, Amou	nt of Contribution \$50.00
event reported in Section L1? No If yes, i	tor a principal of a state indicate which branch ernment the contract is		● No		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Dec	duction	0/0/0000	Aggregate Contributions		
Last Name Wilkinson		First Robert			МІ
Residential Street Address 340 west Franklin St.	City			State VA	Zip Code 23221
Principal Occupation Academdic Cen	ter Director	Name of Employer Yale Univer		V/1	
s contributor a lobbyist, spouse, Yes If contribution is	in excess of \$400 to a or business he/she is as	candidate for a chief executive ssociated with have a contract w	officer of a municipality,		nt of Contribution
s this contribution associated with an vent reported in Section L1? Yes No If yes, in		contractor or prospective state or branches	contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Ded	luction	4/20/2022	Aggregate Contributions		
	SUBTOT	FAL Section B — This P	Page \$750	.00	
	TOTAL of	additional Section B Pa	ages \$61,3	77.00	
TOTAL OF ALL CONTRIBU		ODIVIDUALS (Sections A - Column A of Summary Page To	+ B) \$62,4	177.00	

SEEC FORM 20 Revised Assessey 1915

Section B ADDITIONAL PAGE 64 of 112

NAME OF COMMITTEE (Provide Complete No.	ame as Registered with Filing Repository)			TYPE OF REPORT			86,411	
Marilyn for Mayor				April 10 filing				
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY TOTAL SECTION A	\$				_
	B. Itemized Co	ntril	butions from Indivi	iduals	_2		3/1/2	
Last Name		Ī	First					мі
Williams			Chaunte				ļ	D.
Residential Street Address 146 Ohio Ave.		City	Bridgeport			itate CT	Zip Ci 066	
Principal Occupation		•	Name of Employer					
Social Worker			Advanced Be	ehavioral Heal	th			
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ity,	Amou		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor? Ye	_		·	
Method of Contribution:	or government the contra	0113 111	Date Received	Aggregate Contributions	\dashv			
☐ Cash ☐ Personal Check	Card Payroll Deduction Money	Order	3/25/2023		- 1			
Last Name		Fi	irst				T	MI
Williams			Jaclyn				- 1	М.
Residential Street Address	1	City		·	St	ate	Zip Co	
850 Pacific St. 55	57		Stamford		lc	т [06	902
Principal Occupation			Name of Employer					
Project Manage	ement		Spectrum	1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y,	Amou		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or	branches	No				
Method of Contribution:	or government die contrac	, 10 W1		Aggregate Contributions	┥			
☐ Cash ☐ Personal Check	urd □ Payroll Deduction □ Money	Order	3/30/2023		-			
Last Name		Fir	-				N	ĀĪ
Williams		-	Johnnie					
Residential Street Address 147 Sixth St.		City	Bridgeport		Sta		Zip Cod 066	
Principal Occupation	I		Name of Employer					
Blades Dept.			Sikorsky					
r dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				у,		s50	ontribution
s this contribution associated with an Your reported in Section L1?	cs Is contributor a principal of a st	ch or b	ntractor or prospective state	contractor?			# 00	
Method of Contribution:	- 6	_ ,		Aggregate Contributions	\dashv			
Cash Personal Check Credit/Debit Car	rd Payroll Deduction Money	Order	3/25/2023					
	SUBT	OTAI	L Section B — This F	age \$1	75	.00		
	TOTAL	of ad	ditional Section B Pa	ges \$61,	37	7.00		
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To	+ B) \$62,	<u> </u>	7.00		

Section B ADDITIONAL PAGE 65 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	1400
Marilyn for Mayor	April 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	
B. Itemized Contributions from Indivi	iduals	
Last Name Williams Joy	C.	
Residential Street Address 440 Savannah PI. City McDonough	State Zip Code 3025	3
Principal Occupation Name of Employer Retired Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of spouse, or dependent child of a lobbyist? No loses contributor or business he/she is associated with have a contract		
valued at more than \$5,000?		,
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/26/2023	Aggregate Contributions	
Williams First Kiami	MI S.	,
Residential Street Address 322 Wayne St. City Bridgeport	State Zip Code CT 06606	6
Principal Occupation Operations Director Name of Employer Storehouse	e Project	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		ution
s this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state fyes, list Event # Is contributor a principal of a state contractor or prospective state fyes, indicate which branch or branches of government the contract is with: Executive No		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Alaborate □ Date Received	Aggregate Contributions	
Williams First Marsha	MI	-
City 147 Sixth St. Bridgeport	State Zip Code CT 0660	07
Retired Retired Retired		
contributor a lobbyist, spouse, dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract we valued at more than \$5,000?		ition
this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with: Executive	contractor?	
	Aggregate Contributions	
SUBTOTAL Section B — This P	Page \$125.00	
TOTAL of additional Section B Pa	\$61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A - (Enter total on Line 13, Column A of Summary Page To		

Section B ADDITIONAL PAGE 66 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repository)	1/50		TYI	PE OF REPORT	777		No de
Marilyn for Mayor				Ар	ril 10 filing			
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$				
AND THE STATE OF T	nized Cor	atrib	utions from Indiv	idua	s	\$ 000		SQ MIN
Williams		FD	* Patricia					C.
Residential Street Address 320 Wayne St.		City	Bridgeport			State		06606
Principal Occupation Retired			Name of Employer Retired					
	iness he/she i		didate for a chief executive intention in the contract of the		•	y, Ar		of Contribution
	incipal of a st which branc	ch or b	tractor or prospective state		No No			
Method of Contribution: ☐ Cash ☐ Personal Check	Money (Order	Date Received 3/25/2023	Aggre	gate Contributions			
Last Name Williams		Firs	Sarrete					мі В.
Residential Street Address 24 winchester St.	C	ity	Norv	vich		State CT	Zip	^{Code} 06360
Principal Occupation Attorney	•		Name of Employer UnitedHealth	саге	Insurance	Co.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or busin valued at more than \$5,00	ness he/she is		idate for a chief executive ated with have a contract Yes No			Am		f Contribution
is this contribution associated with an Section L1? If yes, list Event # Yes No If yes, indicate of government	which branc	h or b		_	No No	7		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		T	Date Received 2/3/2023		ate Contributions			
Last Name Williamson		First	Kathy					MI
Residential Street Address 160 Village Ln.	Cit	ty	Bridgeport			State CT	Zip (06606
Principal Occupation Retired			Name of Employer Retired					
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	ess he/she is					Am		f Contribution 25.00
s this contribution associated with an vent reported in Section L1? Yes No Is contributor a princ If yes, indicate we of government to	which branch	or bra with:	☐ Executive	∏ Leį	nislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	☐Money Or	- 1	Date Received 2/6/2023	Aggrega	te Contributions			
	SUBTO	TAL	Section B — This I	Page	\$225.0	0		
	TOTAL o	f add	itional Section B Pa	iges	\$61,37	7.00		
TOTAL OF ALL CONTRIBUTIONS (Enter total			IDUALS (Sections A n A of Summary Page To		\$62,4	477.()0	i

Section B ADDITIONAL PAGE 67 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)		TYPE OF REPORT				
Marilyn for Mayor			April 10 filing				
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$				
	·						
	ed Contr	ributions from Indiv	iduals		Total La		
Last Name Wilson		Tracey			м М.		
Residential Street Address 251 Ridgewood Rd.	City	West Hartford		State	Zip Code 06107		
Principal Occupation Retired	,	Name of Employer Retired			<u> </u>		
	ss he/she is as	candidate for a chief executive ssociated with have a contract Yes		• • • • • • • • • • • • • • • • • • • •	sunt of Contribution \$250.00		
	pal of a state	contractor or prospective sta or branches	te contractor?	-			
Method of Contribution: ☐ Cash ☐ Personal Check	☐Money Ord	Date Received 2/10/2023	Aggregate Contributions				
Last Name Wilson		First Donald		•	MI		
Residential Street Address 56 Fairview Ave.	City	Bridgeport	•	State	Zip Code 06606		
Principal Occupation Coach	•	Name of Employer Notre Dame		•			
	he/she is ass	candidate for a chief executive sociated with have a contract Yes No		ty, Amoi	ant of Contribution		
s this contribution associated with an Section L1? Yes Is contributor a princip of the section L1? If yes, indicate who of government the	ich branch o		e contractor?				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate Contributions	7			
ast Name Winston	l	First Wayne			MI		
tesidential Street Address 70 Berkshire Ave.	City	Trumbull		State CT	Zip Code 06611		
Trincipal Occupation Tech	•	Name of Employer Custom Col	mputer System	ıs			
r dependent child of a lobbyist? Dependent child of a lobbyist? Dependent child of a lobbyist? Dependent child of a lobbyist? Dependent child of a lobbyist? Dependent child of a lobbyist? Dependent child of a lobbyist? Dependent child of a lobbyist?	he/she is asse			y, Amou	at of Contribution \$50.00		
this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of No No No No No of government the contributor at principal of government the contributor at principal of government the contributor at principal of government the contributor at principal of government the contributor at principal of government the contributor at principal of government the contributor at principal of the contributor at princip	ch branch or		_ No				
fethod of Contribution: Cash		Date Received	Aggregate Contributions				
S. C. C. C. C. C. C. C. C. C. C. C. C. C.	SUBTOTA	AL Section B — This l	Page	\$400.0	00		
то	TAL of a	dditional Section B Pa	nges \$61,37	77.00			
TOTAL OF ALL CONTRIBUTIONS F (Enter total on		DIVIDUALS (Sections A lumn A of Summary Page To	1 (0/2/2)	,477.00)		

Section B ADDITIONAL PAGE 68 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	7. 100	210 12 - 01 4 - 0
Marilyn for Mayor	April 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
B. Itemized Contributions from Indivi	duals	g (desire)	HE STEELS
Y Pirst Melanie			MI
Residential Street Address 24 Merritt Ave. a City Woodbridge		State	Zip Code 06525
Principal Occupation Store Manager Name of Employer Home Depot			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			nt of Contributio
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 event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:	contractor? Yes Legislative No		
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 3/31/2023	Aggregate Contributions	7	
Yolen First Susan			мī L.
Residential Street Address 267 McKinley Ave. City New Haven		State Z	Zip Code 06515
Principal Occupation Retired Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000? Yes A00 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			at of Contribution
s this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Is contributor a principal of a state contractor or prospective state in the section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state in the section L1? If yes, list Event #	No		
Method of Contribution: ☐ Cash ☐ Personal Check	Aggregate Contributions		
Zimmerman First Elaine			MI
Residential Street Address 155 Filbert City Hamden	J		ip Code 06517
Administrator Name of Employer Office of	Regional Oper	rations	
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract w valued at more than \$5,000?			t of Contribution
s this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	contractor? Yes]	
	ggregate Contributions		
SUBTOTAL Section B — This P	age \$200.00)	
TOTAL of additional Section B Pa	ges \$61,37	7.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To		77.00	

SEEC FORM 20 Berbol January 2015

Section B ADDITIONAL PAGE 69 of 112

NAME OF COMMITTEE (Provide Complete Name	me as Registered with Filing Repository)			TY	PE OF REPORT		- 15	
Marilyn for Mayor				Ар	April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY TOTAL SECTION A	\$				
	B. Itemized Co	ntri	butions from Indiv	idua	ls			
Last Name			First					MI
Barr		- 1	Tony					J .
Residential Street Address		City				State	Zij	p Code
141 Pennsylvania Av	ve.		Bridgeport			СТ	<u>. </u>	06610
Principal Occupation Retired			Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ty, A	Amount \$25	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or	contractor or prospective star branches	_	ractor?			
	or government die condu	UL 13 W	Date Received		gate Contributions	\dashv		
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Orde:		Aggir	gate Conditionations	Ī		
Last Name		F	irst					MI
Blanding		-00	Mattie					
Residential Street Address 235 Jeffe	erson St.	City	Bridgeport			State	1 -	Code 06607
Principal Occupation Retired	i		Name of Employer Retired			<u> </u>		
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, A		of Contribution 50.00
Is this contribution associated with an event reported in Section L1?	o If yes, indicate which bran	nch or	branches	_	No No			
If yes, list Event # A	of government the contrac	21 18 WI	ith: Executive		rate Contributions	\dashv		
	rd Payroll Deduction Money	Order		1	pac Contributions			
Last Name	· ·	Fi	irst	[<u> </u>		MI
Bradley			Dennis					
Residential Street Address		City				State	Zip	Code
583 Clinton Avenue		E	Bridgeport			СТ		06604
Principal Occupation Attorney			Name of Employer BLG				_	
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?					, Ai		f Contribution \$100.00
s this contribution associated with an Ye vent reported in Section L1? If yes, list Event #		ch or l	branches	_	ctor? Yes No			
Method of Contribution:	or government the contract	. 15 WIL	Date Received		ate Contributions	┥		
	d Payroll Deduction Money	Order						
	SUBT	OTA	L Section B — This	Page		\$175	5.00	
	TOTAL	of ac	iditional Section B P	ages	\$61,37	77.0	0	
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		IVIDUALS (Sections A umn A of Summary Page 1		\$62,4	77.0	0	

Section B ADDITIONAL PAGE _______ of ____112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT	
Marilyn for Mayor		April 10 filing	
A. Total Contributions from Small Contributors-Rec	eived this Period ONLY SUBTOTAL SECTION A	\$	
	Contributions from Indiv	iduals	CONTRACTOR OF THE
Last Name Bradley	Karina		MI
Residential Street Address 528 Clinton Avenue	Bridgeport		State Zip Code CT 06604
Principal Occupation Salon Owner	Name of Employer The Coulor	Boutique	
	00 to a candidate for a chief executive she is associated with have a contract		Amount of Contributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which in If yes, indicate white in If yes, indicate which in If yes, indicate which in If yes,	f a state contractor or prospective state or anch or branches tract is with:	e contractor? Yes No	J \$100.00
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Mor	Date Received	Aggregate Contributions	1
Last Name Harrell	First Kyle	I	MI A.
Residential Street Address 8 Horseshoe Hill Rd.	City Bethany		State Zip Code CT 06524
Principal Occupation N/A	Name of Employer Unemp	loyed	1
	00 to a candidate for a chief executive the is associated with have a contract \(\subseteq \text{Yes} \) No		Amount of Contribution
event reported in Section L1? No If yes, indicate which be		e contractor? Yes No	\$50.00
If yes, list Event # of government the contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone	Date Received	Aggregate Contributions	
ast Name Harrell	First Vanessa		F.
Residential Street Address 8 Horseshoe Hill Rd.	City Bethany	i i	Zip Code
Principal Occupation Student	Name of Employer	N/A	
	0 to a candidate for a chief executive is associated with have a contract to Yes No	4 ,,	Amount of Contribution \$50.00
sthis contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which broof government the contra		contractor? Yes	
Acthod of Contribution: Cash	Date Received	Aggregate Contributions	
SUB	TOTAL Section B — This 1	Page \$200	.00
TOTA	L of additional Section B Pa	nges \$61,37	7.00
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13, Column A of Summary Page To		77.00

Section B ADDITIONAL PAGE 71 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	100000	TYPE OF REPORT			
Marilyn for Mayor		April 10 filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) SUB	this Period ONLY STOTAL SECTION A	\$			
		•			
B. Itemized Contri	ibutions from Indivi	duals	institution (constitution)		
Lee	John		м <u>і</u> М.		
Residential Street Address 30 Beacon St.	Bridgeport		State Zip Code CT 06605		
Principal Occupation Financial Listener	Name of Employer Self				
Is contribution a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a contributor or business he/she is associated at more than \$5,000?			Amount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1? No Yes Is contributor a principal of a state of the state of t	or branches	e contractor? Yes No			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received 2/10/2023	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? Yes If contribution is in excess of \$400 to a contributor or business he/she is assigned at more than \$5,000?			Amount of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state of If yes, indicate which branch of government the contract is well.	r branches	contractor? Yes No]		
Method of Contribution:		Aggregate Contributions			
□ Cash □ Personal Check ● Credit/Debit Card □ Payroll Deduction □ Money Order	r				
ast Name F	Pirst		MI		
Residential Street Address City			State Zip Code		
Principal Occupation	Name of Employer				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a cardoes contributor or business he/she is assovalued at more than \$5,000?			Amount of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state or of government the contract is with the contr	branches	contractor?			
Method of Contribution: Cash	1 1	Aggregate Contributions			
SUBTOTA	AL Section B — This I	Page \$50.00			
TOTAL of a	dditional Section B Pa	ges \$61,3	77.00		
TOTAL OF ALL CONTRIBUTIONS FROM IND (Enter total on Line 13, Col	IVIDUALS (Sections A lumn A of Summary Page To		477.00		

Section B ADDITIONAL PAGE 72 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Fit	ling Repository)	TYPE OF REPORT				
Marilyn for Mayor		April 10 filing	April 10 filing			
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)	tors-Received this Period (SUBTOTAL SECT	Name of the State				
10.00						
	emized Contributions from	n Individuals	The wide of the second			
Lemy	First Gerard		М			
Residential Street Address 230 Vincelette St.	City	<u>•</u>	CT Zip Code 06606			
Principal Occupation Driver	Name of Empl	_{bye} bar Patient Transporta	ition			
or dependent child of a lobbyist? No does contributor or lyalued at more than	``	e a contract with said municipality No	y, Amount of Contribution \$50.00			
event reported in Section L1? No If yes, indic	principal of a state contractor or prosente which branch or branches nent the contract is with:	pective state contractor?				
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduce	tion Money Order Date Received	Aggregate Contributions 0/2023				
Last Name McLendon	First June		MI			
Residential Street Address 93 King St.	City Bridge	port	State Zip Code CT 06605			
Principal Occupation Teacher Assistan	Name of Emplo	•				
	xcess of \$400 to a candidate for a chicusiness he/she is associated with have 5,000?		\$30.00			
event reported in Section L1? No If yes, indic	principal of a state contractor or pros ate which branch or branches ent the contract is with:	pective state contractor? Yes Executive Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received	Aggregate Contributions	_			
Last Name Thomas	Füst Geri	'	MI			
Residential Street Address 8 Horseshoe Hill Rd.	City Betha	ny	State Zip Code O6524			
Principal Occupation Legal Manager	Name of Employ Fronti	er Communications	· · ·			
	ccess of \$400 to a candidate for a chie siness he/she is associated with have 5,000?		Amount of Contribution \$100.00			
vent reported in Section L1? No If yes, indica	orincipal of a state contractor or prosp te which branch or branches on the contract is with:	ective state contractor?				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received 2/10	Aggregate Contributions				
	SUBTOTAL Section B	STATE OF THE PERSON NAMED IN COLUMN NAMED IN C	\$180.00			
	TOTAL of additional Sec	SECTION AND ADDRESS OF THE PARTY OF THE PART	.00			
TOTAL OF ALL CONTRIBUTION (Enter to	ONS FROM INDIVIDUALS (Social on Line 13, Column A of Summe		7.00			

Section B ADDITIONAL PAGE 73 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)	The Samuel of All the second	TYPE OF REPORT		
Marilyn for Mayor			April 10 filing		
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	s		
B. Itemize	d Contr	ibutions from Indivi	duals		
Last Name Rogers		First Ruth			G.
Residential Street Address 309 Terrace Ave.	City	West Haven	• "-	State	Zip Code 06516
Principal Occupation Retired		Name of Employer Retired	1	,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business I valued at more than \$5,000?		candidate for a chief executive sociated with have a contract			ount of Contribution \$50.00
	ch branch c		e contractor? Yes		
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ N	Money Ord	Date Received 2/10/2023	Aggregate Contributions	7	
Last Name Scott		First Jacqueline			MI
Residential Street Address 566 Wilmot Ave.	City	Bridgeport		State	Zip Code 06607
Principal Occupation Social Worker		Name of Employer Recovery	Network of Prog	jrams	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?				y, Ama	sunt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # A Is contributor a principal If yes, indicate which of government the contributor as principal If yes, indicate which of government the contribution associated with an event when the contribution associated with an event when the contribution associated with an event when the contribution associated with an event when the contribution associated with an event when the contribution associated with an event when the contribution associated with an event when the contribution associated with an event when the contribution associated with an event reported in Section L1?	h branch o		No		φ30.00
Method of Contribution:		Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ M		First	· ··		МІ
Soares	ŀ	John			A.
Residential Street Address 329 Union Ave.	City	Bridgeport		State	Zip Code 06607
Principal Occupation Retired		Name of Employer Retired			
(is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, indicate which of government the co	h branch or	_	contractor? Yes No	7	\$50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M		Date Received	Aggregate Contributions	7	
SI	UBTOTA	AL Section B — This I	Page \$	150.00	0
тот	TAL of a	dditional Section B Pa	ages \$61	,377.0	00
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L		DIVIDUALS (Sections A Summary Page To		477.0	0

Section B ADDITIONAL PAGE 74 of 112

NAME OF COMMITTEE (Provide Complete Nam	de Complete Name as Registered with Filing Repository) TYPE OF REPORT			Walnes-				
Marilyn for Mayor				Apri	April 10 filing			
A. Total Contributions from St (See instructions for definition of Small Control			nis Period ONLY OTAL SECTION A	\$				
	-							
aliferative such a transaction of	B. Itemized Co	ntrib	utions from Indiv	iduals			1	
Last Name Stewart	-	Fi	irst					MI
	<u>.</u>		Donna			la.	l ai	
Residential Street Address 783 Garfield Ave.		City	Bridgeport			State	Zip	06606
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					/, Am		of Contribution
event reported in Section L1?	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches		No No		4	50.00
If yes, list Event # A	of government the contra		Date Received		te Contributions	\dashv		
	rd Payroll Deduction Money	Order	2/10/2023					
Last Name Stewart		Fir	Pamela					MI
Residential Street Address 43 Asylum St.		City	Bridgeport			State CT	1 *	Code 06610
Principal Occupation			Name of Employer		•			
Retired			Retired					
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Am		Contribution
Is this contribution associated with an event reported in Section L1? No. 15 yes, list Event #		nch or t	oranches		No No			
Method of Contribution:			Date Received		e Contributions	1		
☐ Cash Personal Check Credit/Debit Care	d □ Payroll Deduction □ Money	Order						
Last Name		Fire	st					MI
Residential Street Address		City	<u> </u>			State	Zip (Code
		•				CT		
Principal Occupation			Name of Employer		•			
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 t loes contributor or business he/she alued at more than \$5,000?					Amo	ount of	Contribution
s this contribution associated with an event reported in Section L1? No If yes, list Event #		ch or b	ranches	contrac	No			
Method of Contribution:		_ [Date Received	Aggregati	e Contributions			
Cash Personal Check Credit/Debit Card	I □ Payroll Deduction □ Money	Order			<u> </u>			
	SUBT	OTAI	Section B — This l	Page		\$150	0.00	
	TOTAL	of add	ditional Section B Pa	ages	\$61,	377.0	00	
TOTAL OF ALI	L CONTRIBUTIONS FROM (Enter total on Line 1.	INDIV	VIDUALS (Sections A	+ B) Totals)	\$62	,477	.00	

Section B ADDITIONAL PAGE ___75 __ of ___112

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)			TY	PE OF REPORT	2.6	W 59	
Marilyn for Mayor				Ap	April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$				
1 - N	B. Itemized Co		outions from Indiv	idua	ls	3181		1.77
Vermont			Terrance					мі А .
Residential Street Address 155 Magnolia S	St	City	Bridgeport			State	Zi	p Code 0661 (
Principal Occupation Social Services			Name of Employer State of (СТ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					у, А		of Contribution
	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches	_	No			
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	ard Payroll Deduction Money	y Order	Date Received 2/10/2023	Aggre	egate Contributions			
Last Name Hartley		Fin	^{⁵t} Joan	•		•		A.
Residential Street Address 500 Chase Parkway		City	Waturbu	ıry		State	Zip	^{Code} 06708
Principal Occupation Legislator			Name of Employer State o	f CT	-			
is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?							of Contribution
s this contribution associated with an Y event reported in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	oranches		No	7		2023 ck 1419
Method of Contribution:	0.80.4		Date Received		rate Contributions	┪	refu	nded
Cash Personal Check Credit/Debit Ca	rd Payroll Deduction Money	Order	2/8/2023					
ast Name Baldwin		Firs	Barbara				***************************************	мі А .
tesidential Street Address		City				State	Zip	Code
65 Willow St.		Bri	dgeport			СТ		06610
rincipal Occupation		- 5	Name of Employer					
Assistant for early learning	g development	ı	Alliance for 0	Com	munity Emp	owe	rme	nt
r dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					, Am		f Contribution
s this contribution associated with an vent reported in Section L1? No. 17 yes, list Event #		ch or br	anches		actor? Yes No			
Aethod of Contribution:	or 80 . or mineral me continue				ate Contributions	1		
Cash Personal Check Credit/Debit Car	d Payroll Deduction Money	Order	İ					
	SUBT	OTAL	Section B — This I	Page	\$1,1	150.0	0	
	TOTAL	of add	litional Section B Pa	ages	\$61	,377	.00	
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 13		/IDUALS (Sections A nn A of Summary Page To		\$62	2,47	7.00	

Section B ADDITIONAL PAGE 76 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor			Аp	ril 10 filing					
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$						
B. Itemized C	ontri	ibutions from Indiv	idua	ls		24700			
Last Name Baldwin		Samuel					т.		
Residential Street Address 65 Willow St.	City	Bridgeport			Sta		Zip Code 06610		
Principal Occupation		Name of Employer							
Public Works		Town of Stra	atfor	ď					
If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?					y,	Amoun	st of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state in If yes, indicate which branch or branches				No			·		
If yes, list Event # Of government the contribution:		Date Received		gate Contributions	\dashv				
☐ Cash	ey Orde	2/20/2023							
Last Name Barnes	I	Lorraine	•				МІ		
Residential Street Address 1235 Huntington Tpke. Apt. 308	City	Trumbull			State	- 1	ip Code 06611		
Principal Occupation		Name of Employer				<u>· </u>			
Retired		Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					1, 1		of Contribution		
Is this contribution associated with an Yes Is contributor a principal of a section L1? No If yes, indicate which br			e conti	ractor? Yes	7				
event reported in Section L1? B No If yes, indicate which br of government the contra			□ La		╛				
Method of Contribution:		Date Received	Aggreg	rate Contributions					
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone					丄				
Boyer		Reine					MI C.		
Residential Street Address 1415 Chopsey Hill Rd.	City	Bridgeport			State		p Code 06606		
Principal Occupation	1	Name of Employer							
Attorney		Fairfield Cou	inty	Law Group	, LL	-C			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No Yes						111	of Contribution		
Is contribution associated with an No Yes No If yes, list Event # B Is contributor a principal of a state contractor or prospective state contractor of prospective state contractor of prospective state contractor or prospective state contractor of prospe									
Method of Contribution: Date Received Aggregate Contributions									
Cash Personal Check Credit/Debit Card □ Payroll Deduction □ Money	Order	2/20/2023			┸				
SUBT	ГОТА	L Section B — This I	Page	\$150.00					
TOTAL	L of ac	dditional Section B Pa	iges	\$61,3	77.	00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page To		\$62,4	177	.00			

Section B ADDITIONAL PAGE 77 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 (See instructions for definition of Smo		ived this Period ONLY SUBTOTAL SECTION A	s				
	B. Itemized Co	ontributions from Indiv	iduals				
Last Name Bradshaw		Pirst Michelle		М ^I М.			
Residential Street Address 8 Beechwood Driv	⁄e	North Haven		CT Zip Code 06473			
Principal Occupation Technical Cle	rk	Name of Employer South Ce	ntral Regional W	/ater Authority			
Is contributor a lobbyist, spouse,		0 to a candidate for a chief executive is associated with have a contract Yes		Amount of Contribution \$100.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bre of government the contre		te contractor? Yes Legislative No	7			
Method of Contribution: ☐ Cash Personal Check Credit/Debit	Card □ Payroll Deduction □ Mone	Date Received 2/20/2023	Aggregate Contributions]			
Caple Caple		First Lori		мі А .			
Residential Street Address 343 Chamberlain Av	re.	City Bridgeport	1	State Zip Code CT 06606			
Principal Occupation Retired		Name of Employer Retired					
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$100.00			
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra		e contractor? Yes No				
Method of Contribution: Cash Personal Check Credit/Debit C	Card □ Payroll Deduction □ Money	Date Received 2/21/2023	Aggregate Contributions				
ast Name Celli		First Joseph		MI			
esidential Street Address 1042 Broad St. #50		_{City} Bridgeport	1	State Zip Code CT 06604			
rincipal Occupation Radio Host	-	Name of Employer WPKN	Radio				
contributor a lobbyist, spouse, Yes dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$50.00			
	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contrac		_ No	N.			
lethod of Contribution: Cash	ard □ Payroll Deduction □ Money	1 2/19/2023 1	Aggregate Contributions				
	SUBT	OTAL Section B — This I	Page \$250.0	0			
TOTAL of additional Section B Pages \$61,377.00							
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page To	+ B) \$62,47 otals)	//.00 			

Section B ADDITIONAL PAGE 78 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor				Ap	pril 10 filing			
A. Total Contributions from Sm (See instructions for definition of Small Co			his Period ONLY TOTAL SECTION A	\$				
COMPANY STREET, STREET	B. Itemized Co	ntrib	outions from Indiv	idua	ls			
Last Name		F	irst					MI
Clemons			Barbara					W.
Residential Street Address 695 Wood Ave.		City	Bridgeport			State	1 '	06604
Principal Occupation Retired			Name of Employer Retired					
or dependent child of a lobbyist?	f contribution is in excess of \$400 loes contributor or business he/she		ciated with have a contract			y, A		of Contribution
Is this contribution associated with an event reported in Section L1? No. 15 yes, list Event #		nch or l	branches	_	ractor?		\$10	0.00
Method of Contribution: Cash Personal Check Credit/Debit Card	I ☐ Payroll Deduction ☐ Money	Order	Date Received 2/20/2023	Aggre	gate Contributions			
Last Name Clemons		Fir	Denise	•		•		L.
Residential Street Address		City	Deidersand			State	Zip	Code
64 Bancroft Ave.			Bridgeport			СТ		06604
Principal Occupation Educator			Name of Employer St. Ma	ark's	Daycare C	ente	r	
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?					, An		of Contribution 5.00
s this contribution associated with an Yes vent reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches		● No			
Method of Contribution:			Date Received		pate Contributions	┨		
☐ Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	2/20/2023			1		
ast Name		Pirs						MI
Delgado			Frank					
Residential Street Address 83 Bonnie View DF		City	Trumbull			State CT		Code 6611
rincipal Occupation Consultant	•		Name of Employer Self e	mpl	oyed			
r dependent child of a lobbyist? 🌑 No 🛮 doe	contribution is in excess of \$400 to es contributor or business he/she is used at more than \$5,000?					100	s75.	Contribution
this contribution associated with an vent reported in Section L1? No No No No No No No No No N								
Acthod of Contribution: Cash Personal Check Credit/Debit Card	□ Payroll Deduction □ Money C	- 1			ate Contributions	1		
	SUBTO	OTAL	Section B — This I	age	\$2	00.0	0	
	TOTAL	of add	litional Section B Pa	iges	401.000			
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13,		/IDUALS (Sections A nn A of Summary Page To		\$62,4	177.0	0	

SEEC FORM 20 Revised Summy 2015

Section B ADDITIONAL PAGE 79 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit		TYPE OF REPORT				
Marilyn for Mayor			April 10 filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$			
B. Itemized		outions from Indiv	iduals		Note No L	
Last Name Geter	F	Sunny			G.	
Residential Street Address 354 Merritt St.	City Br	idgeport		State	Zip Code 06606	
Principal Occupation Retired		Name of Employer Retire	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of Contribution or business have a walled at more than \$5,000?					ount of Contributio	
s this contribution associated with an event reported in Section L1? Yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contributor apprincipal of a state contractor or prospective state contributor apprincipal of a state contractor or prospective state contributor apprincipal of a state contractor or prospective state contributor apprincipal of a state contractor or prospective state contributor apprincipal of a state contractor or prospective state contributor apprincipal of a state contractor or prospective state contribution associated with an event reported in Section L1? If yes, list Event #				s o		
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ M	Ioney Order	Date Received 2/20/2023	Aggregate Contributions			
Last Name Houle	Fü	* Adrienne			C.	
Residential Street Address 1385 Chopsey Hill Rd.	City	Bridgeport		State	Zip Code 06606	
Principal Occupation President and CEO		Name of Employer Greater Bpt.	Community E	nterpri	ses, Inc.	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Some dependent child of a lobbyist? No lobbyist? If contribution is in excess of Some does contributor or business he valued at more than \$5,000?				·	ount of Contribution \$1,000.00	
s this contribution associated with an Yes Is contributor a principal If yes, list Event # B Is contributor a principal If yes, indicate which of government the co	branch or l		e contractor? Ye			
Method of Contribution: ☐ Cash			Aggregate Contributions	7		
ast Name	Fin	st	···		МI D.	
Jones		Ronald		Louis		
esidential Street Address 280 Beardsley St.	City	ridgeport		State	Zip Code 06607	
Assistant Principal		Name of Employer City of Bri	dgeport		_	
contributor a lobbyist, spouse, r dependent child of a lobbyist? If contribution is in excess of \$\frac{5}{2}\$ does contributor or business he/valued at more than \$\frac{5}{2},000?				y, Amo	s100.00	
s this contribution associated with an vent reported in Section L1? If yes, list Event # B Yes Is contributor a principal of If yes, indicate which of government the configuration of government the configuration.	7					
Acthod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo			☐ Legislative Aggregate Contributions			
SU	BTOTAL	Section B — This l	Page \$1,200.00			
TOTAL of additional Section B Page				,377.0	10	
TOTAL OF ALL CONTRIBUTIONS FRO		VIDUALS (Sections A nn A of Summary Page To		2,477.0	00	

Section B ADDITIONAL PAGE 80 of 112

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)	(C 1/5	50.44.74	TYPE OF REPORT				
Marilyn for Mayor				Ар	ril 10 filing			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$				
	B. Itemized Co		utions from Indivi	idua	S	11000	THE PARTY	April 1
Laurent			David					МІ
Residential Street Address 14 Blueberry Ln.		City	Monro	e		State	Zij	06468
Principal Occupation Proprietor			Name of Employer Laurent Ins	sura	nce Agency	y, LL	С	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					-	**************************************	of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or l	oranches	_	No No			
Method of Contribution:	ard □ Payroll Deduction □ Money	Order	Date Received 2/20/2023		gate Contributions			
Last Name Lazar		Fin	Beth					MI
Residential Street Address 1241 Main St. Apt. 728		City	Bridgeport			State	l *	Code 06604
Principal Occupation Retired	····		Name of Employer Retired					
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					/, An		of Contribution \$50.00
s this contribution associated with an veent reported in Section L1? If yes, list Event # B		nch or b	ranches		● No			
Method of Contribution:	d □ Payroll Deduction □ Money		Date Received 2/20/2023		ate Contributions	1		
ast Name Lee	·	Firs	Charlene					MI
Residential Street Address 587 Vincelette St.		City	Bridgeport			State		Code 06606
Principal Occupation MSSW			Name of Employer Self emplo	ved				
r dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she invalued at more than \$5,000?		lidate for a chief executive	office		, Am		of Contribution
this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?					No	7		
Method of Contribution:	d □ Payroll Deduction □ Money				ate Contributions			
	SUBT	OTAL	Section B — This I	Page	\$300	0.00		
	TOTAL	of ade	litional Section B Pa	ages	\$61	,377.	.00	
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1:		/IDUALS (Sections A nn A of Summary Page To		\$62	,477	.00	

Section B ADDITIONAL PAGE 81 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	i i		TYP	E OF REPORT	in the		
Marilyn for Mayor				Apı	April 10 filing			
A. Total Contributions from Small Contributions (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$				
	temized Co	ntrib	utions from Indiv	idual	SEMPERATE			
Last Name		Fi	Cecilia					міQ.
Maher Residential Street Address		City				State	75	Code
47 Sturges Ridge Rd.			Vilton			CT		06897
Principal Occupation State Senator			Name of Employer	Si	tae of CT			
	business he/she		adidate for a chief executive stated with have a contract Yes			', Aı		of Contribution
event reported in Section L1? No If yes, indi	a principal of a s icate which bran ment the contrac	ich or b			No No			
Method of Contribution:			Date Received		rate Contributions	1		
☐ Cash	ction	Order	2/12/2023					
Last Name McDoweli		Fin	Carleen					мі М .
Residential Street Address 95A Yarmich Dr.	Į.	City	Bridgeport			State CT	Zip	Code 06606
Principal Occupation Retired			Name of Employer Retired			<u> </u>		
	ousiness he/she is		lidate for a chief executive ated with have a contract Yes No			An		f Contribution
vent reported in Section L1? No If yes, indic	a principal of a st cate which bran- nent the contract	ch or b			No No			
Method of Contribution:			Date Received	Aggrega	te Contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduct	tion	Order	2/20/2021	3				
ast Name		First	_					МІ
McLoud esidential Street Address	la.		Eva				1=-	J.
2675 Park Ave. Unit 27		ity E	Bridgeport		J	State CT	Zip (06604
rincipal Occupation Retired			Name of Employer Retired	-				
	usiness he/she is		idate for a chief executive ated with have a contract v			Am		Contribution
vent reported in Section L1? No If yes, indica	principal of a sta ate which branc ent the contract i	h or br		contrac	No			
lethod of Contribution: Cash	ion Money O		2/23/2023		e Contributions 0.00			
	SUBTO	TAL	Section B — This I	age	\$225.00			
	TOTAL o	of add	itional Section B Pa	iges	\$61,377	.00	_	
TOTAL OF ALL CONTRIBUTIO			TDUALS (Sections A		\$62,477	7.00		

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 1	0 filing			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$				
	B. Itemized Co		utions from Indivi	duals				
Last Name Neisher		F	Alan					MI
Residential Street Address 272 Fleming Ln	1.	City	airfield	-		State CT		Code 06824
Principal Occupation Attorney		.1.	Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					/, Ап		of Contribution
				No No		·		
Method of Contribution: Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money	y Order	Date Received 2/9/2023	Aggregate (Contributions	7		
Last Name Oleynick	.	Fir	Frank					Mī
Residential Street Address 1164 Brooklawn	Ave,	City B	ridgeport			State	Zip	06604
Principal Occupation Coach/Directo	or .		Name of Employer Future	e Stars	Accade	ny		
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution		
	ls contributor a principal of a If yes, indicate which bra of government the contra	nch or t	oranches		No No]	\$10	00.00
Method of Contribution:	rd Payroll Deduction Money		Date Received 3/10/2023		ontributions			
Last Name Reid	···	Pin	Diantha		-			C.
Residential Street Address 212 South Main St.		City	Norwalk			State	Zip (06854
Principal Occupation Retired			Name of Employer Retired					
r dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					1		Contribution
this contribution associated with an vent reported in Section L1? No No Section L1: No No Section L1: Security a principal of a state contractor or prospective state contractor? Section L1: Security B								
Method of Contribution:	rd □ Payroll Deduction □ Money			Aggregate C	ontributions			
	SUBT	OTAI	L Section B — This l	Page	\$12	00.00	0	
	TOTAL	of ad	ditional Section B Pa	nges	\$6	1,37	7.00	
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 1	INDI 3, Colu	VIDUALS (Sections A mn A of Summary Page T	+ B) otals)		\$62,4	477. ⁽	00

Section B ADDITIONAL PAGE 82 of 112

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor				Ар	ril 10 filing			
A. Total Contributions from SI (See instructions for definition of Small (his Period ONLY OTAL SECTION A	\$				
	B. Itemized Co	ntrib	outions from Indiv	idual	S			
Last Name Morgan		F	int Selena					E.
Residential Street Address		City	Selena	1		Sta	ite T	Zip Code
230 hickory St	<u> </u>		Bridgeport			С		06610
Principal Occupation Teacher			Name of Employer Bridgepo	rt Pı	ublic Schoo	ols		
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?					ty,	Amount of Contribution \$200.00		
Is this contribution associated with an Y	this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state in reported in Section L1? No If yes, indicate which branch or branches				No No			V 200.00
Method of Contribution:			Date Received		gate Contributions	\dashv		
☐ Cash	rd Payroll Deduction Money	Order	2/21/2023			\perp		
Last Name Morris		Fir	Bruce					мі V.
Residential Street Address 315 Ely Ave.		City	Norwalk			Stat		Zip Code 06854
Principal Occupation	•		Name of Employer	-4.61	- 4			
Division of Public					etwork			
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					<u>'</u>		st of Contribution \$1,000.00
is this contribution associated with an Yes event reported in Section L1? No If yes, list Event #		ich or t	branches		No			
Method of Contribution:	or government are contract	t 13 W10	Date Received		ate Contributions	┨		
Cash Personal Check Credit/Debit Card	i Payroll Deduction Money	Order	02/18/2023					
ast Name Moss		Fire	n David					R.
Residential Street Address 661 Lakeside Drive		City	Bridgeport			State		O6606
rincipal Occupation Retired			Name of Employer Retired					
r dependent child of a lobbyist? No de	f contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?					T		t of Contribution 0.00
s this contribution associated with an vent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches						1		
If yes, list Event # B of government the contract is with: Executive Legislative Method of Contribution: Date Received Aggregate Contributions						┨		İ
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money (Order	2/20/2023					
SUBTOTAL Section B — This Page \$1250					50.	00		
TOTAL of additional Section B Pages \$61,377				7.0)0			
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page T		\$62,47	7.0	0	

Section B ADDITIONAL PAGE 84 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	500	TYPE OF REPORT					
Marilyn for Mayor			April 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		otal section a	\$				
		utions from Indivi	iduals	2 Z 1	學學學		
Reid Reid	Fir	Janeen			MI		
Residential Street Address 399 Main St.	City	lorwalk		State	Zip Code 06851		
Principal Occupation Executive Director		Name of Employer Full Circle	Youth Empower	ermen	t		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?		didate for a chief executiv	e officer of a municipality				
Is this contribution associated with an event reported in Section L1? If yes, list Event # B Yes Is contributor a principal of a lifyes, indicate which brai of government the contract	anch or b	ntractor or prospective stat	e contractor?				
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money		Date Received 2/15/2023	Aggregate Contributions				
Last Name Reid-Jones	Firs	Lorraine			S.		
Residential Street Address 59 Bluebird Dr.	City	Naugatuck		State	Zip Code 06770		
Principal Occupation Social Worker		Name of Employer Family and	d Children's Ag	ency	!		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?					unt of Contribution		
Is this contribution associated with an event reported in Section L1? B Yes No If yes, indicate which bran of government the contract	nch or b	ranches	e contractor? Yes No				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money			Aggregate Contributions				
Last Name	First	tt			MI		
Richardson		Jacqueline	<u> </u>		M.		
Residential Street Address 10-12 Summer St.	City	Derby		State	Zip Code 06418		
Principal Occupation Building Inspector		Name of Employer City of Bri	dgeport				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?		lidate for a chief executive	officer of a municipality	1	unt of Contribution \$100.00		
s this contribution associated with an No Yes No If yes, indicate which brand of government the contract	ich or br	anches Executive	☐ Legislative				
Method of Contribution: Cash	- 1	Date Received 2/20/2023	Aggregate Contributions				
SUBT	OTAL	Section B — This l	Page \$1	200.0	0		
TOTAL	of add	litional Section B Pa	1ges \$61	,377.0	0		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13)	+ B) \$6	2,477.	00				

SEEC FORM 20 Barbad January 2015

Section B ADDITIONAL PAGE 85 of 112

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT				
Marilyn for Mayor				Apri	April 10 filing			
A. Total Contributions from Si (See instructions for definition of Small Contributions)			is Period ONLY OTAL SECTION A	\$				
	B. Itemized Co	-	ntions from Indivi	iduals				
Last Name Stevens		Fin	Dewitt					МІ
Residential Street Address 5 Old Rock Ct.		City	Norwalk			State	Zip	06850
Principal Occupation Pastor			Name of Employer Macedonia	Chur	ch			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?							of Contribution
Is this contribution associated with an event reported in Section L1? Yes No Section L1? Yes, list Event # No Section L1? Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with:				_	No No	7		
Method of Contribution:	rd □ Payroll Deduction □ Money	Order	Date Received 2/15/2023					
Last Name Tisdale		Firs	Jeffrey					B.
Residential Street Address 647 Lakeside Dr.		City Bride	geport		-	State		6606
Principal Occupation Realtor/Insurance Advis	108		Name of Employer Re/Max, Mutu	ual of	Omaha			-
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?							f Contribution
is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or bi	ranches	_	No			
Method of Contribution:	d □ Payroll Deduction □ Money				Contributions	1		
Last Name Vaccaro		First	Donald					_{мі} Ј.
Residential Street Address 325 Clark Hill Rd.		City	South Glaston	bury		State CT	Zip (ode 6073
Principal Occupation CEO			Name of Employer Ticket Netv	vork	<u> </u>			
r dependent child of a lobbyist? No d	f contribution is in excess of \$400 to loes contributor or business he/she is valued at more than \$5,000?					Amo		Contribution
is this contribution associated with an event reported in Section L1? If yes, list Event # Security If yes, list Event # Executive Legislative If yes, list Event Executive Legislative If yes, list Event # Executive Legislative If yes, l					No			
Method of Contribution:	I □ Payroll Deduction □ Money €		1/23/2023	Aggregate	Contributions]		
	SUBT	OTAL	Section B — This I	Page	\$3,	000.	00	
	The state of the s	_	itional Section B Pa		\$61,377.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + 1 (Enter total on Line 13, Column A of Summary Page Total				\$6	2,47	7.00		

Section B ADDITIONAL PAGE 86 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
Marilyn for Mayor				Apr	il 10 filing				
A. Total Contributions from Sn (See instructions for definition of Small C			this Period ONLY	\$					
	B. Itemized Co		ibutions from Indivi	dual			WE.	A LANGE	
Vaccaro			Jeff Jeff					W.	
Residential Street Address 298 Clark Hill R	₹d.	City	South Glastonbury	/		State		06073	
Principal Occupation Security			Name of Employer	ech l	Network				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Section 1 Yes of Section 2 Yes of Section 3						Amount of Contribution \$1,000.00			
	event reported in Section L1? No If yes, indicate which branch or branches								
Method of Contribution: Cash Personal Check Credit/Debit Care	d □ Payroll Deduction □ Money	/ Orde	Date Received 1/31/2023	Aggreg	ate Contributions]			
Last Name Vendette		I	First Thomas					T.	
Residential Street Address		City				State	1 1	Code	
29 Otis St.			Stratford			CT		<u> </u>	
Principal Occupation Retired			Name of Employer Retired						
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 toos contributor or business he/she valued at more than \$5,000?					Ame		of Contribution	
s this contribution associated with an Yes event reported in Section L1? No B Yes		nch or	r branches	_	No.]	•		
Method of Contribution:					te Contributions	1			
Cash Personal Check Credit/Debit Card	Payroll Deduction Money								
Last Name Volcy		F	Garry					МІ	
Residential Street Address 2600 Park Ave.		City B	Bridgeport			State		Code 06604	
Principal Occupation Social Work	«er		Name of Employer Self						
r dependent child of a lobbyist? 💮 No do	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?					Amo		f Contribution	
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:									
Method of Contribution: Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	2/20/2023		E Contributions				
	SUBT	ОТА	AL Section B — This I	Page	\$1,100	00.0			
	TOTAL	of a	dditional Section B Pa	iges	\$61,3	77.0	0		
TOTAL OF ALL	+ B) otals)	\$62,4	77.0	00					

Section B ADDITIONAL PAGE 87 of 112

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 Indiv	iduals	O TO THE STATE OF
Last Name Walker Reginald		F.
Residential Street Address 810 Seaview Ave. #4 City Bridgeport		State Zip Code
Principal Occupation Community Liason - Police Dept. Name of Employer City of Brid	dgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contractivalued at more than \$5,000?		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective sta If yes, list Event # Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with:	te contractor? Yes Legislative No	7
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 3/10/2023	Aggregate Contributions	
Last Name Williams First Keith		MI E.
Residential Street Address 92 Waterman St. City Bridgeport		State Zip Code CT 06607
Principal Occupation Retired Retired Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution \$50.00
s 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 of government the contract is with: Executive	te contractor? Yes No]
Method of Contribution: □ Cash ■ Personal Check Credit/Debit Card □ Payroll Deduction □ Money Order 2/20/2023	Aggregate Contributions	
Williams First Tracey		MI
Residential Street Address 848 Briarwood Ave. City Bridgeport		State Zip Code CT 06604
Principal Occupation Counselor Name of Employer Recovery Ne	twork of Program	ms
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution \$25.00
s this contribution associated with an vent reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:	Ψ20.00 	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 2/18/2023	Legislative Aggregate Contributions	
SUBTOTAL Section B — This	Page \$	175.00
TOTAL of additional Section B Pa	61,377.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page T	+B) Totals)	\$62,477.00

SEEC FORM 20 Berlind James 2015

Section B ADDITIONAL PAGE 88 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TREATURE CO. HALL
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	I X	
B. Itemized Contributions from Indi	ividuals	
Last Name First Seon		мі А.
Residential Street Address 636 West Jackson St. City Bridgeport		State Zip Code CT 06604
Principal Occupation Attorney Name of Employer State	e of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is a social with have a contributor or business he/she is	act with said municipality	y, Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, itst Event # Is contributor a principal of a state contractor or prospective s If yes, indicate which branch or branches of government the contract is with:	_ No	7
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/17/2023	Aggregate Contributions	7
Graham First Tanya	•	МІ М.
Residential Street Address 44 Richardson St. City Bridgeport		State Zip Code CT 06604
Principal Occupation Administrative Assistant Name of Employer Bridgeport H	lospital	
is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ct with said municipality	Amount of Contribution \$400.00
s this contribution associated with an No Section L1? Yes Is contributor a principal of a state contractor or prospective state the section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state the section L1? If yes, list Event #	tate contractor? Yes	
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 3/17/2023	Aggregate Contributions	1
Smith First Sheldon		O.
residential Street Address 75 Richard Blvd. City Shelton		State Zip Code CT 06484
Home Improvement Contractor Name of Employer Self employer	oyed	
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution \$150.00
s this contribution associated with an vent reported in Section L1? If yes, list Event # No Yes No No Is contributor a principal of a state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state of	No	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/17/2023	Aggregate Contributions	^
SUBTOTAL Section B — This		
TOTAL of additional Section B	Pages \$6	1,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page		62,477.00

Section B ADDITIONAL PAGE 90 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 Ind	ividuals	
Last Name Barkley First Thayer		М
Residential Street Address 281 Thorme Street Bridgeport		State Zip Code CT 06606
Principal Occupation Financial Analyst Signature of Employer Glence	ore, 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 exect does contributor or business he/she is associated with have a contributor or business he/she is a second or busines		y, Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches		7
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Money Order Date Received 3/19/2023	Aggregate Contributions \$250.00	
Benson First Dana		мі А .
Residential Street Address 34 Pond Rd. City Easton		State Zip Code CT 06612
Principal Occupation Investment Banker Name of Employer	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 execution does contributor or business he/she is associated with have a contributor or business he/she is a second hard.	act with said municipality	\$300.00
Is this contribution associated with an event reported in Section L1? No If yes, list Event # D Yes Is contributor a principal of a state contractor or prospective flyes, indicate which branch or branches of government the contract is with:	state contractor? Yes Ve Legislative	7
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 3/19/2023	Aggregate Contributions	1
Boyer First Reine	•	MI
Residential Street Address 1415 Chopsey Hill Rd. City Bridgeport		State Zip Code CT 06606
Principal Occupation Name of Employer Attorney Self		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a contributor or business he/she is a contributor or business he/she is a contributor or business he/she is a contributor or business he/she is a contributor or business he/she is a contributor or business he/she is a contributor or business he/she is a contributor or	ect with said municipality	Amount of Contribution \$500.00
s this contribution associated with an vest in the second of a state contractor or prospective second of a state contractor or prospective second of government the contract is with:	tate contractor? Yes No	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/19/202	Aggregate Contributions \$550.00	
SUBTOTAL Section B — Th		\$900.00
TOTAL of additional Section B	Pages \$	661,377.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag		662,477.00

Section B ADDITIONAL PAGE 91 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REPORT			
Marilyn for Mayor			April 10 filing	April 10 filing		
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)		d this Period ONLY UBTOTAL SECTION A	\$			
B. Itemize	d Con	tributions from Indivi	iduals			
Last Name		First	·		MI	
Brown		Nya			_	
Residential Street Address	Ci	ity		State	Zip Code	
39 Post St.		Bridgeport		CT	06610	
Principal Occupation		Name of Employer				
Promoting Team		Team Foo	us			
	he/she is	a candidate for a chief executive associated with have a contract		ty, Amo	unt of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D Is contributor a principa If yes, indicate which of government the contributor as principal in the contributor as principal i	ch brancl		te contractor?			
Method of Contribution:		Date Received	Aggregate Contributions			
■Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ N	Money O	rder				
Last Name d'Haiti		First Pierre	<u> </u>	•	MI	
Residential Street Address 134 Soundview Ave.	Cit	Bridgeport		State	Zip Code 06606	
Principal Occupation		Name of Employer		UI.	L	
Student Affairs		50.5	Community Co	llege		
		a candidate for a chief executive associated with have a contract Yes No			ant of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Of government the c	ch branch		e contractor? Yes No Legislative		,	
Method of Contribution:		Date Received	Aggregate Contributions	┨		
Cash Personal Check Credit/Debit Card Payroll Deduction	Aoney Or	der 3/19/2023		1		
ast Name		First			MI	
Fleming		Bertha				
Residential Street Address	City			State	Zip Code	
55 Grove St. Unit 206		Windsor Locks		СТ	06096	
rincipal Occupation		Name of Employer				
Administration		VOWBO				
		candidate for a chief executive ssociated with have a contract v			nt of Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event # D Yes Is contributor a principal If yes, indicate which of government the co	h branch		No	7		
Aethod of Contribution:			Aggregate Contributions	1		
Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mo	Ioney Ord	ler				
SU	UBTO	TAL Section B — This 1	Page	\$250	.00	
тот	TAL of	additional Section B Pa	ages \$6	31,37	7.00	
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L		DIVIDUALS (Sections A Column A of Summary Page To	4.1	62,47	7.00	

SEEC FORM 20 Revind January 1815 Section B ADDITIONAL PAGE 92 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing R	Repository)		media media	TYPE	OF REPORT		
Marilyn for Mayor				April	April 10 filing		
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$			
	ized Co		utions from Indiv	iduals			1
Last Name Harrison		Fir	Anthony				L.
Residential Street Address 275 Wilmot Ave.		City	Bridgeport			State	Zip Code 06607
Principal Occupation Supervisor Customer Service	•		Name of Employer UPS				
	iess he/she i		didate for a chief executivisted with have a contract Yes			y, Am	ount of Contributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a prin If yes, indicate v of government	which bran	ch or b		_	No No		
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction	☐ Money	Order	Date Received 3/19/2023	Aggregat	e Contributions		
Last Name Jackson		Firs	Toshirea	•		•	N.
Residential Street Address 30 Lincold Blvd.	C	Bric	dgeport			State CT	Zip Code 06606
Principal Occupation Manager			Name of Employer BusinessR	elated	, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is						unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # D Section L1? If yes, list Event # D Section L1?	which bran	ch or b			No No	7 `	
Method of Contribution:	uio contract		Date Received		Contributions	1	
Cash Personal Check Credit/Debit Card Payroll Deduction	☐ Money C		3/19/2023				
Last Name Hariston		First	Keenesha				MI
Residential Street Address 55 Calvert PL.	C	ity B	ridgeport			State	Zip Code 06606
Principal Occupation			Name of Employer				<u> </u>
Supervisor			Youth Cor	ntinuu	m		
s contributor a lobbyist, spouse, ar dependent child of a lobbyist? Yes If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is						unt of Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event # D Yes No If yes, indicate with an of government the section of government the sect	hich branc	h or bra		contracto	No		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	☐Money O	- 1	3/19/2023	Aggregate	Contributions		
	SUBTO	TAL	Section B — This l	Page	\$7	00.00	
Т	TOTAL o	of add	itional Section B P	ages	\$61	,377.	00
TOTAL OF ALL CONTRIBUTIONS (Enter total of			TDUALS (Sections A in A of Summary Page T		\$62	2,477.	00

SEEC FORM 20 Revised Junuary 1815

Section B ADDITIONAL PAGE 94 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYP	E OF REPORT	10-11/4	
Marilyn for Mayor	Apr	April 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONL's (See instructions for definition of Small Contributor) SUBTOTAL SECTION 2	- C			
				<u> </u>
B. Itemized Contributions from Ind	lividuals			
Last Name Pierce First Keith				MI
Residential Street Address 377 Grand St. City Bridgeport			State	Zip Code 06604
Principal Occupation Name of Employer Bridge	port of	Education		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is a second o			y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No No If yes, list Event # No No No No No No Is contributor a principal of a state contractor or prospective if yes, indicate which branch or branches of government the contract is with:	state contro	No No		
Method of Contribution: Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Date Received 3/19/2023	Aggreg	ate Contributions		
Last Name Quickmire Cheri	•			мі J.
Residential Street Address 41 Prospect PI. City East Haven			State	Zip Code 06512
Principal Occupation Executive Director Name of Employer Comon Cat	use in (CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No does contributor or business he/she is associated with have a contributor or business he/she is a second he/she is a secon	act with sai			unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective flyes, indicate which branch or branches of government the contract is with:		No No		
Method of Contribution: □ Cash	Aggrega	te Contributions	1	
Ringwood First Eric	•			мі В.
Residential Street Address 110B Olive St. City New Haven			State	Zip Code 06511
Principal Occupation Non Profit Name of Employer Chapel Have	ven			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is a second or busin	ct with said		Amou	unt of Contribution \$100.00
s this contribution associated with an vent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective s If yes, list Event # Security Section L1? Is contributor a principal of a state contractor or prospective s If yes, list Event # Executive Section L1?		No]	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/19/2023		e Contributions		
SUBTOTAL Section B — Th	is Page	\$26	0.00	
TOTAL of additional Section B	Pages	\$61,	377.0	0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Pag		\$62,4	77.00	·

Section B ADDITIONAL PAGE 93 of 112

Marilyn for Mayor A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Indiv	April 10 filing \$ viduals		
(See instructions for definition of Small Contributor) B. Itemized Contributions from Indiv			
WE WAS AND THE STATE OF THE STA	viduals		
WE WAS AND THE STATE OF THE STA	viduals		
I Last Name			
Lewis Diane			МІ
Residential Street Address 69B Congress St. City Hartford		State	Zip Code 06614
Principal Occupation Case Manager Name of Employer Building Ti	rades Training I	nstitute	€
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contraction valued at more than \$5,000?	ct with said municipality		Sunt of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state of government the contract is with:	ate contractor?		
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Money Order Date Received 3/19/2023	Aggregate Contributions		
Last Name First			MI
Lockhart LOTI Residential Street Address 7 Acadia Ln. City Shelton	-	State	Zip Code
Principal Occupation Name of Employer		СТ	06484
- · · · · · · · · · · · · · · · · · · ·	vis Real Estate		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contractive valued at more than \$5,000?		102	unt of Contribution \$200.00
Is this contribution associated with an Section L1? No No No No No No No No No No No No No N	te contractor? Yes		
Method of Contribution: Date Received	Aggregate Contributions	7	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/19/2023			
Moore First Domcne			MI
Residential Street Address City 55 Calvert PL. City Bridgeport		State CT	Zip Code 06606
Principal Occupation Name of Employer		•	
Counselor Star Lea	rning the Way		_
s contributor a lobbyist, spouse, ar dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			unt of Contribution 100.00
s this contribution associated with an event reported in Section L1? No Yes No If yes, list Event # D List contributor a principal of a state contractor or prospective state for the security of government the contract is with:	e contractor? Yes No Legislative		
Method of Contribution: Date Received	Aggregate Contributions	7	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/19/2023	<u> </u>		
SUBTOTAL Section B — This	Page \$40	0.00	
TOTAL of additional Section B P	ages \$61	,377.0	0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1		62,477	'.00

SEEC FORM 20 Revised Jacoby 1015

Section B ADDITIONAL PAGE 95 of 112

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)		Will server to	TYF	TYPE OF REPORT			
Marilyn for Mayor					April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	\$	\$			
								-
	B. Itemized Co	ontri	butions from Indivi	idual	8			
Rudd		1	Rosa					MI
Residential Street Address 15 Redwood	PI.	City	Bridgeport			State		Code 06606
Principal Occupation Corporate Events	s Planner		Name of Employer Smith & Nep	hev	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, Am		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	_	No No			
Method of Contribution: Cash □ Personal Check Credit/Debit C	ard Payroll Deduction Money	y Order	Date Received 3/19/2023	Aggre	gate Contributions			
Last Name Smith-Wright		F	Jacqueline		109			L.
Residential Street Address 129 Pitt St.		City Br	idgeport			State	Zip C	iode 16606
Principal Occupation Retired			Name of Employer Retired	d			<u> </u>	
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo	unt of \$80	Contribution
event reported in Section L1?	ls contributor a principal of a lf yes, indicate which bra	nch or	branches		No No			
If yes, list Event #	of government the contract	CI IS WI	th: Executive Date Received		ate Contributions	┥		
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order				<u> </u>		
Ast Name Stephensen		Fi	Mona					мі Ү .
Residential Street Address 125 Minerva St.		City De	erby			State	Zip C	
Principal Occupation			Name of Employer			СТ		
Account Anal	lyst		Dooney & Bu	ıckle	ey, Inc.			
r dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?							Contribution 0.00
s this contribution associated with an vent reported in Section L1?		ch or t	oranches	_	yes No			
Method of Contribution: Cash □ Personal Check Credit/Debit Cas	rd Payroll Deduction Money	Order	Date Received 3/19/2023	Aggreg	ate Contributions			
	SUBT	OTA	L Section B — This l	Page	\$280	0.00		
	TOTAL	of ad	lditional Section B Pa	ages	\$61,37	7.00		
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1.		VIDUALS (Sections A umn A of Summary Page T		\$62,4	77.00		

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 96 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)		TYPE OF REPORT			
Marilyn for Mayor			April 10 filing	April 10 filing		
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$			
		butions from Indiv	iduals	E2 - 100	7	
Last Name Tisdale		First Deborah			R.	
Residential Street Address 647 Lakeside Dr.	City E	Bridgeport		State	Zip Code 06606	
Principal Occupation Retired		Name of Employer Retired		•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?					ount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # D Yes No Is contributor a principal If yes, indicate which of government the contribution:	h branch or ontract is w	ontractor or prospective state	Legislative N Aggregate Contributions			
Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ M		0/10/2020	\$600.00			
Last Name Torres	F	Eric			MI	
Residential Street Address 100 Oakview Dr.	City	Trumbull		State	Zip Code 06611	
Principal Occupation Executive Director		Name of Employer Elevate Bridge	geport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vocation is in excess of S does contributor or business he valued at more than \$5,000?				ty, Amo	sunt of Contribution	
s this contribution associated with an veent reported in Section L1? If yes, list Event # No Yes No If yes, indicate which of government the co	n branch or		te contractor?		,	
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	oney Order	3/19/2023	Si			
ast Name	Fi	rst			МІ	
Residential Street Address	City			State	Zip Code	
Principal Occupation	!	Name of Employer		10.		
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No Yes does contribution is in excess of \$4 does contributor or business he/ valued at more than \$5,000?				ty, Amo	unt of Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of fyes, indicate which of government the contributor approach in the contributor approach in the contributor approach is set in the contributor approach in the contributor approach in the contributor approach in the contributor approach in the contributor approach in the contributor approach in the contributor approach in the contributor approach in the contributor approach in the contributor approach in the con	branch or b		e contractor?			
Aethod of Contribution:		Date Received	Aggregate Contributions			
Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Mo	oney Order					
su	ВТОТА	L Section B — This	Page \$2	00.00		
тот	'AL of ad	ditional Section B P	ages \$61	,377.0	0	
TOTAL OF ALL CONTRIBUTIONS FRO		VIDUALS (Sections A mn A of Summary Page T		62,477	.00	

Section B ADDITIONAL PAGE 97 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repository)	MATERIAL TRANSPORT	TYPE OF REPORT	ST 41 3	Winese Miles
Marilyn for Mayor			April 10 filing		
A. Total Contributions from Small Contributor) (See instructions for definition of Small Contributor)	STATE OF THE PERSON NAMED IN	this Period ONLY BTOTAL SECTION A	\$		
				71	
	Itemized Cont	ributions from Indiv	iduals		
Last Name Parker		First Viola			MI
Residential Street Address 8 Sixth St.	Cit	Ansonia		State	Zip Code 06401
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is does contributor valued at more the specific contributor of the specific contributor is does contributor.	or business he/she is a	candidate for a chief executive associated with have a contract Yes	ve officer of a municipality with said municipality	ty, Amo	unt of Contributio \$25.00
event reported in Section L1? If yes, is	or a principal of a state ndicate which branch rnment the contract is		te contractor? Ye		
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Dec	duction	Date Received der 3/29/2023	Aggregate Contributions		
Last Name Schneider		First Robert			МІ
Residential Street Address 120 Royals Court	City	Trumbull		State CT	Zip Code 06611
Principal Occupation Owner/Operator		Name of Employer Jimmys			
	or business he/she is as	candidate for a chief executive sociated with have a contract Yes No	-		ant of Contribution
event reported in Section L1? No If yes, in	or a principal of a state adicate which branch or comment the contract is		e contractor? Yes		
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Ded		Date Received	Aggregate Contributions	7	
ast Name Bradley		Pirst Dennis			мі А .
Residential Street Address 671 River St.	City	Winchendon		State MA	Zip Code 01475
rincipal Occupation Retired		Name of Employer Retired			
	r business he/she is ass	andidate for a chief executive sociated with have a contract to Yes No		/, Amou	nt of Contribution \$500.00
vent reported in Section L1? No If yes, inc	r a principal of a state of dicate which branch or nment the contract is w		contractor?		
Aethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Dedu		Date Received	Aggregate Contributions		
	SUBTOT.	AL Section B — This l	Page \$675	.00	
		additional Section B Pr	-	,377.	00
TOTAL OF ALL CONTRIBU (Ente		DIVIDUALS (Sections A Johnna A of Summary Page To		2,477.	.00

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 98 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		A CONTRACTOR	
Marilyn for Mayor			April 10 filing	April 10 filing		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$			
			_			
B. Itemized Co	ontril	butions from Indiv	iduals	440		
Last Name McBride	F	Pirst			М. Т.	
Residential Street Address	City	Lauren		Te		
52 Wilson Ave.	City	Trumbull		State	Zip Code 06611	
Principal Occupation Administrator		Name of Employer WC McBrid	e Electrical Co	ntracto	ors	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a ca e is asso	indidate for a chief executive ciated with have a contract	e officer of a municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra	nch or	ontractor or prospective state	© contractor? ☐ Yes No	5		
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
☐ Cash	y Order	3/2/2023				
ast Name	Fü				MI	
McBride		Antonia				
Residential Street Address 52 Wilson Ave.	Tru	mbull		State	Zip Code 06611	
rincipal Occupation		Name of Employer	 -			
Finance Director		WC McBr	ide Electrical C	ontrac	ctors	
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				//	unt of Contribution \$500.00	
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which brait of government the contract of government the government the government the government the contract of government the government that government the government the government that government the government the government that government t	nch or t	branches	No No			
Acthod of Contribution:	Ct 18 WIL		Aggregate Contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	3/2/2023				
ast Name	Fin				MI	
McBride		Willie			C.	
1	City			State	Zip Code	
52 Wilson Ave.	Tr	umbull		CT	06611	
incipal Occupation		Name of Employer	- Flactrical Car	.4		
Owner			e Electrical Cor			
contributor a lobbyist, spouse, dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				17400	int of Contribution	
this contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of a st If yes, indicate which brancof government the contract	ch or br	ranches	No			
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money (- 1	Date Received A	ggregate Contributions			
SUBTO	OTAL	Section B — This P	age \$1,20	0.00		
TOTAL	of add	litional Section B Pa	ges \$61	,377.0	0	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13		/IDUALS (Sections A -	The second second	52,477	.00	

SEEC FORM 20 Revised Justicy 2H3

Section B ADDITIONAL PAGE 99 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Marilyn for Mayor	April 10 filing	April 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$			
B. Itemized Contributions from Indiv	riduals	THE SE		
DePass Trevor			E.	
Residential Street Address 72 walter Ln. City Hamden		State	Zip Code 06514	
Principal Occupation Name of Employer Retired Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lift contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality		int of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: Security Is contributor a principal of a state contractor or prospective state of government the contract is with:	_ No			
Method of Contribution: □ Cash ■ Personal Check	Aggregate Contributions			
McBride First Sandra	•	 !	MI	
Residential Street Address 24 Ridgevale PI. City Bridgeport		State	Zip Code 06610	
Principal Occupation Name of Employer Retired Retired	ed			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			at of Contribution \$1,000.00	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective states of government the contract is with: Executive	te contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/28/2023	Aggregate Contributions	1		
ast Name Pirst Mary Lou		1	мі 06605	
esidential Street Address 30 Beacon St. City Bridgeport		State 2	Cip Code 06605	
Retired Name of Employer Retired				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes		Amoun \$10	t of Contribution	
this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	No			
tethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/20/2023	Aggregate Contributions \$150.00			
SUBTOTAL Section B — This	Page \$125	50.00		
TOTAL of additional Section B Pa	ages \$61	,377.00)	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page T	' I 4 M	2,477.0	00	

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 100 of 112

NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)			TYPE OF REPORT		- V ₂	-100
Marilyn for Mayor				April 10 filing	April 10 filing		
A. Total Contributions from (See instructions for definition of Sm			nis Period ONLY OTAL SECTION A	\$			88
Last Name	B. Itemized C		utions from Indiv	iduals	TO A		МІ
Looney			Martin				M.
Residential Street Address 132 Fort Hale R	d.	City	lew Haven		State	Zip	06512
Principal Occupation Attorney			Name of Employer Reyes & I	_ooney			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?						of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bre of government the contre	anch or b	oranches -	e contractor?			
Method of Contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction Mone	y Order	Date Received 3/21/2023	Aggregate Contributions	7		
Last Name Hines	·	Fin	Regina				М.
Residential Street Address 11 Lansing St.		City	ridgeport		State		Code 6606
Principal Occupation Program Facilata	ator		Name of Employer Hartford Heal	thcare			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Am		of Contribution 100.00
s this contribution associated with an vent reported in Section L1?	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or b	ranches	N			
Method of Contribution:	Card □ Payroll Deduction □ Money	i i	Date Received 3/12/2023	Aggregate Contributions			
ast Name Sanchez		First	Juan		_		мі А .
esidential Street Address 205 Village		City Br	idgeport		State	Zip (Code 6606
rincipal Occupation Release C	oordinator		Name of Employer Recovery Ne	twork of Progr	ams		
contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			•	y, Am		Contribution
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	nch or br		No			
lethod of Contribution:	Card Payroll Deduction Money	1		Aggregate Contributions	7		
	SUBT	OTAL	Section B — This F	age \$7	50.00)	
	TOTAL	of add	itional Section B Pa	iges \$6	31,377	7.00	
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line 1:		TDUALS (Sections A on A of Summary Page To	· '	\$62,47	77.00)

Section B ADDITIONAL PAGE 101 of 112

NAME OF COMMITTEE (Provide Complete No.	ame as Registered with Filing Repository)	U-NG		TYPE OF REPORT			
Marilyn for Mayor				April 10 filing			
A. Total Contributions from S (See instructions for definition of Small			s Period ONLY TAL SECTION A	s			
	B. Itemized Co		tions from Indiv	iduals	7.5	9	
Last Name Jenkins		First	Tyler			Mī	
Residential Street Address 687 Elm St.	-	City	New Haven		State	Zip Code 06511	
Principal Occupation			Name of Employer	en Symphony	СТ	1 00011	
Musician	T6	040.0.00					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Amo	\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or bra	nches	e contractor?			
Method of Contribution:	or Roscimient me cours		Date Received	Aggregate Contributions	_		
	Card Payroll Deduction Money	[2/10/2023	/156/45mm			
Last Name Janensch		First	Gail	I.	ı	E.	
Residential Street Address		City			State	Zip Code	
3030 Park Aven	ue Apt. 12	Bridg	geport		СТ	06604	
Principal Occupation		N	iame of Employer				
Retired			Retired				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					unt of Contribution \$200.00	
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Is contributor a principal of a sign of government the contract	nch or bra		No No	7		
Method of Contribution:		D	ate Received	Aggregate Contributions	7		
	ard Payroll Deduction Money		3/11/2023	\$400.00	<u> </u>		
ast Name Ferguson		First	Shaique			М! А.	
esidential Street Address 144 Golden Hill St.		City	Pridanan		State	Zip Code	
rincipal Occupation		l N	Bridgeport		СТ		
Legal Ass	sistant		* · · · · · · · · · · · · · · · · · · ·	Skyers & Harrel	I, LLC		
contributor a lobbyist, spouse,	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?					nt of Contribution	
this contribution associated with an vent reported in Section L1? Note that the section L1?	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or bran t is with:	Executive	☐ Legislative			
fethod of Contribution: Cash	rd Payroll Deduction Money	- 1	2/10/2023	Aggregate Contributions			
	SUBT	OTAL S	Section B — This P	age \$400	.00		
	TOTAL	of addit	ional Section B Pa	ges \$61,	377.00		
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 13		DUALS (Sections A A of Summary Page To	The state of the s	2,477.	.00	

Section B ADDITIONAL PAGE 102 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	TY	PE OF REPORT					
Marilyn for Mayor			Ar	oril 10 filing			
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)		d this Period ONL JBTOTAL SECTION					
B. Itemize	ed Cont	tributions from Inc	lividua	ls			100
Last Name Brown		First					MI
Residential Street Address	To	Terry			Levis	T 75	
112 Lansing St.	Ci	Bridgeport			State		
Principal Occupation Receptionist		Name of Employer Hair Sal	on				
	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality						L. Zip Code 06606 nt of Contribution \$100.00 MI ip Code 06604 of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a princip If yes, indicate whi of government the	ich branch		8 _	tractor?			
Method of Contribution:		Date Received	Aggn	egate Contributions	7		
Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐	Money O	rder 3/11/202	23		-		
Last Name Pierre-Louis		First Abigael					MI
Residential Street Address 410 Hollister Ave.	City	Bridgeport			State	1 -	
Principal Occupation Food Server		Name of Employer Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of does contributor or business I valued at more than \$5,000?	he/she is a		act with s		Am	Amount of Contribution \$100.00	
event reported in Section L1? No If yes, indicate which	ch branch			No No			
If yes, list Event # of government the government the gov	contract is	with: Execut		egisiative	-		
■ Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ National Check	Мопеу Ого	0/00/0000	, ~	•			
Last Name		First					MI
Parisi		Stephen					
Residential Street Address 151 Astoria Ave.	City	Bridgeport			State CT	1 '	- 22
Principal Occupation Custodial	•	Name of Employer Fairfield So	chools	3			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?			act with se		Amo		
s this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1? If yes, list Event #	h branch (_	No			
Method of Contribution:		Date Received	Aggreg	pate Contributions	1		
Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ M	Aoney Ord	er 3/21/2023					
S	UBTOT	AL Section B — Th	is Page	4	300.	00	
TO	TAL of	additional Section B	Pages	\$61	,377	.00	
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on 1		DIVIDUALS (Sections of Summary Page		\$	62,47	7.00	0

SEEC FORM 20 Revised Jamesy 2015

Section B ADDITIONAL PAGE 103 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 Si (See instructions for definition of Small		ved this Period SUBTOTAL SE		\$			
	P. Harriand Co.		T 32-3				
Last Name	B. Itemized Co	ntributions fr	om Inaiv	iduais	ST. 12	I MI	
Pina		Tani	isha			M.	
Residential Street Address		City	 .		State	Zip Code	
14 Concord St.		Stratfor	ď		СТ	06614	
Principal Occupation		Name of En					
Accounts Paya	able	WC	McBride	Electrical Cont	ractors	3	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ave a contract			unt of Contribution	
If yes, list Event # Method of Contribution:	1	state contractor or pr nch or branches et is with: Date Receive	rospective stat	e contractor? Yes No Legislative Aggregate Contributions	- - -	\$100.00	
Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order 3/2/20	023				
Last Name Parisi		First Virginia	1			МІ	
Residential Street Address 151 Astoria Ave.		City Bridgepoi	rt		State CT	Zip Code 06604	
Principal Occupation	<u>-</u> -	Name of Em	ployer				
Retired		Reti	red				
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?		ve a contract			nt of Contribution	
s this contribution associated with an vertex reported in Section L1? If yes, list Event #		ich or branches	-	e contractor? Yes No			
Method of Contribution:	-	Date Receive		Aggregate Contributions	1		
Cash Personal Check Credit/Debit Care	d Payroll Deduction Money	Order 3/21	/2023				
ast Name Morton		First Robe	rt			мі L.	
Residential Street Address 1146 Brooklawn Av	D.	Bridgeport	;	ľ	State CT	Zip Code 06604	
rincipal Occupation Funeral Director/En	nbalmer	Name of Emp Morte	•	tuary, inc.			
r dependent child of a lobbyist? 🌑 No 🛮 d	f contribution is in excess of \$400 to loes contributor or business he/she is valued at more than \$5,000?		e a contract v			nt of Contribution	
s this contribution associated with an vent reported in Section L1? No No If yes, list Event #		ch or branches is with:	Executive	☐ Legislative	•	1,000.00	
Method of Contribution: Cash Personal Check Credit/Debit Card	I □ Payroll Deduction □ Money C	Order Date Received	/2023	Aggregate Contributions			
	SUBTO	OTAL Section I	3 — This F	Page \$1	200.00)	
	TOTAL	of additional Se	ection B Pa	iges \$6°	1,377.	00	
TOTAL OF ALI	L CONTRIBUTIONS FROM (Enter total on Line 13,				2,477	·.00	

Section B ADDITIONAL PAGE 104 of 112

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Repository)		TYPE OF REPORT			
Marilyn for Mayor			April 10 filing			
A. Total Contributions from S (See instructions for definition of Small)		ved this Period ONLY SUBTOTAL SECTION A	\$			
	B. Itemized Co	ontributions from Indi	viduals			
Last Name McBride		Dwayne Dwayne			K.	
Residential Street Address 252 Roo	sevelt Ave.	Stratford		State CT	Zip Code 06615	
Principal Occupation Retired		Name of Employer Retired			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes	ct with said municipality	\$	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra		ate contractor?			
Method of Contribution: Cash Personal Check Credit/Debit C	ard □ Payroll Deduction □ Money	Date Received 3/28/2023	Aggregate Contributions	7		
Last Name Scott		First Charles	1		MI	
Residential Street Address 5 Williamson Di	r.	City Waterbury		State Z	Zip Code 06710	
Principal Occupation Realator		Name of Employer Tri-State	Realty	<u> </u>		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					Amount of Contribution \$150.00	
•	No If yes, indicate which brai		No	·	50.00	
If yes, list Event # Method of Contribution:	of government the contrac	Date Received	Legislative Aggregate Contributions	-		
	ud □ Payroll Deduction □ Money	Order 3/17/2023				
ast Name Richardson		Jacqueline	*	<u> </u>	мі М .	
Residential Street Address 12 Summer St.		Derby		State Zi	ip Code 06418	
rincipal Occupation	I	Name of Employer				
Inspector		City of E	Bridgeport			
r dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			´	of Contribution	
this contribution associated with an vent reported in Section L1?			e contractor? Yes No			
Acthod of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Car	rd Payroll Deduction Money		\$160.00			
		OTAL Section B — This	300 market			
man a same		of additional Section B P		7.00		
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A , Column A of Summary Page 1	' I (P/2/) A	77.00		

Section B ADDITIONAL PAGE 105 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)		TYPE OF REPORT					
Marilyn for Mayor			April 10 filing					
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$,				
	ed Conti	ributions from Indivi	duals	PARTY.				
Greenfield		David			l			
Residential Street Address 430 Brinsbury Ave.	City	Stratford		State	1 '			
Principal Occupation Contractor	·	Name of Employer Self em	ployed					
	s he/she is a	candidate for a chief executive associated with have a contract	e officer of a municipali	.	unt of Contribution			
	pal of a state tich branch		e contractor? Ye		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Method of Contribution: Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	Date Received 3/30/2023	Aggregate Contributions	7				
Last Name White		First Michael	L		MI			
Residential Street Address 436 Hope St.	City	Stamford		State	Zip Code 06906			
Principal Occupation Wine/Restaurant		Name of Employer Self						
	he/she is as	candidate for a chief executive sociated with have a contract Yes No	•		ant of Contribution			
Is this contribution associated with an Section L1? Yes Is contributor a princip fyes, indicate who of government the	ich branch (No					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate Contributions					
Ast Name McLendon		First Christina			G.			
Residential Street Address 93 King St.	City	Bridgeport		State CT	Zip Code 06605			
Principal Occupation Student		Name of Employer N/A						
		andidate for a chief executive sociated with have a contract w			ant of Contribution 25.00			
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principa No If yes, indicate which of government the	ch branch o		No					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		Date Received	Aggregate Contributions					
s	SUBTOTA	AL Section B — This F	age \$1	75.00				
то	TAL of a	additional Section B Pa	ges \$6	31,377.	00			
TOTAL OF ALL CONTRIBUTIONS F (Enter total on		DIVIDUALS (Sections A column A of Summary Page To		2,477.0	00			

Section B ADDITIONAL PAGE 106 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYP	E OF REPORT	WIND LINE			
Marilyn for Mayor	Арі	ril 10 filing				
A. Total Contributions from Small Contributors-Received this Period O (See instructions for definition of Small Contributor) SUBTOTAL SECTION						
B. Itemized Contributions from	Individual	s				
Last Name First Tiffar	ny			MI		
Residential Street Address 1 Chestnut St. #413 City Norwalk			State CT	Zip Code 06854		
Principal Occupation Name of Employ Executive Assistant Full C						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chie does contributor or business he/she is associated with have valued at more than \$5,000?				unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prosper figures, indicate which branch or branches of government the contract is with:	ective state contr	No No				
Method of Contribution: Cash □ Personal Check Credit/Debit Card □ Payroll Deduction □ Money Order 3/28/		gate Contributions	1			
Last Name First	2023			MI		
Smith Harmony	/					
950 EIm St. City West Hav	en	ľ	State CT	Zip Code 06511		
Principal Occupation Name of Employe Administrator Full Circ		-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000?			1 .	int of Contribution		
s this contribution associated with an Section L1? Yes No Is contributor a principal of a state contractor or prosper system reported in Section L1? If yes, list Event #	ective state contri	No No				
Method of Contribution: Date Received		ate Contributions	1			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 3/29/20	023		İ	_		
Dancy Albert				R.		
Residential Street Address 23B Allen O'Brien Dr. City Darien	-	ľ	State CT	Zip Code 06820		
Principal Occupation Name of Employe		. =				
		th Empower	_			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes lf contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000?			Amou	st of Contribution		
s this contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospect If yes, indicate which branch or branches of government the contract is with:	_	ctor? Yes No				
Method of Contribution: Date Received	Aggrega	ate Contributions	1			
Cash ☐ Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 3/29/2	023					
SUBTOTAL Section B —	– This Page	\$250.0	0			
TOTAL of additional Secti	on B Pages	\$61,377	.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (See (Enter total on Line 13, Column A of Summar		\$62,47	7.00			

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	1 (
B. Itemized Contributions from Ind	ividuals				
Abreu-Valazquez First Idania		MI			
Residential Street Address 382 Summerfield Avenue City Bridgeport		State Zip Code O6610			
Principal Occupation Name of Employer Clinical Worker DCF Stae of	f CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she is a seco	act with said municipality	s30.00			
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 solution in Section L1? If yes, indicate which branch or branches of government the contract is with:	N	es			
Method of Contribution: Cash □ Personal Check	Aggregate Contributions	7			
Fisher First Sandra	•	MI			
Residential Street Address 373 Henry Ave. City Stratford		State Zip Code CT 06614			
Principal Occupation Retired Name of Employer Retired		-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000?	ct with said municipality	ty, Amount of Contribution \$25.00			
s this contribution associated with an sevent reported in Section L1? Yes Sevent reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective sevent reported in Section L1? If yes, list Event #	tate contractor?	•			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 2/3/2023	Aggregate Contributions	7			
Jordan First Michael		мі А .			
187 Towne House Rd. City Hamden		State Zip Code			
Principal Occupation Security Officer Name of Employer Sikorsky					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No View If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality	y, Amount of Contribution \$1,000.00			
s this contribution associated with an vent reported in Section L1? If yes, list Event # No Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	ate contractor?				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 2/20/2023	Aggregate Contributions				
SUBTOTAL Section B — This	Page \$1,035.	00			
TOTAL of additional Section B	Pages \$61,3	77.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page		2,477.00			

Section B ADDITIONAL PAGE 108 of 112

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			K	TYPE OF REPORT			
Marilyn for Mayor				April 10 filing		_	
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$			
B. It	temized Co	ntrib	utions from Indiv	iduals			
Last Name		Fi	rst			MI	
Needleman			Norman				
Residential Street Address 9 Foxboro Rd.		City Es	sex		State	Zip Code 06426	
Principal Occupation		l.	Name of Employer	•••		<u></u>	
Executive			Tower Labs I	Ltd.			
	business he/she		didate for a chief executivisted with have a contract Yes		*	ount of Contributio	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a No If yes, indice		nch or b	_	te contractor? Ye	:S	.,	
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduct	tion	Order	Date Received 1/30/2023	Aggregate Contributions			
Last Name		Fire	t		_	MI	
Smith			Dana			E.	
Residential Street Address	I	City			State	Zip Code	
150 Logan St.		Brid	dgeport		СТ	06607	
Principal Occupation			Name of Employer				
Mortician			Morton's Mor	tuary, Inc.			
	usiness he/she i		lidate for a chief executive ated with have a contract Yes No	310 303	ty, Amo	unt of Contribution \$500.00	
event reported in Section L1? No If yes, indicate	principal of a seate which bran	ch or b		e contractor?			
Method of Contribution:			Date Received	Aggregate Contributions	\dashv		
☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction	ion	Order	3/28/2023		1		
ast Name		First				MI	
Capers			Diane			530 84	
tesidential Street Address	C	ity			State	Zip Code	
245 Burnsford Ave.			Bridgeport		СТ	06606	
rincipal Occupation Retired			Name of Employer Retired				
	siness he/she is		date for a chief executive ted with have a contract to		,,	ant of Contribution \$500.00	
vent reported in Section L1? No If yes, indicate	orincipal of a sta te which branc ont the contract i	h or bra		contractor? Yes			
fethod of Contribution:				Aggregate Contributions			
I Cash Personal Check Credit/Debit Card Payroll Deduction	on Money O	rder	3/6/2023				
	SUBTO	TAL	Section B — This I	Page \$2,000.	00		
	TOTAL	of add	itional Section B Pa	iges \$61,37	77.00		
TOTAL OF ALL CONTRIBUTIO			IDUALS (Sections A n A of Summary Page To	1 .011/	477.00)	

AME 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-Re (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$			
		butions from Indivi	duals	100		W 122
Last Name Capers	F	Wayne				MI
Residential Street Address 245 Burnsford Ave.	City	Bridgeport		State	Zip Cod	ie
Principal Occupation Project Manager		Name of Employer WC McBride	e Electrical Co	ntracto	ors	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Output Wes of Contribution is in excess of Source does contributor or business he valued at more than \$5,000?				ty, Ame	ount of C	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, indicate which of government the contributor of government the contributor aprincipal of government the government of government the government of government the government of government the government of government the government of government the government of government the government of government of government the government of gov	branch or		contractor? Yes No		•	
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Method of Contribution:	oney Order	Date Received 3/6/2023	Aggregate Contributions			
Last Name Capozziello	Fi	Russell			M	F.
Residential Street Address 469 Brooklawn Ave.	City	Fairfield		State	Zip Code	
Principal Occupation Retired		Name of Employer Retired			<u></u>	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				1921	unt of Co	entribution
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of If yes, indicate which of government the configuration of government the configuration.	branch or l		No No			
Method of Contribution: ☐ Cash Personal Check Credit/Debit Card ☐ Payroll Deduction ☐ Mor		Date Received	Aggregate Contributions	1		
ast Name Evans	Fin	3/7/2023 st Marion			MI	
esidential Street Address	City			State	A. Zip Code	
649 Bethmour Rd.	City	Bethany		CT	0652	
rincipal Occupation Professor		Name of Employer Southern Conr	necticut Univer	sity		
r dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/si valued at more than \$5,000?				, Amou		ntribution 0.00
this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch or bi	ranches	No			
tethod of Contribution: I Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ey Order	3/12/2023 A	ggregate Contributions			
SUE	STOTAL	L Section B — This Pa	age \$2,0	00.00		
TOTA	L of ad	ditional Section B Pag	ges \$61	,377.0	00	
TOTAL OF ALL CONTRIBUTIONS FRO		VIDUALS (Sections A + mn A of Summary Page Tot	B) \$6	2,477.	.00	

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 110 of 112

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	m e		TYP	E OF REPORT	(A) (F)		I REXU	
Marilyn for Mayor				Apr	il 10 filing		I MI		
A. Total Contributions from Sm (See instructions for definition of Small Co			this Period ONLY TOTAL SECTION A	\$					
	B. Itemized Co		butions from Indivi	iduals					
Last Name Fisher]	First Odis					МІ	
Residential Street Address		City	Odis			State	7:0	Code	
373 Henry Ave.		1 -	ratford			СТ		06614	
Principal Occupation Retired			Name of Employer Retired	1	·				
	f contribution is in excess of \$400	to a ca			of a municipality	/. Ar	nount c	of Contribution	
or dependent child of a lobbyist? No d	oes contributor or business he/she alued at more than \$5,000?	is ass	ociated with have a contract	with sa	id municipality	"		25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	The second secon	nch or	branches		No	7			
Method of Contribution:	or government and contain	V 10 W	Date Received		ate Contributions	\dashv			
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	2/21/2023	" "					
Last Name		F	irst		***			MI	
Fisher			Jack						
Residential Street Address 557 Wilmot Ave.		City	Bridge	port		State	Zip	06606	
Principal Occupation Retired			Name of Employer Retired		l	-			
or dependent child of a lobbyist? No do	contribution is in excess of \$400 tes contributor or business he/she than \$5,000?					Am		Contribution	
Is this contribution associated with an Yes event reported in Section L1? No No If pes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches		No No		Φ4	25.00	
Method of Contribution:	or government are contain	4 15 W			te Contributions	1			
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	2/21/2023			Ī			
ast Name Harrison		Fi	Sonia					мі D.	
Residential Street Address		City			Ī	State	Zip C	ode	
75 Burritt Ave.		,	Stratford			СТ	1	06615	
rincipal Occupation Coach & Trail	ning Manager	•	Name of Employer	· · ·					
<u></u>	contribution is in excess of \$400 to		Parker Staff		of a municipality	T 4		Contribution	
r dependent child of a lobbyist? 🌎 No doe	es contributor or business he/she is ued at more than \$5,000?					10.00	\$50.0		
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Is contributor a principal of a st If yes, indicate which brane of government the contract	ch or b	oranches	_	No				
Aethod of Contribution:				Aggregat	e Contributions	1			
Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money (Order	2/28/2023						
	SUBTO	OTA	L Section B — This F	Page	\$100.0	0			
	TOTAL	of ad	ditional Section B Pa	iges	\$61	,377	.00		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To		\$6	2,47	7.00		

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 (See instructions for definition of Sma			this Period ONLY TOTAL SECTION A	\$	-	
· · · · · · · · · · · · · · · · · · ·	B. Itemized Co	ontril	butions from Indivi	iduals	53/83	
Lest Name McBride		I	First Sean			MI
Residential Street Address		Jos.			T-	A.
24 Ridgevale F	ગ.	City	Bridgeport		State	Zip Code 06610
Principal Occupation Revenue Ana	ılyst		Name of Employer WC McBride	Electrical Cont	racto	rs
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she		ociated with have a contract		•	sount of Contribution
event reported in Section L1? If yes, list Event # Method of Contribution:	valued at more than \$5,000? Yes	anch or act is wi	branches Executive Date Received	Legislative Yes	_	φ 100.00
Last Name Tisdale		Fi	Deborah			мі R.
Residential Street Address		City	Depotati		State	Zip Code
647 Lakeside Dr.			Bridgeport		CT	06606
Principal Occupation Retired			Name of Employer Retired		<u> </u>	<u> </u>
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra: of government the contract	nch or	branches	No	7	\$500.00
Method of Contribution:				Aggregate Contributions	1	
Cash Personal Check Credit/Debit C	Card Payroll Deduction Money	Order	3/12/2023			
ast Name Kolawole		Fic	Julius			MI
esidential Street Address 242 Warrington S	t.	City	Providence		State	Zip Code 02907
rincipal Occupation			Name of Employer			
Retired			Retired			
contributor a lobbyist, spouse,	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?					unt of Contribution
this contribution associated with an entreported in Section L1? If yes, list Event #		ch or b	stractor or prospective state	contractor? Yes No		200.00
Iethod of Contribution: Cash Personal Check Credit/Debit Ca	ard Payroll Deduction Money	Order	3/26/2023	Aggregate Contributions		
	SUBT	OTAI	L Section B — This P	age	\$80	0.00
	TOTAL	of ad	ditional Section B Pa	ges	\$61,3	377.00
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A min A of Summary Page To		\$62,	477.00

Section B ADDITIONAL PAGE 112 of 112

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)			TY	PE OF REPORT	OF REPORT		
Marilyn for Mayor				Ap	ril 10 filing			
A. Total Contributions from SI (See instructions for definition of Small C			this Period ONLY TOTAL SECTION A	\$				
	B. Itemized Co		butions from Indiv	idua	ls			1 2 7 3
Luporte			Richard					MI
Residential Street Address 1415 Chopsey Hill Rd.		City	Bridgeport			State	2	ip Code 06606
Principal Occupation Biomed Tech	nnician		Name of Employer Trimed	x				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					y, A		t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	branches	_	ractor?		·	
Method of Contribution: Cash Personal Check / Credit/Debit Car	d □ Payroll Deduction □ Money	y Order	Date Received 3/31/2023	Aggre	gate Contributions	7		
Last Name McMillian		P	willie Willie	•				T.
Residential Street Address 224 Lyon Terr	,	City	Bridgeport	-		State CT	Zi	06604
Principal Occupation Contractor			Name of Employer MFXMS C	ons	truction - M	gmt.		
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 loes contributor or business he/she alued at more than \$5,000?					/, Ar		of Contribution
s this contribution associated with an Yes veent reported in Section L1? No If yes, list Event #		nch or	branches		● No	7	•	,
Method of Contribution:	☐ Payroll Deduction ☐ Money		Date Received 3/20/2023		ate Contributions	1		
ast Name Moore		Fi	Romane					MI
Residential Street Address 55 Calvert PL.		City	Bridgeport			State		Code 06606
rincipal Occupation Counselor			Name of Employer Start Living th	ne V	/ay			
r dependent child of a lobbyist? 🌑 No 🛘 do	contribution is in excess of \$400 to bes contributor or business he/she is thued at more than \$5,000?						6100	of Contribution
this contribution associated with an vent reported in Section L1? No No No No No No No No No No No No No N	Is contributor a principal of a st If yes, indicate which brancof government the contract	ch or b	ranches		ctor? Yes No] `	,,,,,	
fethod of Contribution: Cash Personal Check Credit/Debit Card	☐ Payroll Deduction ☐ Money (Aggreg	ate Contributions			
	SUBT	OTA	L Section B — This I	age	\$1,70	0.00)	
	TOTAL	of ad	ditional Section B Pa	iges	\$61,	377.	00	_
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page To		\$62	,477	.00	