SEEC FORM 20

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

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

1973 MIL 10 AM 9: 33

Do Not Mark TTC with a For Official Use Only

Page 1 of 17

COVER PACESalus Change

1. NAME OF COMMITTEE		4		CHARLES D. CLEN	10NS, JR	2153				
Friends of Lamond				WINA CLEA	(K					
2. TREASURER NAME	IV. BE THE				MANAGE STATE					
First		MI		ast		•		Suffix		
Askar				Morisseau						
3. TREASURER ADDRESS	in some gene	VE HIS	Det.	THE STATE OF STATE	APPY I	AND TO U	uni di busa			
Street Address			City			State	Zip (
2600 Park Avenue, Apt. 4M			Bridg	eport		ст	066	504		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	GHT (Comple	ete only if	Candidate Committee)		6. DISTRICT NUMBE				
(mm/dd/yyyy) 11/07/2023	Mayor						(if applicabl	e)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ory Committee))				FERMI			
First		МІ	L	ast				Suffix		
Lamond	Daniels									
8. TYPE OF REPORT (Check One Box)					8.8	14.2				
O January 10 filing	7th day preced	ding primar	ry	7th day preceding referende		Initial Con		or Disbursement		
April 10 filing	O30 days follow	wing primar	ry	O 45 days following referende	ıım 🕳	Amendme				
OJuly 10 filing								leport:		
October 10 filing	Ol 2th day prece			OTermination						
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on							
9. PERIOD COVERED		18 W				1 200	(<u> </u>			
	Beginning Da	te		Ending Date						
\$2.	4/1/2023			thru 6/30/2023						
10. CERTIFICATION				X 40 40 to the original of			Nilse V			
I hereby certify and state, under p Disclosure Statement for the pe					on this Ite i	mized Ca	ampaign F	inance		
Durin Marsonh	<u> </u>		Erin M	cDonough		_	07/07/2	2023		
TREASURER OF DEPUTY TREASURE	ER (SIGNATURE)	8	PRINT	NAME OF SIGNER			DATE (mm/dd/yyyy)		
		9 40								
A person who is				fully violated any provisions lty or imprisonment or both.		paign fin	ance statu	ites		

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	Marie Carlotte Contract Contract
Friends of Lamond	07/10/2023	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		26,057.87
12. Balance on hand at the beginning of Reporting Period	75,672.42	
13. Contributions Received from Individuals (Sections A and B)	22,999.00	73,877.00
14. Receipts from Other Committees (Sections C1 and C2)	1,750.00	1,750.00
15. Other Monetary Receipts (Sections D through K)	500.00	1,600.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	250.00	1,100.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	25,499.00	78,327.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	101,171.42	104,384.87
19. Expenses Paid by Committee (Section P)	19,232.92	22,446.37
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	81,938.50	81,938.50
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	700.00	700.00
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	o	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	o	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	o	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	o
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	o	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Friends of Lamond			07/10/2023				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 1,073.00				
B. Itemized Co	ntrib	utions from Individ	duals	7 CS			
Last Name	Fir	rst			МІ		
Shaw	C	ass					
Residential Street Address	City			State	Zip Code		
800 Cleveland Avenue	Bridg	eport		СТ	06604		
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said municipality	y. Amou 200.0	unt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brait of government the contract of government the contract.	nch or l	branches	Capital Contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	4/20/2023	300.00				
	Fir	net .			Тмі		
Last Name Champion	- 1	si lelanie			l l l		
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code		
218 Alsace Street		eport		ст	06604		
Principal Occupation		Name of Employer					
Teacher		Town of Greenwich					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes O No	e officer of a municipality with said municipality		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 bra of government the contraction.	nch or	branches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	4/27/2023	100.00				
Last Name	Fir	rst			MI		
Plaza Santiago	Le	ourdes					
Residential Street Address	City	<u> </u>		State	Zip Code		
579 Clinton Avenue	Bridg	jeport		СТ	06605		
Principal Occupation		Name of Employer					
Clergy		Iglesia Cristiana Rer	nacer				
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?				y. Amou 250.0	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? If yes, list Event # Section L1?	nch or l	branches	C Legislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	Date Received 5/3/2023	Aggregate Contributions 250.00				
Ocasii Oreisonal Check Octedio Debit Cald Orayion Deduction Omoney	Oluci	3.0, 232					
SUBT	ГОТА	L Section B — This	Page 550.00				
TOTAL	of ac	dditional Section B P	ages 21,376.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page 1					

Friends of Lan	MMITTEE (Provide Comp mond	olete Name as Registered	with Filing Reposi	itory)	T-VE	TYPE OF REPORT 07/10/2023			
		C1. (Contributio	ons from C	ther Commit	ttees			
Name of Committee			***		Name of Treasure	er ·	-		
HarryPAC					David Murch	hie			
Address				Is this cont	ribution associated	with an Oyes ONo	Amount of Contributio		
61 Wildwood	Road			event report	ted in Section L1? If yes, list		1,500.00		
City		State	Zip Code	Date Rece	eived	Aggregate Contributions	\neg		
Stamford		СТ	06903	4/1/20	23	1,500.00			
Name of Committee					Name of Treasure	r			
CT Pace					William Knoe	egel			
Address				Is this contr	ibution associated	with an Yes No	Amount of Contribution		
2139 Silas Dea	ane Hwy, Ste. 205			event report	ted in Section L1? If yes, list I		250.00		
City		State	Zip Code	Date Rece	280	Aggregate Contributions	-		
Rocky Hill		ст	06067	4/3/202	23	250.00			
Name of Committee					Name of Treasurer	г			
					2000				
Address				le this contr	ibution accordated t	with an OYes ONo	Amount of Contribution		
				event report	ed in Section L1?	vs.	Amount of Contribution		
City		State	Zip Code	Date Rece	If yes, list I	Event # Aggregate Contributions	_		
			Zip Louc			Aggregate Controlling			
1 COitea	C2. J	Reimbursement	ts or Surpli	as Distribi		ther Committees	BENEVIAL COM		
Name of Committee					Name of Treasurer				
Address		 -		City			State Zip Code		
Date Received	Expenditure #	Payment Type					Amount of Receipt		
	(if applicable)	OReimburseme	ent for shared ex	xnense OS	urplus Distribution		Amount of Receipt		
Description							4		
							•		
Name of Committee		·	<u>-</u>		Name of Treasurer				
vame of Committee					Name of Treasurer				
Name of Committee				City	Name of Treasurer		State Zip Code		
				City	Name of Treasurer		State Zip Code		
	Expenditure #	Payment Type		City	Name of Treasurer		10.5 (7.2) (7.2)		
Address	Expenditure # (if applicable)		nent for shared				State Zip Code Amount of Receipt		
Address Date Received			ment for shared (Name of Treasurer				
Address			nent for shared				3 7 7 2 7 3		
Address Date Received				expense O	Surplus Distributio	on	3.000		
Address Date Received				expense O		on	3.000		
Address Date Received			SUBTOT	expense O	Surplus Distributio	on 1,750.00	3.000		
Address Date Received	(if applicable) TOTAL OF		SUBTOT TOTAL of	expense O TAL Section f additional RIBUTIONS	Surplus Distribution This Pa Section C Page	on 1,750.00 ges 0 TS 1,750.00	3.000		

NAME OF COMMITTEE (Provide Comple	te Name as Registered with Filing Reposit	(ירָזס)			TYPE O	F REPORT	
Friends of Lamond					07/10/	2023	
	D. Loans	Rece	ived this Period	d			
Name of Lender			Source of Loan: OBank OCa	andidate C) Individu	al Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan Yes No
Name of Cosigner/Guarantor (if applicable)					_	<u> </u>	Amount Received
Street Address	City		<u> </u>		State	Zip Code	
Name of Lender			Source of Loan Ca	indidate C	Individu	al Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)						<u> </u>	O Yes O No Amount Received
Street Address	City			_	State	Zip Code	
Name of Lender		-	Source of Loan: OBank OCar	ndidate O	Individua		Date of Receipt
Street Address	City				State	Committee 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	
			TOTAL SECT	TON D	0		
E. Receipts from I	Entities other than Individ	duals	or Other Com	mittees	(Referen	dum Committee	es ONLY)
treet Address				Date Re	eceived		Amount Received
lity	S	tate	Zip Code	Aggreg	ate Contrib	utions	
ame of Entity					<u>.</u>		
treet Address				Date Re	ceived		Amount Received
ity	Sc	tate	Zip Code	Aggrega	ate Contrib	utions	
ame of Entity							
reet Address				Date Re	ceived		Amount Received
ty	St	ate	Zip Code	Aggrege	ite Contribu	ations	
		Nw.	TOTAL SECT	ION E	0		

NAME OF COMMITTEE (Prov	vide Complete Name as Regis	ered with Filing R	Repository)		TYPE	OF REPORT
Friends of Lamond					07/10	0/2023
F. Am	ount Transferred	from Affil	iated Bu	siness Treasury (Busine	ess Entit	y Committees ONLY)
Date of Receipt	Is this transaction assoc event reported in Section		8Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		8Yes No	If yes, list Event #		Amount
Date of Receipt	ls this transaction assoc event reported in Sectio		8Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		8Yes No	If yes, list Event #		Amount
				TOTAL SECTION	F	0
G. Amount Transfe	erred from Affilia	ted Labor	Union or	Other Organization	Freasu	ry (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of R	eceipt
Amount		11	Aı	nount		Amount
		1818		TOTAL SECTION G	0	
H. F	ersonal Funds of	the Candid	ate Rece	ived this Period (Cana	lidate Ce	ommittees ONLY)
Date of Receipt	Method of payment					Amount
6/29/2023	O Cash	O P	ersonal Chec	k Oredit/Debit Ca	ard	500.00
Date of Receipt	Method of payment: Cash	O P	ersonal Chec	k Credit/Debit Ca	ard	Amount
Date of Receipt	Method of payment:					Amount
	Cash	O P	ersonal Chec	k Credit/Debit Ca	ard	
Date of Receipt	Method of payment					Amount
	OCash	O P	ersonal Chec	k O Credit/Debit Ca	ırd	
				TOTAL SECTION	NH	500.00
		I. And	onymous	Contributions	S = 7	
	•	Anonymo	us Contr	ibutions may no long		• •

immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)		TYPE C	F REPORT	
Friends of Lamond			07/10/	2023	
	J. Interest from Deposits in Author	ized Accoun	ts		
Name of Institution			Date Rec	ceived	Amount
Street Address	City	s	late	Zip Code	
Name of Institution			Date Rec	eived	Amount
Street Address	City	S	late	Zip Code	
	тот	AL SECTION	NJ O		
K. Mis	cellaneous Monetary Receipts not Co	nsidered Co	ntribu	tions	
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	- -
Description			•		
Name	-		Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					-
Name			Da	te of Transaction	Amount Received
		_	Isua	12:- C-1-	
Street Address	City		State	Zîp Code	
Description			<u> </u>		<u> </u>
Name			Da	te of Transaction	Amount Received
					Amount Received
Street Address	City	-	State	Zip Code	
Description	<u> </u>				_
	TOTALS	ECTION K	О		
SIIMMAD	Y OF OTHER MONETARY RECEI	PTS (Section	e D th	rough K)	
Total Loans Received this Period (Section		T B (Beetlon	5 17 11	0	
	ndividuals or Other Committees (Section E)		+	0	
Total Amount Transferred from Affiliat			+	0	
<u> </u>	ed Labor Union or Other Organization Treas	ury (Section G)	+	0	
Total Amount of Personal Funds of the C	Candidate Received this Period (Section H)		+	500.00	
Total Amount of Interest from Deposits	in Authorized Accounts (Section J)		+	0	
Total Miscellaneous Monetary Receipts	not Considered Contributions (Section K)		+	0	
(Add Se	Total of Othe ections D through K) (Enter total on Line 15, Colum			. 100.00	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE Friends of Lamond	TYPE OF REPORT 07/10/2023								
Friends of Lamond	I.i Even	t Information	07/10/2023	e Too					
Event#	Description Description	it futor mation		1					
Date of Event Letter 05042023 A	Meet and greet			Was this a fu O Yes	ndraising event				
Location: Street Address	* *************************************	City		State	Zip Code				
1120 Main Street		Bridgeport		СТ	06604				
Subpart 1: (All Committee Was this event hosted at a	•		5 In-Kind Donations n use Party and complete t(s) for food, beverage a	e required infor	mation for any				
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No							
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$					
Subpart 2: (Party Comm Were there purchases of a sign associated with this	sing Space in a	Program Book							
	nittees 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 Letter 06012023 A	Description Meet and greet	_		Was this a fur	ndraising event?				
Location Street Address		City		State	Zip Code				
232 East Avenue		Norwalk		СТ	06855				
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section LS Associated with a Hou purchases made by host	ise Party and complete	required infor					
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered (Contributions				
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Reco	eipts here.)	\$					
Subpart 2: (Party Comm. Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a undraiser?	· · · · ·	Purchases of Adverti		Program Book				
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$					
SUBTOTAL Section	L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0						
		ion L1—Subpart 3 <i>(Town Commit</i> ipts from Food Purchases — "		_					
Salaya (Salaya Salaya S		TOTAL of additional Section	Li Pages 0						
		IPTS FROM SMALL PUR Line 16a, Column A of Summary			-				

II. EVENT ACTIVITY (Sections L1—L5)

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

			·						
NAME OF COMMITTI Friends of Lamond	EE (Provide Complete Name as	Registered with Filing Repost	(lony)		TYPE OF REPORT				
rnends of Lamond					/10/2023	_			
No. CD. 1	L3. Pur	chases of Advertis	ing in a Prog	gram Book or on a		23			
Name of Purchaser					I		se Made By	•	
FLB Law, PLLC						_	siness Entity	Other	
Street Address			City			Jina	State State	Proprietorship Zip Code	
315 Post Road West			Westport				CT	06880	
			<u></u>					00000	
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Progra	m Ad Purchase		Amount of S	ign Purchase	
4/4/2023	06112023A	250.00		250.00					
Name of Purchaser					P	urchas	e Made By:	_	
					lo) Bus	siness Entity	Other	
						Ind	ividual/Sole I	Proprietorship	
Street Address			City		· · · · ·		State	Zip Code	
			!						
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program	n Ad Purchase		Amount of Si	gn Purchase	
				l		'	······································	en i ertimot	
Name of Purchaser							e Made By:		
					1.2	10	siness Entity	Other O	
Street Address	<u> </u>		City		- 10	Indi		Proprietorship	
			City				State	Zip Code	
<u> </u>		····							
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program	n Ad Purchase	A	Amount of Si	gn Purchase	
Name of Purchaser					Pu	urchase	Made By:		
					ſ		iness Entity	Other	
					-	_	vidual/Sole P	•	
Street Address			City			\Box	State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase		mount of Si	n Purchase	
				Takiouni of Frogram			iniount of Si	gn i dichase	
Name of Purchaser					l _		Made By:	_	
					1 2		iness Entity	Other	
itreet Address	<u></u>		Circ	<u> </u>	<u> </u>) Indi	vidual/Sole P		
			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase	A	mount of Sig	n Purchase	
					100				
	SUBTOTAL Section	L3 Total Purchases of	Advertising in	Program Book — Th	is Page 250.0	00			
	SUBTOTAL	Section L3 Total Purc	hases of Adver	tising on a Sign — Th	is Page				
	TODICIND			come on a orgin — I ii	age o	<u>.</u>			
			TOTAL of	additional Section La	Pages 0				
TOTA	AL OF ALL DUDGILLO	EC OF A DAMED TICES			27.771				
1014	AL OF ALL PURCHAS			RAM BOOK or ON A n A of Summary Page		00			
		7		of Daniel Jage	- 51410/				

II. EVENT ACTIVITY (Sections L1-L5)

	EE (Provide Complete Name as	Registered with Filing Repo	sitory)	RIMINATION	TYPE OF REPO	ORT	W st	
Friends of Lamond					07/10/2023			
	L4	In-Kind Donatio	ns Not Con	sidered Contribu	tions	ă	XIII III I	
Name of Donor		-						_
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation				·	Fair	Market Va	alue of Donation
Business Entity								
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value fo	r this Event			
O Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair	Market Va	lue of Donation
Business Entity								
Olndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor			-					
Street Address		-	City				State	Zip Code
Donation Given By:	Description of Donation					Fair !	Market Va	lue of Donation
OBusiness Entity OIndividual						_[
O Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event	7		
Name of Donor								
			20.00					
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		"			Fair N	larket Val	ue of Donation
O Business Entity O Individual						_		
Sole Proprietorship	Date Received	Event #		Aggregate value for t	his Event			
		SUI	BTOTAL Sect	ion L4— This Page	0			_
		тот	AL of addition	nal Section L4 Pages	0			
TOT	ALOE ALL DIVIDIO	AON ATTORIO NOTICE	ONGER TO THE	001/701				
101	AL OF ALL IN-KIND I (1	ONATIONS NOT C Enter total on Line 21,						

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Re	epository)	and dynamic	TYPE OF RE	PORT	
Friends of Lamono				07/10/2023		
	L5. In-Kind Donations Not Consid	lered Contributions Asso	ciated with a	House Par	ty	
Name of Host			Is this event committee?		ore than o	one candidate o
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—ull hosts	Aggregate Value of all Events—#	his host candidate	1		
Name of Host			committee?	supporting mo	0	ne candidate or
Street Address		City	<u> </u>		State	Zīp Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	his host candidate	-		
Name of Host			committee?	supporting mo OYes ONo omplete Itemiza)	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Marl	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hasts	Aggregate Value of all Events—th	nis host candidate	1		
Name of Host	-			supporting mo OYes ONo implete Itemizat)	
Street Address		City			State	Zip Code
Description of Donation	0.00			Fair Mark	et Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	is host candidate			
		SUBTOTAL Section L5 -	— This Page	0		
		TOTAL of additional Section		0		
TOTA ASSOCIATED WI	AL OF ALL IN-KIND DONATIONS NO ITH A HOUSE PARTY (Enter total on	OT CONSIDERED CONTR Line 22, Column A of Summar		0		

III. NONMONETARY RECEIPTS (Sections M-O)

Page 12 of 17

			- 1			11 10 (5000	10 1.		<u>, </u>		_
NAME OF COMMITTEE (Provide Complete	Name as R	egistered with	Filing Reposit	ory)	SHI	DAYAL STACON	_	E OF R		U. Fast MA	
Friends of Lamond							07/1	0/202	3		
		18 M	M. In-I	Kind Cor	ıtri	ibutions			S EAST		
Name			-				·				
Gremp, Jamie											
Street Address				, .	Cit	-			<u> </u>	State	Zip Code
58 Beachview Avenue					Bı	idgeport				СТ	06608
Type of contributor: Committee	Date Rece		Aggregate Co	ontributions		Description of In-Kind					
OIndividual / Sole Proprietorship OOther	6/27/20)23	700.00			Food and decora	ations	5			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ibution is in ntributor or it more than	business he/sl	00 to a candi he is associa	date ted v	for a chief executive of with have a contract with Yes No	fficer of the said	of a mur munici	nicipality, pality		Market Value
Is this contribution associated with an event reported in Section L1? If yes, list Event #06282023A	O Yes No	If yes,	itor a principa indicate whice rnment the co	ch branch or	bra	actor or prospective stanches Executive	_		No	700.00	
Name											
Street Address					City	,	 -		'	State	Zip Code
	ē	-		7.//- "- i- ii-i					·		
Type of contributor: OCommittee	Date Recei	ved	Aggregate Co	ntributions		Description of In-Kind (Contribu	ition			
Olndividual / Sole Proprietorship Oother			<u> </u>								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Fair Market Valued of this Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of this Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of this Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of this Contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the contribution is in excess of \$400 to a candidate for a chief executive of the											
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Sectio											
Name									· · · · · · · · · · · · · · · · · · ·		
Street Address					City	,				State	Zip Code
4					City					State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Receiv	ved	Aggregate Co	ntributions		Description of In-Kind C	Contribu	tion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/s		ted '	for a chief executive of with have a contract with Yes No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1?	8 Yes No	<i>If yes</i> , i	ndicate which	h branch or	brai		_		8Yes No		
If yes, list Event #	(C) 5216VET	or gover	nment the co		V 17.	O Executive (
		1	SU	BTOTAL	Sect	tion M — This Pag	e 7	00.00			
	Uji = ×	339 340	TOT	AL of addi	tio	nal Section M Page	s 0				
TOTAL OF ALL IN-KIND CON	TRIBUT	IONS (E	nter total on L	ine 23, Colu	non A	of Summary Page Tot	als) 7	00.00			
	N.	Refund	able Dep	osit to To	ele	phone Company	y				
Last Name of Individual				First					MI	Date Deposit	Made
Residential Street Address			City	,			State	Zip	Code		
										'	Amount of Deposit
Name of Telephone Company			<u> </u>								
itreet Address			City				State	Zip	Code		
TOTAL SE	CTION	N (Enter to	otal on Line 2	24, Column	1 of	Summary Page Total	s) O		1 		

SEEC FORM 20 British January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	ITTEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT	
Friends of Lamo	ond		07/10/2023	
	P. Expense	s Paid by Committe	e	
Name of Payee DayCampaign		<u> </u>	Date of Payment 06/30/2023	Method of Payment O Check # O Debit Card
Street Address		City		O Debit Card OEFT State Zip Code
112 Bloomfield	Avenue	Windsor		CT 06095
Purpose of Expenditure (by code) WEB	Description Donation platform fee		Event #	Amount 870.12
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind continuous)	ure) [Indepe		
Name of Payer United States Po	stal Service		Date of Payment 4/10/2023	Method of Payment: O Check # O Debit Card OEFT
Street Address		City		State Zip Code
120 Middle Stree	et	Bridgeport		CT 06602
Purpose of Expenditure (by code) POST	Description Post office box		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) O Indeper		
Name of Payee Constant Contact			Date of Payment 4/13/2023	Method of Payment: O Check # O Debit Card OEFT
Street Address 1601 Trapelo Roa	d	City Waltham		State Zip Code MA 02451
Purpose of Expenditure (by code) A-WEB	Description Email service		Event#	Amount
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	re) [Independent		1 5/122
Name of Payee JL Custom Appar	el LLC	Organiz	Date of Payment 4/15/2023	Method of Payment: Check #1504
Street Address 350 Main Street	N Total	City Bridgeport		O Debit Card O EFT State Zip Code CT 06604
Purpose of Expenditure by code) PRNT	Description Flyers	_	Event #	Amount 190.00
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 contri	c) Independ		
	S	UBTOTAL Section P —		
	тот	FAL of additional Section	on P Pages 18,011.58	
	TOTAL OF ALL EXPEN	NSES PAID BY COM 19, Column A of Summary		
			/	

NAME OF COMM	AITTEE (Provide Complete Name as	ne Registered with Filing Repositor	.1	TYPE OF PEDO	DT	
Friends of Lamo	nd	s negative with I talk repository	<u>/</u>	07/10/2023	KI	
		O. Campaign Exp	penses Paid by Cand			
Name of Payee (Name o	of Vendor, Person or Entity who cand		Clists I ald by Cand	Date of Payment	[s reimb	ursement claimed?
				7		
Street Address			Los			res O No
			City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event#	A	Amount
Name of Payce (Name of	of Vendor, Person or Entity who candi	lidate paid directly)		Date of Payment	Is reimbu	rsement claimed?
					OY	es O No
Street Address			City			Zip Code
Purpose of Expenditure (by code)	Description			Event #	A	mount
Name of Payee (Name of	f Vendor, Person or Entity who candid	idate paid directly)		Date of Payment	Is reimbu	rsement claimed?
					O Ye	_
Street Address			City			Zîp Code
					Since	CID CODE
Purpose of Expenditure (by code)	Description			Event #	A	mount
(by code)			1			
Name of Payce (Name of	Vendor, Person or Entity who candid	date paid directly)		Date of Payment	Is reimbur	sement claimed?
					C Ye	_
Street Address			City			Zip Code
						лр соце
Purpose of Expenditure	Description			Event #	Ar	mount
(by code)						H.V. G. L.
Name of Pavee (Name of	Vendor, Person or Entity who candid	Intermed disention		-CD		
Tallo VI - my - (Temps, a clabillat amily trice committee	Me pma airecny ;		Date of Payment		sement claimed?
- A 1.5			12		O Yes	s O No
Street Address			City	-	State Zi	ip Code
Purpose of Expenditure by code)	Description			Event #	An	nount
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lame of Payee (Name of 1	Vendor, Person or Entity who candida	late paid directly)		Date of Payment	Is reimburs	ement claimed?
					Q Yes	_
Street Address			City			
			zny		State Zij	p Code
urpose of Expenditure by code)	Description			Event #	Am	nount
,						
		su	BTOTAL Section Q —	This Page 0		
	T		AL of additional Section			
COLUMN TO SERVICE STREET	S - IX By such	OTAL OF ALL EXPER	NSES PAID BY CAN 26, Column A of Summary	Page Totals)		

Friends of Lamor	nd	d with Filing Repository)	07/10/2023	
NOVERLED .	R. Ex	penses Incurred on Committe		
ame of Issuing Inst		Type of Credit Car		
		O Visa ON	Master Card Discover	American Express OOther
lame of Vendor, Person	or Entity		-	Date of Transaction
Street Address		City		State Zip Code
urpose of Expenditure y code)	Description	1	Event #	Amount
xpenditure # (applicable)	Type of Expenditure (Itemization in Additional None of the below Coordinated with reimbursement Coordinated without reimbursem		below" is checked) Independent Organization: OA OB OC	C O D
ame of Vendor, Person	or Entity			Date of Transaction
treet Address		City		State Zip Code
		i i		1 1
y code) xpenditure #	1 🛋	dendum R Required unless "None of the b	Event #	Amount
y code) spenditure # applicable)	Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement	sought (joint expenditure)		: OD
y code) xpenditure # applicable)	Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement	sought (joint expenditure)	nelow" is checked) Independent	
y code) xpenditure # (applicable) ame of Vendor, Person o	Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement	sought (joint expenditure)	nelow" is checked) Independent	: OD
xpenditure # (applicable) ame of Vendor, Person o reet Address	Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement Tentity	sought (joint expenditure) Oent sought (in-kind contribution)	nelow" is checked) Independent	Date of Transaction
ame of Vendor, Person of Expenditure ame of Vendor, Person of Expenditure areet Address areose of Expenditure y code)	Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement or Entity	sought (joint expenditure) ent sought (in-kind contribution) City City Cendum R Required unless "None of the base of the ba	Independent Organization A B OC	Date of Transaction State Zip Code Amount
xpenditure # (applicable) ame of Vendor, Person o reet Address rpose of Expenditure y code)	Type of Expenditure (Itemization in Add Coordinated with reimbursement Coordinated without reimbursement Entity Description Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement services)	sought (joint expenditure) ent sought (in-kind contribution) City City Cendum R Required unless "None of the base of the ba	Event # Event # Elow" is checked) Independent Organization: (A O B O C)	Date of Transaction State Zip Code Amount
y code) xpenditure # applicable) ame of Vendor, Person of Person of Expenditure y code)	Type of Expenditure (Itemization in Add Coordinated with reimbursement Coordinated without reimbursement Entity Description Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement services)	sought (joint expenditure) ent sought (in-kind contribution) City City Sought (joint expenditure) ent sought (joint expenditure) ent sought (in-kind contribution)	Event # Event # Elow" is checked) Independent Organization (A) B OC A DB OC R — This Page 0	Date of Transaction State Zip Code Amount

	TEE (Provide Complete Name as Registere	d with Filing Repository)	ТҮРЕ	OF REPORT		ополента на
Friends of Lamor	nd		07/1	0/2023		
	S. Expenses Inc	curred by Committee but Not 1	Paid During thi	s Period		
Name of Creditor			<u>.</u> .		Date Inc	urred
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			mount Incurred
Expenditure # (if applicable)	Type of Expenditure (Itemization in Act None of the below Coordinated with reimbursemen Coordinated without reimburser	Adendum S Required unless "None of the bottom it sought (joint expenditure) nent sought (in-kind contribution)	elow" is checked) Independent Organization:) _B Oc O i	- }	
Name of Creditor				-	Date Incu	ırred
Street Address		City			State	Zip Code
Purpose of Expenditure by code)	Description		Event #			nount Incurred stimute or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Ad None of the below Coordinated with reimbursement Coordinated without reimbursement	sought (joint expenditure)	low" is checked) Independent Organization	B Oc O D		
Name of Creditor					Date Incur	red
treet Address		City			State	Zip Code
urpose of Expenditure by code)	Description		Event #		5.00	ount Incurred
expenditure # (fapplicable)	Type of Expenditure (Itemization in Add None of the below Coordinated with reimbursement Coordinated without reimbursement	sought (joint expenditure)	low" is checked) Independent Organization:	в Ос Ор		
		SUBTOTAL Sec	tion S-This Page	0		
		TOTAL of additional	Section S Pages	0		
OTAL OF ALL EX	XPENSES INCURRED BY COM	IMITTEE DURING THIS PERIOD (Enter total on Line 28, Column A of Su	BUT NOT PAID mmary Page Totals)	0		
	Previou	sly reported Expenses Unpaid and st	ill Outstanding	0		

	TEE (Provide Complete Name as Registered with Filing Reposito.	(ערום			T	YPE OF R	ŒPC	ORT	70 - July 1	
Friends of Lamon						7/10/202				
	T. Itemization of Reim	bu	rsements and Sec	cond	lary P	ayees			13,1	
Last Name of Worker/Con McDonough		- 1	First Frin				TN	MI		Payment to Vendor, or Entity
Davena's Sweet T							in S	ection P:	_	Worker/Consultant as
581 Waterview Av			City Bridgeport				_		State CT	Zip Code 06608
Purpose of Expenditure (by code) FNDR	Description Food for event			- 1	Event # 050420	023A			115.00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind	enditi	iture) O Inde	depend	dent O	, O B	0	O _D		
Last Name of Worker/Con	sultant	Fir	irst				_	41		Payment to Vendor, or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant					Payment reported :	in Se	ection P	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City			-			State	Zip Code
Purpose of Expenditure (by code)	Description			E	Event #	_			_	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind-	enditu	ture) O Inde	depend	dent O	О (_ >_c	O _D		
Last Name of Worker/Cons	sultant	Fir	=		n ii o		М	!	Date of P Person or	Payment to Vendor, r Entity
Name of Vendor, Person or	or Entity Paid by Committee Worker/Consultant					Payment of reported in Che	ın Se	ction P:	_	Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City			<u> ~ </u>			State	Zip Code
Purpose of Expenditure (by code)	Description			E.	Event#					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	nditur	ure) [Inde	lepende		0 0)))	O _D		
		S	SUBTOTAL Section T	r—1	This Pa	ge 115.	.00			
		то	OTAL of additional Se	ection	n T Pag	es 0				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	/ O)	RKERS AND CON	ISUI	LTAN	FS 115.	.00			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Friends of Lamond	07/10/2023				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$1,073.00		
B. Itemized Co	ntribı	utions from Indivi	duals		
Last Name	Fire				MI
Bernard	St	anley 			
Residential Street Address	City		 -	State	Zīp Code
471 Dexter Drive	Bridge	eport		רד	06606
Principal Occupation	<u>. </u>	Name of Employer			-
Associate Professor		State of Connecticu	it		
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?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sevent reported in Section L1? If yes, list Event #	nch or b	ranches	e contractor? Yes OLegislative		
If yes, list Event # of government the contract Method of Contribution:	Ct 13 With	Date Received	Aggregate Contributions	\dashv	
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	4/1/2023	100.00		
Last Name	Firs	<u> </u>			МІ
Daniels	Ac	dele			
Residential Street Address	City			State	Zip Code
21 Tower Street	Fall Ri	iver		MA	02724
Principal Occupation		Name of Employer			
Healthcare worker		SSTAR			
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?				/. Amoi	unt of Contribution 0.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a ls contributor a principal of a lf yes, indicate which bra of government the contraction.	nch or b	oranches _	e contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	4/1/2023	1,000.00		
Last Name	Firs	st			МІ
Patterson	Le	eila			
Residential Street Address	City			State	Zip Code
112-53 180th Street	Jamai	ica		NY	11433
Principal Occupation		Name of Employer			
Teacher		NY Department of I	Education		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7. Amoi	unt 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 b	ranches	O Legislative		İ
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Order	4/1/2023	251.00		- 50
SUBT	ГОТАІ	L Section B — This	Page 1,151.00		
TOTAL	of ad	ditional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM			(+B) 77 AAA	00	
(Enter total on Line i	is, Colu	mn A of Summary Page	Totals) 22, 999.	W	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Friends of Lamond			07/10/2023		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Per SUBTOTAL		\$1,073.00		
B. Itemized Co	ntributions	from Indiv	iduals		
Last Name	First				Мі
Sapienza	Matthey	v			
Residential Street Address 2062 North Benson Road	City Fairfield			State	Zip Code
				СТ	06824
Principal Occupation	I	f Employer			
Attorney	<u></u>	of Norwalk			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of 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 wi			y, Amo 100.0	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 If yes, indicate which bra of government the contra	nch or branches		te contractor? Yes OLegislative		
Method of Contribution:	Date Re		Aggregate Contributions	\dashv	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			100.00		
Last Name	First		•		MI
Silpot	Ajaunie				
Residential Street Address	City			State	Zip Code
17 Greenhouse Road	Bridgeport			מ	06606
Principal Occupation	Name o	f Employer	•	-	
Physical therapy	Physi	cal Therapy A	ssociates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated wit			7. Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra	nch or branches		_ O No		
If yes, list Event # of government the contra	Ct is with.	_ 	Legislative Aggregate Contributions	\dashv	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			160.00		
Last Name	First				MI
Toms	Nel				ľ
Residential Street Address	City			State	Zip Code
5160 N A.W. Grimes Blvd.	Round Rock			TX	78665
Principal Occupation	Name o	Employer			
Data scientist	IBM				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated wit			/. Amou	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 soft of government the contract of government the contract.	nch or branches		e contractor? O Legislative		
Method of Contribution:	Date Rec		Aggregate Contributions	┨	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 4/1/2	023	300.00		
SUBT	TOTAL Secti	on B — This	Page 535.00		
TOTAL	of addition:	al Section B F	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1				50	

SEEC FORM 20 Revised January 2015

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ory)		TYPE OF REPORT	- 2	
Friends of Lamond			07/10/2023		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$1,073.00		
		,			
B. Itemized	Contrib	outions from Indivi	duals		
Last Name		irst			МІ
Dejesus		Bryan 			
Residential Street Address	City			State	Zip Code
67 Raymond Street	Stra	tford		СТ	06614
Principal Occupation		Name of Employer			
Barber		VIP Barbershop			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?				y. Amo	ount of Contribution .00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal No If yes, indicate which of government the co	h branch or		e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	┑	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Aoney Order	4/7/2023	100.00		
Last Name	F	irst			MI
Nash	Įι	illian			
Residential Street Address	City			State	Zip Code
180 Norland Ave	Brid	geport		ст	06606
Principal Occupation		Name of Employer	 -		
Executive Assistant to the Provost		University of Bridge	port		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes laces contributor or business he valued at more than \$5,000?	\$400 to a ca e/she is asso	indidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05042023A Yes Is contributor a principal If yes, indicate which of government the contributor of government the contributor approach is contributor and in the contributor approach is contributor approach in the contributor approach is contributor.	h branch or		C Legislative		
Method of Contribution		Date Received	Aggregate Contributions	٦	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Order	5/4/2023	100.00		
Last Name	F	irst	•		MI
Perez	ļ	lennifer			
Residential Street Address	City	<u>.</u>		State	Zip Code
116 Edna Avenue	Brid	geport		CT	06610
Principal Occupation		Name of Employer			•
Social work		Discovery Behavior	al Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section E1? If yes, list Event # 05042023A Yes No Is contributor a principal If yes, indicate which of government the co	h branch or	_	e contractor? O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	\dashv	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Order	5/4/2023	300.00		
SI SI	UBTOTA	AL Section B — This	Page 300.00		
TO	TAL of a	dditional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FI		DIVIDUALS (Sections A lumn A of Summary Page		00	
		7 - 73	, , , , ,		

of	35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	11 11		TYPE OF REPORT		-19	
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$1,073.00			
B. Itemized Co	ntrib	outions from Indivi	duals	TOTAL		
Last Name	183	irst	<u></u>			MI
Jenkins	S	Sandra				
Residential Street Address	City			State	1 '	Code
50 Greenhouse Road, Unit 17B	Bride	geport		СТ	066	606
Principal Occupation		Name of Employer				
Retired		Retired	- 15-			
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?			with said municipality	100	nount o	f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	inch or	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	5/5/2023	100.00			
Last Name	Fi	irst				MI
Simpson		Cathleen				A
Residential Street Address	City	-	· · · · · · · · · · · · · · · · · · ·	State	Zip (Code
115 Balmforth Street	Bridg	geport		СТ	066	605
Principal Occupation		Name of Employer				
HR Director		Town of Fairfield				
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?					10unt of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lfyes, indicate which bra of government the contra	anch or	branches	O Legislative	i		
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/6/2023	200.00			
Last Name	- 1	irst				MI
Joseph	I	Îhrista			V-9/75	K
Residential Street Address	City			State	Zip (
515 West Avenue, Apt. 367	Norv	walk		ст	068	850
Principal Occupation		Name of Employer				
LCSW		State of CT, DCF				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					10 unt of 0.00	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lfyes, indicate which bra of government the contra	nch or	branches	e contractor? Yes O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	5/16/2023	100.00			
SUB	FOT A	AL Section B — This	Page 400.00			
TOTAL	L of a	dditional Section B F	ages			W-1
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		00		
(Line: Will On Line	,	r. oj Danninuy i uge	, , , ,	55		

of 35	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Friends of Lamond		07/10/2023	07/10/2023			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONL SUBTOTAL SECTION	1 \$ LW/3.0V				
B. Itemized Co	ntributions from In	dividuals	L -84			
Last Name	First			MI c		
Landau	Jeffrey		 -	S		
Residential Street Address 19 Hickory Lane	West Hartford		1. 1	Zip Code 06107		
Principal Occupation	Name of Employer	<u> </u>				
Psychiatrist	Jeff Landau					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a cor	cutive officer of a municipalit ntract with said municipality No	200.0	nt of Contribution		
event reported in Section L1? No If yes, indicate which bra						
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Order 5/16/2023	200.00				
Last Name McCullough	First William			МІ		
Residential Street Address	City			Zip Code		
28 Ridgefield Avenue Bridgeport C			<u> </u>	06610		
Principal Occupation Name of Employer Clergy Russell Temple Church						
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?	does contributor or business he/she is associated with have a contract with said municipality			Amount of Contribution		
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive C Legislative					
Method of Contribution:						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	300.00					
Last Name	First Sania			MI		
Metzger			Is. I	2-0-1-		
Residential Street Address 2499 Johnson Ave, 5K	Bronx		1 1	Zip Code 10463		
Principal Occupation Name of Employer						
Attorney Sania Metzger						
	ild of a lobbyist? • No does contributor or business he/she is associated with have a contract with said municipality			nt of Contribution		
event reported in Section L1?	O Yes Is contributor a principal of a state contractor or prospective state contractor?					
Method of Contribution: OCough OR Proposal Charles OCough OR Proposal Production OMongo	Date Received 5/16/2023	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	William William St.	lasa oo				
SUBT	FOTAL Section B —	This Page 350.00		- · ·		
TOTAL	L of additional Section	B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Section 13, Column A of Summary 1		00			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				
Friends of Lamond	07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONI (See instructions for definition of Small Contributor) SUBTOTAL SECTION	1 \$ 1 117 5 1111			
B. Itemized Contributions from In	dividuals			
Last Name First	MI			
Michalski Thomas				
Residential Street Address City	State Zip Code			
152 Whiting Lane West Hartford	CT 06119			
Principal Occupation Name of Employer				
Social worker The Village for	Families and Children			
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 ex does contributor or business he/she is associated with have a co valued at more than \$5,000? Yes				
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 of government the contract is with Executive If yes, list Event # OExecutive Is contributor a principal of a state contract or prospective If yes, indicate which branch or branches of government the contract is with	re state contractor? Yes No utive O Legislative			
Method of Contribution Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/21/2023	200.00			
Last Name First	MI			
Borres Frank				
Residential Street Address City	State Zip Code			
168 Hammertown Road Monroe	CT 06468			
Principal Occupation Name of Employer				
Marketing American View Productions				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 to a candidate for a chief excess of does contributor or business he/she is associated with have a convalued at more than \$5,000? Yes O	tract with said municipality			
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective flyes, indicate which branch or branches of government the contract is with: Section L1	ve state contractor? Yes No utive O Legislative			
Method of Contribution: Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/24/2023	100.00			
Last Name First	MI			
Waller Kenneth	Y			
Residential Street Address City	State Zip Code			
500 West Avenue Norwalk	CT 06850			
Principal Occupation Name of Employer				
Healthcare EagleVision				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes of \$400 to a candidate for a chief exert does contributor or business he/she is associated with have a convalued at more than \$5,000? Yes O	stract with said municipality			
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches			
Method of Contribution: Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 5/24/2023	300.00			
SUBTOTAL Section B —	This Page 300.00			
TOTAL of additional Section	B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 77, 994, 00				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	sitory)		TYPE OF REPORT			
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)		otal Section A	\$1,073.00			
B. Itemize		utions from Indivi	duals			
Last Name Hughes		irst SCOTT			МІ	
Residential Street Address	City			State	Zip Code	
218 Alsace Street	Bride	geport 	<u></u>	СТ	06604	
Principal Occupation		Name of Employer				
Librarian		Goodwin				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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 OYes ONo	e officer of a municipality with said municipality	y, Amo	ount of Contribution .00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate who of government the	ich branch or	branches th; OExecutive	OLegislative Syes			
Method of Contribution.			Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order	5/25/2023	500.00			
Last Name		irst			MI	
Torres	ļE	Elizabeth				
Residential Street Address	City			State	Zip Code	
64 East Brown Street	West	t Haven		СТ	06516	
Principal Occupation Consultant		Name of Employer HousingSmarts				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of does contributor or business valued at more than \$5,000	s he/she is asso	Yes O No	with said municipality	200	ount of Contribution	
event reported in Section L1? O No If yes, indicate wh	Is contributor a principal of a state contractor or prospective state contractor If yes, indicate which branch or branches of government the contract is with: Executive C Legisla					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	5/25/2023	200.00			
Last Name		irst			MI Y	
Hosten		Colin				
Residential Street Address 28 Dock Road	City Nor	walk		State CT	Zip Code 06854	
Principal Occupation		Name of Employer	· · · · · · · · · · · · · · · · · · ·		_	
Lecturer		Fairfield University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
event reported in Section L1? O No If yes, indicate wh	No If yes, indicate which branch or branches of government the contract is with Executive Legislative					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	6/1/2023	200.00			
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т	OTAL of a	dditional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS (Enter total of		DIVIDUALS (Sections a				
			- 10			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Friends of Lamond		07/10/2023				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$ 1,073.00	3.00		
B. Itemized Co	ntril	butions from Indivi	duals	WE	W. II'	
Last Name	1	First	.			MI
Hughes	!	Scott				
Residential Street Address	City		·	State		p Code
218 Alsace Street	Brid	lgeport —————		СТ	0	6604
Principal Occupation		Name of Employer				
Librarian		Goodwin			_	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca e is ass	andidate for a chief executive ociated with have a contract OYes ONo	e officer of a municipalit with said municipality		CO.00	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06012023A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	r branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 6/1/2023	600.00			
Last Name	F	First	<u> </u>		_	Mİ
King	- 1	Laoise				
Residential Street Address	City			State	Zip	Code
4 East Ave Norwalk				СТ	06	6851
Principal Occupation Name of Employer						
Chief of Staff City of Norwalk						
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?	does contributor or business he/she is associated with have a contract with said municipality			Amount of Contribution 250.00		
event reported in Section L1? O No If yes, indicate which bra	Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative L					
lethod of Contribution: Date Received			Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 6/1/2023					
Last Name	F	First				MI
Pinciaro		Ron				
Residential Street Address	City			State	1 1	Code
72 Arthur Street	Brid	lgeport	<u> </u>	בר	0	5605
Principal Occupation Name of Employer						
Retired		Retired			_	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	st? ONo does contributor or business he/she is associated with have a contract with said municipality			of Contribution		
event reported in Section L1? O No If yes, indicate which bra	Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 6/1/2023	200.00			
SUB	тот	AL Section B — This	Page 450.00		<u></u>	
TOTA	Lofa	additional Section B F	ages			
TOTAL OF ALL CONTRIBUTIONS FROM	M INI 13, Ca	DIVIDUALS (Sections A	A + B) ZZ, 949	,00	,	

SEEC FORM 20 Revised January 2015

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed thi	is Period ONLY OTAL SECTION A	\$ 1,073.00			
B. Itemized Co.		utions from Indivi	duals			
Last Name	Fin				MI	
Saunders-Maignan	C)	ynthia 				
Residential Street Address	City	···		State	Zip Code	
518 N Summerfield Ave	Bridg	eport		СТ	06610	
Principal Occupation		Name of Employer				
Grants & Contracts Specialist State of CT, DCF						
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	does contributor or business he/she is associated with have a contract with said municipality			/. Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of as If yes, indicate which brain of government the contract.	nch or b	oranches	e contractor? Yes No Legislative			
Method of Contribution:	-	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/1/2023	100.00			
Last Name	Fire	st .		1	МІ	
Hiller		argaret				
Residential Street Address	City			State	Zip Code	
50 Beacon Street	Bridg	eport		כד	06605	
Principal Occupation Name of Employer						
Retired Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candis assoc	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	/ Amou	nnt of Contribution	
event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes of government the contract is with: Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No No No No No No No N					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/2/2023			100.00			
Last Name	Fin				MI	
Simmelkjaer	Ro	obert				
Residential Street Address	City		·	State	Zip Code	
6 Side Hill Rd	West	port		ст	06880	
Principal Occupation		Name of Employer				
CEO		New York Road Rur	nners			
	child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality			7. Amou	ent of Contribution	
event reported in Section L1?	No If yes, indicate which branch or branches of government the contract is with: Executive O Legislative					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/3/2023	100.00			
SUBT	ГОТА	L Section B — This	Page 300.00			
TOTAL	L of ad	iditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) ZZ, 999.00						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$ 1,073.00			
		_				
B. Itemized Co.	ntrib	outions from Indivi	duals	2300111	w E	
Last Name	Fi	irst				MI
DiScala	١	Michael 	<u> </u>			F
Residential Street Address	City			State	Zip (Code
80 Maywood Road	Norv	walk		СТ	068	850
Principal Occupation		Name of Employer				
CEO, Asset Manager		M.F. DiScala & Com	pany, Inc			
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?				y, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a sevent reported in Section L1? If yes, list Event #	nch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		500.00			
Last Name	F	irst				MI
Noor		Moina				
Residential Street Address	City			State	Zip C	Code
15 Pequot Drive	Norv	Norwalk			068	355
Principal Occupation		Name of Employer				
Editor	Greenwich Country Day School					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive sciated with have a contract Yes No	e officer of a municipality with said municipality	y. Amo		f Contribution
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 contraction of government the contraction.	nch or	ith Executive C Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	ヿ		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/8/2023	100.00			
Last Name	Fi	irst				MI
Gibson	J.	ohnathan				i
Residential Street Address	City			State	Zip C	ode
107 Cranbury	Trun	nbull		ст	066	511
Principal Occupation		Name of Employer				
Business owner	The Original LLC					
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipal does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				ount of	f Contribution
event reported in Section L1?	O Yes Is contributor a principal of a state contractor or prospective state contractor? OYes					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/10/2023	1,000.00			
SUBT	ГОТА	L Section B — This	Page 1,600.00			
TOTAL	of a	dditional Section B P	ages			
				44		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

SEEC FORM 20 Revised January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Friends of Lamond 07/10/2023			/2023					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$ 1,0	73.00			
B. Itemized (Contr	ibu	tions from Indivi	duals	B0055 _ 1		8	- WEET
Last Name		Firs	t					МІ
Abramson		Ala	an		_			
Residential Street Address	City	,				State	Zip (Code
597 Westport Ave, C257	No	orwa	alk			СТ	068	851
Principal Occupation			Name of Employer					
Retired			Retired					
	ependent child of a lobbyist? ON does contributor or business he/she is associated with have a contra					, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? We list Event # 06112023A Section L1? One of government the contributor a principal of government the contributor associated with an event reported in Section L1?	branch	or b	ranches		O No			
77765, 1151 2161111	mact is	WILL	Date Received	Aggregate Contributions		┥		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	anau Or	dor	6/11/2023	200.0				
	Jiley Ot			200.0				Мі
Last Name Augustyn		Firs	tie					IVII
						Canto	7: 4	Codo
Residential Street Address 7 Reimer Road			···y			State	1	Code 880
Principal Occupation Name of Employer				100				
Coach / energy healer			Transformation Cer	nter of	ст			
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?	contribution is in excess of \$400 to a candidate for a chief executive oes contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No			act with said municipality			f Contribution	
s contribution associated with an reported in Section LI? Is contributor a principal of a state of ses, list Event # 06112023A Is contributor a principal of a state of ses, list Event # 06112023A			ranches		O No			
Method of Contribution			Date Received		te Contributions	┨		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMo	oney Or	der	6/11/2023	200.0	10			
Last Name		Firs	· C	<u>. </u>	•			MI
Clark		Ha	ayes					
Residential Street Address	City					State	Zip (Code
123 Harvest Commons	w	estp	port			ст	068	880
Principal Occupation Name of Emp			Name of Employer		<u> </u>			
Retired			Retired					
r dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality			/. Amo		f Contribution			
event reported in Section L1? O No If yes, indicate which	oution associated with an din Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches							
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Or	der	Date Received 6/11/2023	Aggrega 500.0	te Contributions			
SU	BTO	TAI	L Section B — This	Page	900.00			
тот	'AL o	f ad	ditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L			VIDUALS (Sections A mn A of Summary Page		22,999	,00		

SEEC FORM 20 Revised January 2015 Section B ADDITIO	NAL	PA	GE 12	of_	36				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)	10		TYPE OF REPORT					
Friends of Lamond				07/10)/2023				
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ 1,0	73.00				
B. Itemize	d Cont	tribu	tions from Indivi	duals	, viie		ગાડા	. 7,	
Last Name		Firs	si					МІ	
Greenberg		St	even						
Residential Street Address	Cit	ity				State	Zip C	ode	
24 Juniper Road	W	Vestp	port			ст	068	80	
Principal Occupation			Name of Employer						
Broadcaster			Innovation Insider						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business valued at more than \$5,000?	he/she is	assoc	iated with have a contract OYes ONo	with sai	d municipality	/, Am	101	Contribution	
event reported in Section L1? No If yes, indicate whi				_	O No				
Method of Contribution. Date Received			Date Received	Aggrega	te Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	OCredit/Debit Card OPayroll Deduction OMoney Order 6/11/2023 200.00								
Last Name		Firs	t	!	.			MI	
Knapp		Sto	even					J	
Residential Street Address	Cit	ty				State	Zip C	ode	
306 Lyons Plain Road	w	Vesto	on			ст	068	83	
Principal Occupation			Name of Employer		•••				
Partner			Anchor Housing						
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 a					, Ame		Contribution	
event reported in Section L1? No If yes, indicate whi									
Method of Contribution:			Date Received		te Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	rder	6/11/2023	100.0	00				
Last Name		Firs	it .					MI	
Corgel		Jai	mes					М	
Residential Street Address	Cit	ty				State	Zip C	ode	
20 Broadview Road	W	Vestp	port			ст	068	80	
Principal Occupation			Name of Employer						
Retired			Retired						
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals)

22,999.00

SEEC FORM 20 Revised January 2015

of	35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$1,073.00			\$ 1,073.00	73.00		
B. Itemized C	ontrib	outions from Indivi	duals			
Last Name	7.0	irst			MI	
De Valdivia	۱	leff				
Residential Street Address	City			State	Zip Code	
59 Ridge Road	Wes	ton		ст	06883	
Principal Occupation		Name of Employer				
Investment advisor		Fleurus Investment	Advisory, LLC			
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Dekraker	N	Nancy			۱ ا	
Residential Street Address	City	.		State	Zip Code	
17 Old Hill Farms Road	West	tport		ст	06880	
Principal Occupation		Name of Employer	······································			
LPC		Sacred Heart Unive	rsity			
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Duggan	٨	Aike				
Residential Street Address	City		-	State	Zip Code	
7 Cornfield Lane	Guilf	ford		СТ	06437	
Principal Occupation		Name of Employer			<u> </u>	
Social services		Domus Kids				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes ON If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes ON 200.00			ount of Contribution			
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SEEC FORM 20 Restred January 2015

of	35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1,073.00			
B. Itemized Co.	ntributi	ions from Indivi	duals	7		
Last Name Knapp	First Kath	nrvn			MI	
Residential Street Address	City			State	Zip Code	
306 Lyons Plain Rd	Weston			СТ	06883	
Principal Occupation	N	ame of Employer				
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
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	City			State	Zip Code	
	Fairfield			CT	06824	
Principal Occupation	Na	ame of Employer	-			
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			III AII WASSI		
Friends of Lamond	07/10/2023				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) \$\text{SUBTOTAL SECTION A} \tag{1,073.00}					
B. Itemized Cont	tributions from Indivi	duals			
Last Name	First			MI	
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Last Name	First			MI	
Harrington	John				
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85 Sunflower Avenue St	tratford		СТ	06614	
Principal Occupation	Name of Employer			<u> </u>	
Attorney	John Harrington				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT			grandent is				
Friends of Lamond			07/10/2023				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$1,073.00							
B. Itemized	Conti	ribı	itions from Indivi	duals		+ 1	
Last Name		Fire					Mİ
Tenn Ford		Ki	mberly 				
Residential Street Address 410 Mill Hill Avenue	City Br		eport		State CT	1 '	Code 610
Principal Occupation			Name of Employer		<u> </u>		
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$\frac{3}{4}\$ does contributor or business he 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 the principal o	n branch	or b	ranches	e contractor? Yes OLegislative			
Method of Contribution	JIII GICT 13	******	Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	loney Or	der	6/14/2023	150.00			
Last Name		Firs	t				MI
Hungaski		Ju	dith				
Residential Street Address	City	y		-	State	Zip	Code
40 Melrose Ave, 2	No	orwa	alk		ст	06	855
Principal Occupation			Name of Employer			•	
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?					/, Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal If yes, indicate which of government the co	h branch	or b		e contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Ore	der	6/14/2023	150.00			
Last Name		Firs	t	<u></u>			MI
Lowney		M	eghan				
Residential Street Address	City				State	1 '	Code
10 Valley Lane	Fa	irfie	eld 	<u> </u>	ст	06	825
Principal Occupation	10 To 10 To						
Consultant Ripple Effect Consulting							
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes ONo Yes ONO If contribution is in excess of \$400 to a candidate for a chief executive officer 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 of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality valued at more than \$5,000?			f Contribution				
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Method of Contribution: Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/14/2023 100.00							
SUBTOTAL Section B — This Page 450.00							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 72, 999, 00							
(Enter total on L	ane 13, (COIU.	mu A vj summary rage .	(viais)	,		

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Section B ADDITIONAL PAGE 18 of 35

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				101 - 108		
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$1,073.00			\$1,073.00	10		
B. Itemized Co	ontril	butions from Indivi	duals	W, 100	WI F	
Last Name	- 1	First				МІ
Miller	- 1	Aaliyah				
Residential Street Address	City		_	State	1 '	Code
81 Cheney Lane	Han	tford		СТ	06	118
Principal Occupation		Name of Employer				
Senior Communications Manager		Capital Region Cou	ncil of Government	.s		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes One in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contri	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or	r branches	_ O No			
Method of Contribution		Date Received	Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	r 6/14/2023	75.00			
Last Name	F	rirst				MI
Shaw		Cass				
Residential Street Address	City		<u>.</u>	State	Zip (Code
800 Cleveland Avenue	1 '	geport		ст	066	504
Principal Occupation	I	Name of Employer			—	<u></u>
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction.	anch or	r branches	e contractor? Yes No Legislative			
Method of Contribution		Date Received	Aggregate Contributions	ヿ		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/14/2023	1,000.00			
Last Name	F	irst	·-			MI
Calhoun	[Derek				
Residential Street Address	City			State	Zip (Code
719 East 21st Street	Balti	imore		MD	212	218
Principal Occupation		Name of Employer				•
Consultant		Derek Calhoun				
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 officer 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 of Contribution of a lobbyist?			f Contribution			
sthis contribution associated with an vent reported in Section L1? Yes No Stripes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? Section L1? If yes, list Event # Security Se						
Method of Contribution: Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/21/2023 100.00						
SUBTOTAL Section B — This Page 850.00						
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page 1		00		

of	35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1,073.00			
B. Itemized Contributions from Individuals						
Last Name	F	irst	<u>-</u>		МІ	
Jefferson		Stephanie				
Residential Street Address	City	- Hainba		State	Zip Code	
710 Godwin Avenue	Gler	nn Heights		TX_	75154	
Principal Occupation		Name of Employer	tion			
VSR Veteran Administration						
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes lf contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No					ount of Contr .00	ibution
event reported in Section L1? No If yes, indicate which bra						
Method of Contribution:	act 15 111	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order		400.00			
Last Name	Fi	irst			МІ	
Stowers	F	Robert				
Residential Street Address	City		·	State	Zip Code	
1 Glover Avenue, Apt. 401	Norv	walk		СТ	06850	
Principal Occupation		Name of Employer				
Director, Recreation and Parks		City of Norwalk				
		didate for a chief executive officer of a municipality, intended with have a contract with said municipality O Yes No 200.00				ibution
event reported in Section L1? ONO If yes, indicate which bro	No If yes, indicate which branch or branches No					
If yes, list Event # of government the contribution:	act is wi	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	v Order	I	200.00			
Last Name		irst			MI	
Johnson	[Diane				
Residential Street Address	City			State	Zip Code	
31 Red Coat Road	West	tport		CT	06880	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribution 1,000.00		
event reported in Section L1?	ion L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/24/2023	1,000.00	<u> </u>		
SUBTOTAL Section B — This Page 1,400.00						
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				00		

Section B ADDITIONAL PAGE 20 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Friends of Lamond	07/10/2023		
A. Total Contributions from Small Contributors-Received this Pe (See instructions for definition of Small Contributor) SUBTOTAL	riod ONLY SECTION A \$1,073.00		
B. Itemized Contribution	s from Individuals		
Last Name First Bollert Lee	MI		
Residential Street Address 20 Old Hill Farms Road City Westport	State Zip Code CT 06880		
	of Employer tport Wedding Ware		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06112023A Yes Is contributor a principal of a state contractor of government the contract is with:			
	Aggregate Contributions 7/2023 250.00		
Last Name First Lindsay Maria	МІ		
Residential Street Address City 370 Maple Oak Drive Stratford	State Zip Code CT 06614		
Principal Occupation Name of Employer Retired Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated walued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor of government the contract is with			
Method of Contribution: Date R	eceived Aggregate Contributions 7/2023 100.00		
Last Name First Lister Hilary	MI		
Residential Street Address City 7 Victoria Lane Westport	State Zip Code CT 06880		
	of Employer acino PLLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No No No No No No No No No No			
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 contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative			
Method of Contribution. Date R	eceived Aggregate Contributions /2023 100.00		
SUBTOTAL Sec	tion B — This Page 450.00		
TOTAL of addition	nal Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDU (Enter total on Line 13, Column A co			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Friends of Lamond		07/10/2023				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) \$1,073.00						
B. Itemized Co	ontrib	utions from Indivi	duals			
Last Name	Fir	rst			MI	
Pinciaro	Re	on				
Residential Street Address	City			State	Zip Code	
72 Arthur Street	Bridg	eport		ст	06605	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	or dependent child of a lobbyist? • No does contributor or business he/she is associated with have a contract with said municipality			y, Amo	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 If yes, indicate which bra of government the contra	anch or t	branches	e contractor? Yes No Legislative			
Method of Contribution:	-	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/27/2023	300.00			
Last Name	Fin	st	:		МІ	
Bryant	Ra	aeshetta				
Residential Street Address	City		<u> </u>	State	Zip Code	
68 Livingston Place, 1st Fl	Bridg	eport		СТ	06610	
Principal Occupation		Name of Employer	· ·			
CT State Licensed Insurance Agent Bankers Life & Casualty						
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				Amount of Contribution	
event reported in Section L1? No If yes, indicate which bra	ntribution associated with an order in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? No No If yes, indicate which branch or branches					
Method of Contribution:		Date Received	Aggregate Contributions	┑		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/28/2023	100.00			
Last Name	Fin	rst			MI	
Gardner	H	oward			123	
Residential Street Address	City		•	State	Zip Code	
25 Cartright Street, 8E	Bridg	eport		СТ	06604	
Principal Occupation Name of Employer						
Contractor		Serengeti Contracto	ors			
If contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes O No Separate No. No. If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No.			y. Amoi	unt of Contribution		
event reported in Section L1? O No If yes, indicate which bra	Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	v Order	Date Received 6/28/2023	Aggregate Contributions			
	-=-0		200.00			
SUB	ТОТА	L Section B — This	Page 300.00			
TOTA	L of ad	lditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 72, 499.00						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	STATE STATE		
Friends of Lamond		07/10/2023	07/10/2023		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		1 8 1 07 5 00	\$1,073.00		
B. Itemized Co	ntributions from Ind	lividuals			
Last Name	First		MI		
Graves	Carolyn				
Residential Street Address	City		State Zip Code		
146 Weber Avenue, 1st Fl	Bridgeport		CT 06610		
Principal Occupation	Name of Employer				
Preschool teacher	St. Mark's	<u></u>			
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?		tract with said municipality	Amount of Contribution 100.00		
event reported in Section L1? No If yes, indicate which bra	contribution associated with an eported in Section L1? Yes Solution Is contributor a principal of a state contractor or prospective state contractor? Yes Solution Is contributor a principal of a state contractor or prospective state contractor? Yes No.				
If yes, list Event # 06282023A of government the contra	Date Received	Aggregate Contributions	4		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		100.00			
Last Name	First		<u> </u>		
Lee	John		M M		
Residential Street Address	City		State Zip Code		
30 Beacon Street	Bridgeport		CT 06605		
Principal Occupation	Name of Employer				
Financial Listener	John Marshall L	ee			
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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No			Amount of Contribution		
event reported in Section L1? No If yes, indicate which bra	Section L1? No If yes, indicate which branch or branches No No				
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash	Order 6/28/2023	200.00			
Last Name	First		MI		
Joseph	Roody				
Residential Street Address	City		State Zip Code		
5 Frances Avenue	Norwalk		CT 06854		
Principal Occupation					
Mental Health Clinician	Counseling Cen	ter for Discovery			
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No			Amount of Contribution		
s this contribution associated with an vent reported in Section L1? If yes, list Event # 06282023A Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Output Description: Output De					
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/28/2023	100.00			
SUBT	ГОТАL Section В — Т	his Page 400.00			
TOTAL	of additional Section	B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sectio 13, Column A of Summary P		<u></u>		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	4.6		TYPE OF REPORT	7/4		
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) \$1,073.00						
		butions from Indivi	duals			
Last Name Perez	- 1	First Jennifer			MI	
Residential Street Address	City			State	Zip Code	
116 Edna Avenue	10.0	lgeport		СТ	06610	
Principal Occupation		Name of Employer	·		<u>. </u>	
Social worker		Jennifer Perez				
Is contributor a lobby ist, spouse, or dependent child of a lobby ist? Yes No No No No No No No No No No No No No				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 06282023A Section L1 Properties Is contributor a principal of the image of t	f a state contractor or prospective state contractor? Yes oranch or branches					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	6/28/2023	340.00			
Last Name	- 1	First			MI	
Smith		Roosevelt 				
Residential Street Address	City	sdowne		State PA	Zip Code 19050	
42 E La Crosse Avenue	Laii			ΓA _	19030	
Principal Occupation Nonprofit management consultant		Name of Employer Roosevelt Smith Co	onsultina			
	Û to a c			/ A mos	ınt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business he/sh valued at more than \$5,000?	ss he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06282023A Section L1? If yes, list Event # 06282023A	ranch o	r branches	O Legislative			
Method of Contribution:	Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	r 6/28/2023	200.00			
Last Name Summerville	- 1	First Lavelle			MI	
Residential Street Address	City			State	Zip Code	
417 Woodside Avenue	1 -	lgeport		ст	06606	
Principal Occupation		Name of Employer	-			
Engineer		QuikDraw Phleboto	omy School, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?				7. Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06282023A Section L1 Yes Is contributor a principal of a lf yes, indicate which be of government the contributor.	anch or	r branches	e contractor? O Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	Date Received 6/28/2023	Aggregate Contributions 100.00			
SUB	тот	AL Section B — This	Page 290.00			
ТОТА	Lofa	additional Section B I	ages			
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A Johnn A of Summary Page		.00	····	

Section B ADDITIONAL PAGE 24 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	(80)		
Friends of Lamond	07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$1,073.00				
B. Itemized Contributions from Indivi	duals	101		
Last Name First BUCCOLO Jesse			МІ	
		I com	I a contraction	
Residential Street Address City 5 Alden Avenue Norwalk		State	Zip Code 06855	
Principal Occupation Name of Employer			100033	
Nonprofit Norwalk ACTS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ON 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		`` 	unt of Contribution	
ls this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state.	e contractor? OYes	50.00	3	
event reported in Section L1? No If yes, indicate which branch or branches	OLegislative No			
Method of Contribution Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/29/2023	100.00			
Last Name First	•		МІ	
Chambers Michael				
Residential Street Address City		State	Zip Code	
37 Brookside Drive Greenwich		СТ	06830	
Principal Occupation Name of Employer	1 1 2 1 1 2 1			
	rises Limited Partne			
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No			
event reported in Section L1? No If yes, indicate which branch or branches	No If yes, indicate which branch or branches No			
Method of Contribution: Date Received	Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/29/2023	300.00			
Last Name First			MI	
Champion Melanie				
Residential Street Address City		State	Zip Code	
218 Alsace Street Bridgeport		СТ	06604	
Principal Occupation Name of Employer				
Teacher Town of Greenwich	1			
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? Yes No		7. Amou	ant of Contribution	
event reported in Section L1? No If yes, indicate which branch or branches	on associated with an a Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a principal of a state contractor or prospective state contractor? No No If yes, indicate which branch or branches			
Method of Contribution: Date Received	Aggregate Contributions	1		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6/29/2023	300.00			
SUBTOTAL Section B — This	Page 250.00			
TOTAL of additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1		00		

of	35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	18		TYPE OF REPORT		RE.	11 / 2017
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1,073.00			
		·				
B. Itemized Co	ntrib	utions from Indivi	duals	1 5		
Last Name	Fi	rşl				МІ
Daniels	F	entyshia				
Residential Street Address	City		 -	State	1 1	Code
2612 North Avenue, Unit A8 Bridgeport C			ст	06	6604	
Principal Occupation Name of Employer Social worker State 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 executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				Amount of Contribution		
ls this contribution associated with an Yes Is contributor a principal of a	ontribution associated with an ported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No					
Method of Contribution:		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/29/2023	750.00			
Last Name	Fir	st		<u>.</u>		MI
Janush	E	van				
Residential Street Address	City		<u> </u>	State		Code
37 Briarbrook Drive	Briard	cliff Manor		NY	10	510
Principal Occupation Name of Employer The Lanier Law Firm						
					C-A-IIAI	
	does contributor or business he/she is associated with have a contract with said municipality				i Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # O Executive O Legislative						
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/29/2023	200.00			
Last Name	Fii			,		MI
Kochiss		lex	<u> </u>	T-	1-1	
Residential Street Address 396 Oldfield Road	City F airfi	eld		State	1 '	Code 5824
Principal Occupation		Name of Employer	<u> </u>			
IT .		Save the Children				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Am		of Contribution
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TOTAL	ofac	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page		00		

Section B ADDITIONAL PAGE 26 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	o contra	TH 30 98
Friends of Lamond	s of Lamond 07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$1,073.00				
B. Itemized Contr	ributions from Indivi	duals		NAME OF THE PERSON
Last Name	First			MI
Marshall	William			
Residential Street Address City 3336 Fairfield Avenue, Apt. 109 Br	*		State	Zip Code
Principal Occupation	ridgeport		CT	06605 ————
Chaplain	Name of Employer Yale			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a		a officer of a municipality	.] . =	
or dependent child of a lobbyist? No No No No No No No No No N	associated with have a contract OYes ONo	with said municipality	100.0	nt of Contribution O
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If yes, list Event # of government the contract is	<u> </u>	OLegislative	4	
Method of Contribution:	Date Received	Augregate Contributions		
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Last Name Newby	First Frances			MI
	<u> </u>			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(2.1)	, idgeport			Zip Code 06610
Principal Occupation	Name of Employer			
Retired	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No No No No No No No No No No	candidate for a chief executive ssociated with have a contract Yes No	officer of a municipality with said municipality	100.00	nt of Contribution
Is this contribution associated with an event reported in Section L1? Yes No Sometime of a state of government the contract is	with an Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No No No			
Method of Contribution:	Date Received	Aggregate Contributions	┨	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Ord	der 6/29/2023	100.00	1	
Last Name	First			MI
Rentz	Emma			
Residential Street Address City			State 2	ip Code
321 Graham Street Str	ratford		CT (06615
Principal Occupation	Name of Employer			
Procurement manager	Optimus Healthcare	!		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executive ssociated with have a contract V	officer of a municipality. with said municipality	Amoun	t of Contribution
	ribution associated with an led in Section L1? Yes No Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches			
Method of Contribution:		Aggregate Contributions	\exists	
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney Ord	ler 6/29/2023	100.00	ĺ	
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TOTAL of	additional Section B Pa	ages	-	
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, C	NDIVIDUALS (Sections A Column A of Summary Page T		00	

of	35
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
ends of Lamond 07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$1,073.00			
B. Itemized C	ontributions from In	dividuals	
Last Name	First		MI
Schipul	Paul		
Residential Street Address	City		State Zip Code
350 Grovers Avenue, 1R	Bridgeport		CT 06605
Principal Occupation	Name of Employer		
Head of Political Affairs	British Consula	te in New York	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lf contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	he is associated with have a cor	ecutive officer of a municipality htract with said municipality	y, Amount of Contributio
	a state contractor or prospective		
Method of Contribution:	Date Received	Aggregate Contributions	-
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order 6/29/2023	100.00	
Last Name	First		
Allen	Susan		MI
Residential Street Address	City		State Zip Code
49 Wentworth Street	Bridgeport		State Zip Code
Principal Occupation	Name of Employer		
Retired	Retired		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief exec e is associated with have a cont O Yes	tract with said municipality	Amount of Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? If yes, indicate which brace of government the contributor aprincipal of a section L1?		e state contractor? Yes No tive O Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	7
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ast Name	First		MI
Battiste	John		
esidential Street Address	City		State Zip Code
54 Ridgebrook Drive	Bridgeport		CT 06606
rincipal Occupation	Name of Employer		
Retired	Retired		
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?	to a candidate for a chief executive is associated with have a control Yes	ract with said municipality	Amount of Contribution
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TOTAL OF ALL CONTRIBUTIONS FROM			

Section B ADDITIONAL PAGE ²⁸

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	y)	_MELEVALE	TYPE OF REPORT				
Friends of Lamond	nds of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$ 1,073.00	\$ 1,073.00			
B. Itemized C	Contrib	outions from Indivi	duals		IR - Wa		
Last Name	F	irst			МІ		
Callahan		Darin					
Residential Street Address	City			State	Zip Code		
231 North Street	Trun	nbull		ст	06611		
Principal Occupation		Name of Employer					
Attorney		City of Norwalk					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				y, Am	ount of Contribu		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	branch or	branches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	6/30/2023	100.00				
Last Name	F	irst			MI		
Giuliano	S	Sheila					
Residential Street Address	City			State	Zip Code		
151 Four Mile Road	West	t Hartford		СТ	06107		
Principal Occupation		Name of Employer					
ОРМ		Construction Soluti	ons Group				
	No does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which be of government the contributor a principal of the p	branch or		e contractor? Yes No Legislative				
Method of Contribution		Date Received	Aggregate Contributions	┥			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order	6/30/2023	100.00				
Last Name	Fi	irst			МІ		
Jenkins	٨	⁄ielissa					
Residential Street Address	City			State	Zip Code		
128 Edgemoor Road	Bridg	geport		ст	06606		
Principal Occupation		Name of Employer					
Education Administration		Bridgeport Public S	chools				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of 44 does contributor or business he/sl valued at more than \$5,000?	00 to a car she is asso	ciated with have a contract	officer of a municipality with said municipality		ount of Contribut		
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If yes, list Event # of government the control	tract is wit	UK ———	• •	4			
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Section B ADDITIONAL PAGE 29 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)		TYPE OF REPORT			
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$1,073.00			
B. Itemized	l Contri	ibutions from Indivi	duals		10	MIE.
Jones		First Charlatta				MI
Residential Street Address	City			State	Zip Co	ode
97 Chapel Street	Bris			СТ	060	10
Principal Occupation Deputy Warden		Name of Employer DOC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business he valued at more than \$5,000?	\$400 to a cone/she is ass	candidate for a chief executive sociated with have a contract OYes ONo	e officer of a municipality with said municipality	ty, Am o		Contribution
	h branch o	contractor or prospective state or branches	e contractor? Yes OLegislative	3	.00	
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Orde	er 6/30/2023	100.00			
Last Name		First			1	МІ
Jordan Residential Street Address		Pamela				
1147 Pembroke Street	City Brid	lgeport	_	State	Zip Coc 0660	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONO If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	3400 to a ca she is asso	andidate for a chief executive octated with have a contract very Yes No	officer of a municipality with said municipality	y, Amoi		Contribution
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Method of Contribution:		Date Received	Aggregate Contributions	4		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Order	f 6/30/2023	125.00			
Last Name	1	rirst			N	41
Lewis Residential Street Address		Tonya				
323 Fairfield Avenue, Apt. 306	City Bride	geport		State CT	Zip Cod 06604	
Principal Occupation Admin		Name of Employer				
		Sikorsky				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$4 does contributor or business he/valued at more than \$5,000?	400 to a car /she is asso	andidate for a chief executive ociated with have a contract with Yes O No	officer of a municipality with said municipality	. Amou		ontribution
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TOTAL OF ALL CONTRIBUTIONS FRO	OM IND	IVIDUALS (Sections A - umn A of Summary Page To	+ B) ZZ, 999, L	 00		

Section B ADDITIONAL PAGE 30 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	X E	PRESIDENCE N	
Friends of Lamond	07/10/2023	07/10/2023			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ONLY ION A \$1,073.00	\$ 1,073.00			
B. Itemized Co	ntributions fron	n Individuals		- XH 1 - 3 - 3	
Last Name	First	-		MI	
Logan	James				
Residential Street Address	City		State	Zip Code	
573 Glendale Avenue	Bridgeport		СТ	06606	
Principal Occupation	Name of Emplo	yer			
Pastor	Messiah Ba	ptist Church			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chiese associated with have	ef executive officer of a municipality on the contract with said municipality	ty, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brar of government the contract	nch or branches	pective state contractor? Executive OLegislative		•	
Method of Contribution:	Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/30/2023	150.00			
Last Name	First	<u> </u>		MI	
Maya	Alma			Ivit	
Residential Street Address	City		State	Zip Code	
	Bridgeport		1 1	06606	
Principal Occupation	Name of Employ	rer			
Retired	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chie s associated with have Yes	f executive officer of a municipality a contract with said municipality No	50.00	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No	ich or branches	ective state contractor? SYes Executive O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney (Order 6/30/2023	150.00			
ast Name	First			MI	
ИсСray	Quanitra			1	
Residential Street Address	City		State	Zip Code	
65 Madison Avenue, 2D	Bridgeport		! I*	06604	
Principal Occupation	Name of Employ	er			
Direct Support Staff	Kencrest				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No No No No No No No No No No	o a candidate for a chief s associated with have a O Yes	executive officer of a municipality contract with said municipality No	Amoun	nt of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Section L1? If yes, list Event # Section L1?	h or branches	ctive state contractor? Yes No xecutive O Legislative			
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SUBTO	OTAL Section B -	This Page 150.00			
TOTAL	of additional Sect	ion B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13,	INDIVIDUALS (Se , Column A of Summa	ctions A + B) ry Page Totals) ZZ, 949.	00		

Section B ADDITIONAL PAGE 31 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT			Billio Idio
Friends of Lamond			07/10/2023			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$1,073.00			
			<u> </u>			
	Contrib	outions from Indivi	duals	L UTV	XXIII	QUIII.
Last Name	F	irst				MI
McRae	P	Phadette				1
Residential Street Address	City			State	Zip C	ode
31 Essex	Bridg	geport		CT	066	10
Principal Occupation		Name of Employer				
Executive Assistant		Lifebridge Commu	nity Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a car he is asso	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality with said municipality	50.0		Contribution
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Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	6/30/2023	100.00			
Last Name	Fir	rst				MI
Michalski	TI	homas				
Residential Street Address	City			State	Zip Co	ode
152 Whiting Lane	West	Hartford		ст	0611	
Principal Occupation		Name of Employer			Ь—	
Social worker		The Village for Fami	ilies and Children			
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 can e is assoc	ididate for a chief executive stated with have a contract Ves No	officer of a municipality with said municipality	/, Amor		Contribution
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If yes, list Event # of government the contra			O Legislative	_		
Method of Contribution:		1	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/30/2023	225.00			
est Name Peralta	Firs	st amon	-]	МІ
Residential Street Address	City			State	Zip Coo	
14 Rosa Lane	Shelto	on		CT	0648	
Principal Occupation		Name of Employer				
CEO		Peralta Design				
s contributor a lobbyist, spouse, QYes If contribution is in excess of \$400	to a cano		officer of a municipality			
or dependent child of a lobbyist? One does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract v	with said municipality	500.0		Contribution
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If yes, list Event # of government the contract	ct is with		Legislative			
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		ditional Section B Pa	age			
TOTAL OF ALL CONTRIBUTIONS FROM	11111					
(Enter total on Line 1	13, Colur	mn A of Summary Page To	+B) ZZ, 999,	00		

Section B ADDITIONAL PAGE 32 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repository)			TYPE OF REPORT			
Friends of Lamond			07/10/2023	07/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1,073.00	\$1,073.00			
B. Item	nized Co	ontrib	utions from Indiv	iduals			
Last Name		Fi	irst	·		MI	_
Rodriguez			ealani				
Residential Street Address		City			State	Zip Code	
10 Hyde Ridge Road		West	on		CT	06883	
Principal Occupation			Name of Employer				
Physician			Northeast Medical	Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exc does contributor or busivalued at more than \$5,	iness he/she	to a car	ndidate for a chief executive ciated with have a contract OYes ONo	ve officer of a municipal t with said municipality		nount of Contril	bution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a pri If yes, indicate of government o	e which bra	nch or l	ntractor or prospective sta	te contractor? SYe	s		
Method of Contribution			Date Received	Aggregate Contributions			
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Last Name		Fir	st.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		150	
Saunders-Maignan		ľ	ynthia			Mi	
Residential Street Address		City		<u> </u>	State	Zip Code	
518 North Summerfield Avenue		Bridg	eport		ст	06610	
Principal Occupation			Name of Employer				
Grants & Contracts Specialist			State of CT, DCF				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,0	ness he/she	to a cand	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	ty, Amo	ount of Contrib	ution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate of government	which bra:	nch or b		○ No	s	30	
Method of Contribution:	- the contrac	et is with	Date Received	Legislative Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money	Order	6/30/2023	150.00			
Last Name		Firs				MI	
5ims		Va	ughn			I MI	
Residential Street Address		City		<u> </u>	State	Zip Code	
302 Union Avenue		Bridge	eport		СТ	06607	
Principal Occupation			Name of Employer				
Substitute teacher			Kelly Education				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess does contributor or busine valued at more than \$5.00	ess he/she i	o a cand	idate for a chief executive ated with have a contract of Yes No	officer of a municipality with said municipality		ount of Contribu	ıtion
Went reported in Section L17 No If yes, indicate v	ociated with an No Secondary Seconda					00	
Method of Contribution:	301111101	_		O Legislative Aggregate Contributions	\dashv		
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	SUBT	OTAL	Section B — This I	Page 1,550.00			\dashv
	TOTAL	of add	litional Section B Pa	ages			\dashv
TOTAL OF ALL CONTRIBUTION (Enter total	S FROM	INDIV	IDUALS (Sections A on A of Summary Page T	+ B) ZZ, 999	,00		\dashv
(2.00)		,	uj waninui y 1 uge 1	VIII.	- 00		

Section B ADDITIONAL PAGE 33 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT				
Friends of Lamond			07/10/2023				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$1,073.00				
	ontrib	outions from Indivi	duals		0		
Last Name		irst				MI	
Smith	1	^T anya					
Residential Street Address	City			State	Zip	Code	
234 Stonybrook Road	Fairfi	ield		CT	06	824	
Principal Occupation		Name of Employer					
Faculty		University of Conne	ecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	0 to a car ne is asso	ndidate for a chief executive ciated with have a contract OYes No	e officer of a municipality with said municipality	ty, A.n.		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which brown of government the contributor.	anch or l	branches	e contractor? Yes OLegislative	; T			
Method of Contribution:	-	Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	6/30/2023	550.00				
Last Name	Fir	rst				MI	
Toms	3.0	yisha				1411	
Residential Street Address	City	<u> </u>	<u> </u>	State	7	Code	
96 Beachview Avenue		eport		CT	1 1	Code 605	
Principal Occupation		Name of Employer					
Attorney		City of Norwalk					
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?	ontributor a lobbyist, spouse, ependent child of a lobbyist? Ves No Ves does contributor or business he/she is associated with have a contract with said municipality.					Amount of Contribution 600.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a figure, indicate which brace of government the contributor.	anch or b	branches	_ O No				
Method of Contribution:		<u> </u>	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/30/2023	700.00				
Last Name	Firs	st				МІ	
Tulloch	Na	athan					
Residential Street Address	City			State	Zip C	'ode	
3 Stonecroft Way	Monre	oe		СТ	064		
Principal Occupation		Name of Employer			1,00		
Cybersecurity	j	Fermat Capital					
s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	140 0	L.	.07 0 3 3 4				
or dependent child of a lobbyist? No No No No No No No No No No No No No	is associ	iated with have a contract v	officer of a municipality with said municipality	/, Amo 100.		Contribution	
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 or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative							
Method of Contribution			Aggregate Contributions	7			
Cash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/30/2023	300.00	1			
SUB	ГОТАІ	L Section B — This I	age 750.00				
TOTAL	L of ade	ditional Section B Pa	iges				
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A mn A of Summary Page To		<u></u>			
(VIIII O 10 MINSO 1				U			

of	35
O.L	_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repository)	1323		TYPE OF REPORT	West		
Friends of Lamond	07/10/2023						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$1,073.00							
	nized Co	ntrib	outions from Indivi	duals			
Last Name			irst				MI
Waller	<u> </u>	K	Cenneth				
Residential Street Address		City			Stat	S 15	ip Code
500 West Avenue		Norv	valk 		СТ	_ 0	06850
Principal Occupation			Name of Employer				
Executive			EagleVision				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes O No Yes does contributor is in exc does contributor or bus valued at more than \$5,	siness he/she	to a car is asso	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipali with said municipality		Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principle of government of g	e which brai	nch or l		e contractor? Yes	5		
Method of Contribution;	_		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n O Money	Order	6/30/2023	400.00			
Last Name		Fir	'St				MI
West		Α	rthur				
Residential Street Address	T	City			State	7	p Code
80 Old Coach Lane		Stratf	ord		CT	-	6614
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves No Ves If contribution is in excess of \$400 to a candidate for a chief executive officer 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 100.00						of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a pri If yes, indicate of government	e which brar	ich or t	_	e contractor? SYes	s		
Method of Contribution:	n the contrac	t 15 WILL	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money	Order	6/30/2023	100.00			
Last Name		Fire	<u> </u>	- .			MI
White		SH	naron				l vii
Residential Street Address		City	<u> </u>		State	20	P Code
7 Trailside Drive	1	Norw	aik		СТ	1 '	6851
Principal Occupation	<u> </u>		Name of Employer	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Retired		ĺ	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes of does contributor or busin valued at more than \$5.0	ness he/she is	o a cano s associ	didate for a chief executive intended with have a contract to Yes O No	officer of a municipality with said municipality		Amount	of Contribution
his contribution associated with an entreported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative							
Method of Contribution:				Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (Order	6/30/2023	100.00			
	SUBT	OTAI	Section B — This I	Page 250.00			
	TOTAL	of ad	ditional Section B Pa	nges			
TOTAL OF ALL CONTRIBUTION (Enter total			VIDUALS (Sections A		<u> </u>	_	
1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,600	~		

Section B ADDITIONAL PAGE 35 of 35

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE OF REPORT			
Friends of Lamond 07/10/2023						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) \$1,073.00\$						
	-					
B. Itemizeo	d Conti	ributions from Ind	lividuals	36		7
Last Name		First				MI
Young	200.0	Elsiemae				12000
Residential Street Address	City			State	Zip (Code
5317 Tummel Court	Ze	ephyrhills		FL	335	545
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source No Ves No	he/she is a	candidate for a chief exec ssociated with have a cont OYes Or	ract with said municipality	,	0.00	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principa If yes, indicate while of government the contributor as principal If yes, indicate while of government the contributor as principal If yes, indicate while of government the contributor as principal Is co	ch branch		state contractor? Ye			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction On	Money Ord	der 6/30/2023	200.00			
Last Name	•	First				МІ
McRae		Phadette				
Residential Street Address	City			State	Zip C	ode
31 Essex Street, 5	Bri	dgeport		СТ	066	
Principal Occupation		Name of Employer		4		
Design		Composed Brand	d Designer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a ne/she is as	candidate for a chief execusor at the control of th	act with said municipality	ty, Am		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of No Section L1? If yes, list Event #	ch branch		state contractor? Sye	s		
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OV	Money Ord	er 6/30/2023	100.00			
Last Name		First	<u> </u>			МІ
0.11.110			<u></u> .			
Residential Street Address	City			State	Zip Co	ode
Principal Occupation .	· ·	Name of Employer			<u> </u>	
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?	\$400 to a de/she is as:	candidate for a chief execusociated with have a control Yes N	act with said municipality	y, Amo	ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Sometimes If yes, indicate which of government the contribution of government the contribution associated with an event reported in Section L1?	h branch c		_ ON₀			
Method of Contribution.		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Orde	er				
SI	UBTOT	AL Section B — Th	is Page 300.00			
то	TAL of	additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FI (Enter total on L		DIVIDUALS (Sections of Summary Page		00		

Section L1. ADDITIONAL PAGE 1 of 2

	E (Provide Complete Name as Registered with Filing Reposito	ory)	TYPE OF REPORT		X II Z		
Friends of Lamond 07/10/20			07/10/2023	023			
1 2 2 3 4	Li. Ev	ent Information	New Services	VIII TO SERVE			
Event # Date of Event Letter 061120 A	Description Meet and greet			Was this a f	undraising even		
Location: Street Address		City		State	Zip Code		
20 Old Hill Farms Ro		Westport		СТ	06880		
Subpart 1: (All Comm Was this event hosted a	at a personal residence?	O No	use Party and completent(s) for food, beverage a	te required info and invitations	ormation for any)		
of up to \$200 or items d	ude goods or services donated by a business entity onated by an individual of up to \$100?	and complete required No	information.)	101 Considered	l Contributions		
	g sale, auction, or other sale of donated items individual of up to \$100?	OYes (<i>If yes</i> , enter Total Reco	ripts here.)	\$			
Were there purchases or sign associated with this			Purchases of Adverti		a Program Book		
Subpart 3: (Town Con Did your committee sel gathering held within th	inittees ONLY) I food or beverage at a fair or similar mass the state with this fundraiser?	O Yes (If yes, enter Total Reco	eipts here.)	\$			
Event # Date of Event Letter 0613202 A	Description Meet and greet			Was this a fu • Yes	ndraising event		
Location: Street Address		City	-	State	Zip Code		
115 Balmforth Street		Bridgeport		СТ	06605		
Subpart 1: (All Commit Was this event hosted at	•	Yes (If yes, go to Section L5 Associated with a House purchases made by hosti	se Party and complete	required infor	rmation for any		
Did this fundraiser inclu of up to \$200 or items de	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required i		ot Considered	Contributions		
	sale, auction, or other sale of donated items individual of up to \$100?	Yes (If yes, enter Total Rece No	ipts here.)	\$			
sign associated with this		O Yes (If yes, go to Section L3 or on a Sign and compl	Purchases of Advertis		Program Book		
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Recei	ipts here.)	\$			
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts 1	from Sale of Donated Items — T	his Page 0				
	SUBTOTAL Sec Total Rec	tion L1—Subpart 3 (Town Committee	ees ONLY) This Page				
		TOTAL of additional Section	L1 Pages 0				
		EIPTS FROM SMALL PUR on Line 16a, Column A of Summary I					

SEEC FORM 20 Restord January 2015

Section L1. ADDITIONAL PAGE 2____ of 2___

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repositor	ny)	TYPE OF REPORT		
Friends of Lamond 07/10/2			07/10/2023		
	L1. Eve	ent Information			
Event # Date of Event Letter 0628202 A	Description Open house			_	undraising even
Location: Street Address 135 Clarence Street		City		State	Zip Code
Subpart 1: (All Commi	ttage!	Bridgeport		CT	06608
Was this event hosted at	a personal residence?	OYes (If yes, go to Section L5 Associated with a House purchases made by hoste	se Party and complete (s) for food, beverage a	e required info and invitations.)	ormation for any)
of up to \$200 or items de	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 and complete required in No		ot Considered	Contributions
Was this fundraiser a tag with purchases from an	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Recei	ipts here.)	\$	
Were there purchases of sign associated with this			Purchases of Advertis		Program Book
Subpart 3: (Town Com Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	O Yes (If yes, enter Total Recei	ipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fur	ndraising event
Location: Street Address		City		State	Zip Code
Subpart 1: (All Commits Was this event hosted at		Yes (If yes, go to Section L5 I Associated with a House purchases made by host(s No	e Party and complete	required infor	Contributions mation for any
Did this fundraiser included of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required in No		ot Considered (Contributions
Was this fundraiser a tag with purchases from an it	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Receipt		\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Commidvertising space in a program book or on a fundraiser?		orchases of Advertis		Program Book
	nittees ONLY) ood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receip	ots here.)	\$	
SUBTOTAL Section	L1-Subpart 1 (All Committees) Total Receipts fr	rom Sale of Donated Items — Ti	his Page 0		
	SUBTOTAL Sect Total Rece	tion L1—Subpart 3 (Town Committee eipts from Food Purchases — Th	es ONLY) nis Page		
		TOTAL of additional Section L	1 Pages 0		
	TOTAL OF ALL RECE (Enter total on	IPTS FROM SMALL PURC In Line 16a, Column A of Summary Po	CHASES O		

SEEC FORM 20 Resided James 2015

Section P. ADDITIONAL PAGE 1____ of _____

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Reposit	tory)	ТҮРЕ	OF REPORT		- 27664
Friends of Lamo	ond		07/10	/2023		
	P. Expens	ses Paid by Commit	tee	Wite S	I E BR	
Name of Payee		-	Date of	Payment		of Payment:
Red Horse Strate	egies		4/15/	2023	1 -	eck # <u>1505</u>
treet Address		City			O Deb State	Zip Code
5 Washington :	Street	Brooklyn			NY	11201
urpose of Expenditure by code)	F* ***		Event #			Amount
CNSLT	Strategy and marketing					
xpenditure # (applicable)	Type of Expenditure (Itemization in Addendum P Required	d unless "None of the below"	' is checked)		3,500	.00
, apprount ,	None of the below (does not involve another candidate of	r committee)			1	
	Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of	diture) O Indep	pendent			
ame of Payee	O SOSTALIANCE VINIOUS FINANCIA SOUGHE (III-KRIU C	Organ	nization OA O E		Method o	f Payment
emocratic State	e Central Committee		4/21/2	•	Method of Payment: O Check #1506	
reet Address		Tob	7,21,2		O Debi	t Card OI
50 Main Street		City			State	Zip Code
o main street		Hartford			СТ	06103
rpose of Expenditure	Description		Event #			Amount
y code) MISC	CTVAN subscription					_
penditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the helow"	is checked)		800.0	0
upplicable)	None of the below (does not involve another candidate or	-	is enceneny			
	Coordinated with reimbursement sought (joint expendi	ture) O Indepo	22 TT -	_		
ime of Payee	Coordinated without reimbursement sought (in-kind co	ntribution) Organi	zationOA OB			
ne Barnum Fest	ival		Date of Pa	,	Method of Check	•
			4/24/2	023	O Debit	
eet Address		City			State	Zip Code
77 (5-1-0) - 1-1 (4					l ст	06604
77 Fairfield Avei	nue _	Bridgeport				
pose of Expenditure	Description	Bridgeport	Event #			Amount
pose of Expenditure			Event # 4/29 Barnun	n Bomba		Amount
pose of Expenditure code)	Description Lamond & Fentyshia Daniels, Mark Lazarus,	Scott Hughes	4/29 Barnun	n Bomba	156.76	
pose of Expenditure code) ATT	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required	Scott Hughes	4/29 Barnun	n Bomba		
pose of Expenditure code) ATT	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend	Scott Hughes I unless "None of the below" committee) iture) Indep	4/29 Barnun	n Bomba		
pose of Expenditure code) ATT penditure # applicable)	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or	Scott Hughes **I unless "None of the below" committee) iture) Indep	4/29 Barnun			
pose of Expenditure code) ATT penditure # populicable) me of Payee	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend	Scott Hughes **I unless "None of the below" committee) iture) Indep	is checked) endent ization OA OB	Oc Op	156.70	6 Payment:
pose of Expenditure code) ATT penditure applicable) me of Payee	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend	Scott Hughes **I unless "None of the below" committee) iture) Indep	4/29 Barnun is checked) endent ization OA OB	Oc Op	156.70 Method of Check	Payment:
77 Fairfield Aver	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend	Scott Hughes **I unless "None of the below" committee) iture) Indep	is checked) endent ization OA OB	Oc Op	156.70	Payment:
pose of Expenditure code) ATT penditure # ppplicable) me of Payee tuarespace Inc	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend	Scott Hughes I unless "None of the below" committee) iture) Indep ontribution) Organ	is checked) endent ization OA OB	Oc Op	156.70 Method of (Check Debit	Payment:
pose of Expenditure code) ATT penditure # ppplicable) me of Payee uarespace Inc tet Address Clarkson Street	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend	Scott Hughes I unless "None of the below" committee) iture) iture) Organ	is checked) endent ization OA OB	Oc Op	Method of O Check O Debit State NY	Payment: # Card OEI Zip Code
pose of Expenditure code) ATT penditure # pplicable) me of Payee uarespace Inc et Address Clarkson Street	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	Scott Hughes I unless "None of the below" committee) iture) iture) Organ	4/29 Barnum is checked) endent ization OA OB Date of Pa 4/24/26	Oc Op	Method of O Check Debit State NY	Payment: ## Card OE Zip Code 10014
pose of Expenditure code) ATT penditure # pplicable) me of Payee uarespace Inc et Address Clarkson Street pose of Expenditure code) WEB	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	Scott Hughes I unless "None of the below" committee) iture) Organ City New York	4/29 Barnum is checked) endent ization OA OB Date of Pa 4/24/26	Oc Op	Method of O Check O Debit State NY	Payment: ## Card OEF Zip Code 10014
pose of Expenditure code) ATT penditure applicable) me of Payee uarespace Inc et Address Clarkson Street pose of Expenditure web web web web enditure applicable web	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind coordinat	Scott Hughes I unless "None of the below" committee) iture) Organ City New York unless "None of the below" is committee)	4/29 Barnun is checked) endent ization OA OB Date of Pa 4/24/26	Oc Op	Method of O Check Debit State NY	Payment: ## Card OEF Zip Code 10014
pose of Expenditure code) ATT penditure # pplicable) me of Payee uarespace Inc et Address Clarkson Street pose of Expenditure code) WEB	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure expenditure coordinated with reimbursement sought (joint expenditure exp	Scott Hughes I unless "None of the below" committee) iture) Organ City New York unless "None of the below" in committee) ure) Independent of the below in committee of the	4/29 Barnun is checked) endent ization OA OB Date of Pa 4/24/26 Event #	OC OD Syment D23	Method of O Check Debit State NY	Payment: ## Card OEF Zip Code 10014
pose of Expenditure code) ATT penditure applicable) me of Payee uarespace Inc et Address Clarkson Street pose of Expenditure web web web web enditure applicable web	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind compared to the coordinated without reimbursement sought (in-kind coordinat	Scott Hughes I unless "None of the below" committee) iture) Organ City New York unless "None of the below" in committee) ure) Independent of the below in committee of the	4/29 Barnun is checked) endent ization OA OB Date of Pa 4/24/20	OC OD Syment D23	Method of O Check Debit State NY	Payment: (# OEI Zip Code 10014
pose of Expenditure code) ATT penditure # applicable) me of Payee (uarespace Inc	Description Lamond & Fentyshia Daniels, Mark Lazarus, Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind compared to Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement	Scott Hughes I unless "None of the below" committee) iture) Organ City New York unless "None of the below" in committee) ure) Independent of the below in committee of the	4/29 Barnun is checked) endent ization OA OB Date of Pa 4/24/26 Event #	Oc Op	Method of O Check Debit State NY	Payment: ## Card OEF Zip Code 10014

SEEC FORM 20 British January 2015

Section P. ADDITIONAL PAGE 2____ of 4____

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository	y)	TYPE OF REPORT	
Friends of Lamor	nd		07/10/2023	
	P. Expense	es Paid by Committ	tee	
Name of Payee			Date of Payment	Method of Payment:
TD Bank			4/28/2023	O Check #
Street Address		City		Debit Card OEF State Zip Code
1000 Lafayette Bo	oulevard	Bridgeport		CT 06604
Purpose of Expenditure (by code) BANK	Description Bank fees		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	committee)		3.00
Name of Payee			Date of Payment	Method of Payment:
Ditto Consulting I	inc.		4/29/2023	OCheck #1507
Street Address		City		O Debit Card OEFT State Zip Code
428 West 23rd Str		New York		NY 10011
Purpose of Expenditure (by code)	Description Fundraising consulting		Event#	Amount 12,208.00
Expenditure # (if applicable) Name of Payee	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control	ommittee) ire) Indepe	pendent nization O A O B O C O D	D
JL Custom Appare	el LLC		Date of Payment 5/12/2023	Method of Payment Check #1509 Debit Card EFT
Street Address 350 Main Street		City Bridgeport		State Zip Code CT 06604
	15 5.7			CI 00007
Purpose of Expenditure (by code) PRNT	Postcards and walk pieces		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	committee) ure)		750.00
Name of Payee			Date of Payment	Method of Payment:
Erin McDonough			5/14/2023	O Check #1510
Street Address		City		O Debit Card OEFT State Zip Code
955 Main Street, #5		Bridgeport		CT 06604
ourpose of Expenditure by code)	Description		Event #	Amount
RMB	Food for event		05042023A	11500
(Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	ommittee) re)		115.00
	S	UBTOTAL Section P	— This Page 13,076.00	

SEEC FORM 20 Reshed January 2015

Section P. ADDITIONAL PAGE 3___ of 4___

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Reposito	ory)		TYPE OF REPORT		
Friends of Lamo	nd			07/10/2023		
#mlerul	P. Expense	es Paid by Committ	tee			
Name of Payee	·	· · · · · · · · · · · · · · · · · · ·		Date of Payment		of Payment:
Constant Contac	it .			5/15/2023	OChe	
Street Address		City			O Det	it Card OE
1601 Trapelo Ro	ad	Waltham			MA	02451
Purpose of Expenditure (by code) A-WEB	Description Email service		Event &			Amount
Expenditure #	Type of Evenedana (feamination in Addandon B.B. annind			4.	37.22	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	committee) ture)	endent	A OB Oc Od		
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8 Clarkson Street		City			State	Zip Code
S Ciarkson Street		New York			NY	10014
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Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				1 - "."	
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treet Address O Middle Street		City Bridgeport	Ì		State	Zip Code 06604
urpose of Expenditure	During		1	<u> </u>	ļ · ·	00004
y code)	Lamond Daniels, Mark Lazarus, Scott Hughes	s	5/31 A	Mayors Address		Amount
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•			5	/31/2023		Card OEF
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Section P. ADDITIONAL PAGE 4___ of 4___

NAME OF COMM	MITTEE (Provide Complete Name as Registered with Filing Re	epository)	TYPE OF REP	ORT
riends of Lam	ond		07/10/2023	
	P. Exp	enses Paid by Comi	nittee	
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onstant Conta	act		6/13/2023	O Check #
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i01 Trapelo Re	nad.	City		State Zip Code
		Waltham		MA 02451
pose of Expenditure code)			Event #	Amount
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