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

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

2023 JUL 10 AM 10: 03

COVER PACIFICACION (1)

1. NAME OF COMMITTEE				AC IA	CHARLES D. CLEMON	SiJR.		<u>- </u>	
Marilyn for Mayor					- LUMM CLERN				**
2. TREASURER NAME									
First		MI		Last					Suffix
John		D.		Soltis					
3. TREASURER ADDRESS	 -			<u> </u>		· · · · · ·	<u> </u>		<u> </u>
Street Address			City				State	Zip C	ode
93 Ellsworth St. #210			Bric	dgeport			ст		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only	if Candidate	Committee)		<u>L </u>	6. DIST	RICT NUMBER
(mm/dd/yyyy) 10/07/2023	Mayor					-		(If applicable	
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)							
First		МІ		Last					Suffix
Marilyn				Moore					
8. TYPE OF REPORT (Check One Box)				<u>I </u>					L
O January 10 filing	7th day preced	ling primar	у	7 th (lay preceding referendum		nitial Cont		r Disbursement
OApril 10 filing	O30 days follow	ing primar	у	O45 d	ays following referendum		mendmen		
OJuly 10 filing	O7th day preced	ling election	n	O Defi	oit	Ту	ype of Rep	oort:	
October 10 filing	Ol2th day prece (State Central Con			O Term	iination				
OPrimary OElection	O45 days follow not held in Nov		n						
9. PERIOD COVERED									
	Beginning Date	е			Ending Date				
-	4/1/2023		_	thru	6/30/2023				
10. CERTIFICATION									
I hereby certify and state, under per Disclosure Statement for the per	enalties of false st iod covered is tr	ue, accura	ate a	all of the in and comp Soltis	nformation set forth on the	nis Item	iized Can	apaign Fi 07/07/20	
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	p	PRINT	T NAME OF	SIGNER				nm/dd/yyyy)
A management of the					ated any province of the				

have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Page 1 of 17

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Marilyn for Mayor	July 10 filing	· · · · · · · · · · · · · · · · · · ·
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$61,701.45	
13. Contributions Received from Individuals (Sections A and B)	\$35,195.00	\$95,675.00
14. Receipts from Other Committees (Sections C1 and C2)	\$2,000.00	\$7,800.00
15. Other Monetary Receipts (Sections D through K)		\$500.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$37,195.00	\$103,975.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$98,896.45	\$103,975.00
19. Expenses Paid by Committee (Section P)	\$10,548.63	\$15,627.18
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$88,347.82	\$88,347.82
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$55.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT							
Marilyn for Mayor	July 10 filing	July 10 filing							
A. Total Contributions from Small Contributors-Receign (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	-		·			
B. Itemized Co	ontri	butions from Indivi	duals						
Last Name		First				MI			
Santos		Joao 				F.			
Residential Street Address	City			State	Zip	Code			
2530 Madison Ave.	Buc	dgeport		СТ					
Principal Occupation Name of Employer									
Fire Fighter		Bpt. Fire Dept.							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?					ount o	f Contribution			
Is this contribution associated with an Yes Is contributor a principal of a									
event reported in Section L17 No If yes, indicate which bra If yes, list Event # of government the contra			OLegislative No						
Method of Contribution:		Date Received	Aggregate Contributions	-					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 4/2/2023	\$100.00						
Last Name	- II	First				MI			
Konecny	[,	Jonathan				c.			
Residential Street Address		State	Zip	Code					
2140 Park Ave.	ст	060	504						
Principal Occupation Name of Employer									
Chiropractor		Konecny Chiroprac	tic Centers, LLC						
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?	to a co	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	10.	ount 6	f Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lfyes, indicate which bra of government the contra	anch o	contractor or prospective stater branches	e contractor? Yes	, T	70.00				
Method of Contribution:	201 13 4	Date Received	Aggregate Contributions	┥					
OCash	y Orde	1							
Last Name	F	First				MI			
Tabachnick		Susan							
Residential Street Address	City			State	Zip (Code			
21 Brooklawn Pl.	Brid	lgeport		(כד	060	504			
Principal Occupation	1	Name of Employer		<u></u>					
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?				y, Am		Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # E Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_ ONo	_					
Method of Contribution:		Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	т 4/4/2023	\$50.00						
SUBTOTAL Section B — This Page \$250.00									
TOTAL of additional Section B Pages \$35,945.00									
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Jumn A of Summary Page 1							

	TTEE (Provide Complete N	ame as Registered w	ith Filing Reposite	ry)				TYPE OF REPORT		
Marilyn for Mayor C1. Contributions from Other Committees										
		C1. C	ontributio	ns fro	om Ot					
Name of Committee						Name of Treasur		*h		
Third Street PAC					Shirley R Skyers-Thomas			nomas		
Address				Is thi	Is this contribution associated with an Oyes ONo				Amount of	Contribution
8 Horseshoe Hill	Rd.			event	event reported in Section L1? If yes, list Even			#	\$500.00	
City	<u>.</u>	State	Zip Code	I ID:	ate Receiv			rate Contributions	4000.00	
Bethany, CT		СТ	06524	6,	/28/20	2023				
Name of Committee			<u> </u>			Name of Treasure	er .			
	rt Ed Gomes Black D	emocratic Clu	ab			Michelle M I	haw			
Address	· -	-		Is thi	s contrib	ution associated	with a	Yes ONo	Amount of	Contribution
8 Beechwood Dr.				event	t reported	d in Section L1? If yes, list	Event	#	\$1,000.00	•
City State Zip Code					ate Receiv	ed	Aggreg	ate Contributions		
North Haven		ে	06473	6/	/30/20	23		:		
Name of Committee						Name of Treasure	er	•		
Middlesex Area T	eam For Tomorrow					Robert TF D	owne	es		
Address							with a	1 O Yes ONo	Amount of	Contribution
62 Grove St.				event	t reported	in Section L1? If yes, list	Event	#	\$500.00	
City		State	Zip Code	Da	ate Receiv	red	Aggreg	ate Contributions		
West Hartford		ст	06110	6.	/30/20	23				
	C2. Rei	mbursement	s or Surplu	ıs Dis	stribu	tions from c	ther	Committees		
Name of Committee						Name of Treasure	er			
Address				T	City			<u>-</u>	State	Zip Code
Date Received	Expenditure #	Payment Type							Amount	of Receipt
	(if applicable)	OReimburseme	ent for shared ex	Dense	Osu	rplus Distribution	n			•
B. J. J.	<u> </u>			·		•				
Description										
Name of Committee			•••	· .		Name of Treasure	;r			· · · · · · · ·
Traine of Committee										
Address				Te	City	<u></u>			State	Zip Code
Addiess					vy					
Date Received	Expenditure #	Payment Type							Amount	of Receipt
	(If applicable)	Reimburse	ment for shared	expens	ε Ω 5	Surplus Distribut	ion			•
D 100		0								
Description										
			SUBTO	TAL S	Section	C — This P	age			
						Section C Pa	_			
<u> </u>	TOTAL OF AL	L COMMIT								
		1 + C2) (Enter to								

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposi	itory)				TYPE OF REPORT				
Marilyn for Mayor	July	10 fil	ing							
D	Loans	Receiv	ed this Per	riod		-				
Name of Lender	· Downs	-	Source of Loan:					Date of Receipt		
rvaine of Lender			OBank C		OIndi		Committee	Date of Recorpt		
Street Address	City				State	;	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No		
Name of Cosigner/Guarantor (if applicable)								Amount Received		
Street Address	City				Stat	ė	Zip Code			
Sueet Addiess	0.1.9					-				
Name of Lender		•	Source of Loan: OBank C) Candidate	O Indi	vidual	Other Committee	Date of Receipt		
Street Address	City	· ·			State		Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No		
Name of Cosigner/Guarantor (if applicable)		- <u>-</u>			I			Amount Received		
	Lon	_			I Com	_	Zip Code			
Street Address	City				Stat	c .	Ztp Code			
Name of Lender			Source of Loan:			-	_	Date of Receipt		
			OBank C) Candidate			Committee			
Street Address	City				State	;	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No		
Name of Cosigner/Guarantor (if applicable)						<u> </u>		Amount Received		
Street Address	City				Stat	c	Zip Code			
Succe Address	,				L					
			TOTAL SI	ECTION	D					
E. Receipts from Entities other tha	n Indiv	viduals (or Other C	ommitt	ees (Re	ferena	lum Committe	es ONLY)		
Name of Entity										
Street Address				D	ate Receiv	ed		Amount Received		
		State	Zip Code		Lggregate (3				
City		State	Zip Code	"	rääteBute (,QIRI IUU	nons			
Name of Entity			•							
Street Address				D	ate Receiv	ed		Amount Received		
City		State	Zip Code	A	Aggregate (Contribu	tions			
Name of Entity		<u> </u>	.	<u> </u>						
Street Address				D	ate Receiv	ed		Amount Received		
		las:	18:0:			3				
City 		State	Zip Code	^	iggregate (.ontribu	nons			
			TOTAL S	ECTION	E					

NAME OF COMMITTEE (Prov	ride Complete Name as Regist	ered with Filing Repository)			TYP	E OF REPORT
Marilyn for Mayor			July	y 10 filing		
F. Am	ount Transferred	from Affiliated l	Business	Treasury (Busi	ness En	tity Committees ONLY)
Date of Receipt	Is this transaction assoc event reported in Section		s <i>If ye</i> s, l	ist Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Sectio			ist Event #		Amount
Date of Receipt	Is this transaction associ event reported in Section		s If yes, l	ist Event #		Amount
Date of Receipt	Is this transaction associ event reported in Section			st Event #		Amount
			Т	OTAL SECTIO	NF	
G. Amount Transfe	erred from Affilia	ted Labor Union	or Othe	r Organization	Treas	sury (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date o	f Receipt
Amount			Amount			
			TO	TAL SECTION	G	.
Н. Р	Personal Funds of	the Candidate R	eceived t	his Period (Ca	ndidate	Committees ONLY)
Date of Receipt	Method of payment: OCash	O Personal C	VI 1.	Credit/Debit	Cand	Amount
Date of Receipt	Method of payment:	Personal	, IIOOK	O Cloud Decore	Сан	Amount
	OCash	O Personal C	heck	O Credit/Debit	Card	
Date of Receipt	Method of payment:					Amount
	OCash	O Personal C	heck	O Credit/Debit	Card	
Date of Receipt	Method of payment:					Amount
	O Cash	O Personal C	heck	O Credit/Debit	Card	
			ı	TOTAL SECTI	ON H	
		I. Anonymo	us Cont	ributions		
amount.	If a committee	receives an anon	ymous o	ontribution, tl	ne cam	e deposited in <i>any</i> hpaign treasurer shall hent Commission

for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	TYPE OF REPORT								
Marilyn for Mayor	July 1	0 filing							
J. Interest fo	rom Deposits in Authorized Accoun	ıts							
Name of Institution		Date Re	ceived		Amount				
Street Address	City	State	Zīp Code						
Name of Institution		Date Re	ceived		Amount				
Street Address	City	State	Zip Code						
	TOTAL SECTIO	NJ							
K. Miscellaneous Mo	onetary Receipts not Considered Co	ntrib	utions						
Name		D	ate of Transaction		Amount Received				
Street Address	City	State	Zip Code						
Description									
Name		D	ate of Transaction	1	Amount Received				
Street Address	City	State	Zip Code	:					
Description		<u> </u>							
Name		D	ate of Transaction	1	Amount Received				
Street Address	City	State	Zip Code						
Description			1.						
Name		D	ate of Transaction	1	Amount Received				
Street Address	City	State	Zip Code	•					
Description			<u> </u>						
	TOTAL SECTION K								
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D t	hrough K)						
Total Loans Received this Period (Section D)									
Total Receipts from Entities other than Individuals or Ot	her Committees (Section E)	+							
Total Amount Transferred from Affiliated Business Trea		+							
	Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +								
Total Amount of Personal Funds of the Candidate Receiv									
Total Amount of Interest from Deposits in Authorized Ac									
Total Miscellaneous Monetary Receipts not Considered C		+							
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar								

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Marilyn for Mayor			July 10 filing		
	Li. Even	t Information			
Event # Date of Event Letter 6/4/2023 E	Small gathering at a personal residence			Was this a fur	ndraising event
Location: Street Address 21 Brooklawn Pl.		City Bridgeport		State	Zip Code 06604
Subpart 1: (All Commit Was this event hosted at Did this fundraiser include	a personal residence? de goods or services donated by a business entity		use Party and complete at(s) for food, beverage a	required infor and invitations.)	mation for any
of up to \$200 or items do Was this fundraiser a tag	nated by an individual of up to \$100? sale, auction, or other sale of donated items	No No Yes (If yes, enter Total Rec	<u> </u>		
with purchases from an in	ndividual of up to \$100?	O No		\$	
Were there purchases of sign associated with this		mittees other than Exploratory OYes (If yes, go to Section L.	Committees) 3 Purchases of Adverti plete required informa		Program Book
Subpart 3: (Town Comu Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	
Event # Date of Event Letter 6/8/2023 F	Description Fundraising event			Was this a fur	ndraising event!
Location: Street Address	<u> </u>	City		State	Zip Code
Banks Sports Bar, 102	Bank St.	Bridgeport		ст	06604
Subpart 1: (All Commit Was this event hosted at			S In-Kind Donations in use Party and complete t(s) for food, beverage a	required infor	Contributions mation for any
	de goods or services donated by a business entity mated 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 i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (<i>If yes</i> , go to Section L:	Committees) 3 Purchases of Adverti- plete required informa	ising Space in a	Program Book
Subpart 3: (Town Comm Did your committee sell gathering held within the	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
		ion L1—Subpart 3 (Town Commis ipts from Food Purchases —		••	
		TOTAL of additional Section	Li Pages 1		
		IPTS FROM SMALL PUI			

II. EVENT ACTIVITY (Sections L1—L5)

P indiv	er Public Act 11-48, vidual purchases from	, effective January I m a committee tag s	I, 2012 compared to the sale, auction	mittees are no longer r , or a sale of donated i	equire ems.	Section L2.	small removed
NAME OF COMMI	ITEE (Provide Complete Name	as Registered with Filing Reposit	nru)	TYPE OF R	EPORT		
Marilyn for Mayor	TTEE (Frontae Comprete Nume	to registered with a time treposit		July 10 fili			
	I 2 Du	rahogas of Advantici	ng in a Prog	ram Book or on a Sign			
N	Lo. Fu	renases of Auvertisi	ng in a riog	I STILL TOOK OF ALL A DIST	Pur	chase Made By:	
Name of Purchaser						Business Entity	Other
					- I I	Individual/Sole I	
Street Address	<u></u>		City		1.9	State	Zip Code
Super Audiess							
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Pt	irchase	Amount of Si	gn Purchase
Name of Purchaser					Pur	chase Made By:	
Name of the case.					lo	Business Entity	Other
					1 =	Individual/Sole F	- 191 VV
Street Address			City			State	Zip Code
2441.744.000							
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
Name of Purchaser					Pur	chase Made By:	
					0	Business Entity	Other
						Individual/Sole F	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
Name of Purchaser					Pur	chase Made By:	
					lo	Business Entity	Other
					lō	Individual/Sole F	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Pt	rchase	Amount of Si	gn Purchase
		<u> </u>			Down	chase Made By:	
Name of Purchaser						Business Entity	Other
					10	Individual/Sole P	202
		<u> </u>	To:-	 		State State	Zip Code
Street Address			City				J.p 0000
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Po	rchase	Amount of Si	gn Purchase
	SUBTOTAL Secti	on L3 Total Purchases of	Advertising in	Program Book — This Pag	e		
	SUBTOTA	AL Section L3 Total Pure	chases of Adver	tising on a Sign — This Pag	e		
, , , , , , , , , , , , , , , , , , ,	·		TOTAL o	f additional Section L3 Page	8		
T	OTAL OF ALL PURCH			RAM BOOK or ON A SIG			

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTE	EE (Provide Complete Name o		TYPE OF REPORT								
Marilyn for Mayor						July 10 filing					
	L	. In-Kind Donatio	ns Not	t Conside	red Contribu	tions					
Name of Donor					<u> </u>				-		
Street Address			T	City				State	Zip Code		
Donation Given By:	Description of Donation						Fair I	Market Val	ue of Donation		
O Business Entity											
OIndividual	Date Received	Event#			Aggregate Value fo	r this Event					
O Sole Proprietorship											
Name of Donor	···										
			10	City		· · · · · ·		State	Zip Code		
Street Address				, ity							
Donation Given By:	nation Given By: Description of Donation										
OBusiness Entity											
OIndividual	Date Received	Event #			Aggregate Value fo	r this Event	1				
OSole Proprietorship											
Name of Donor				· <u>·</u> ·							
Street Address			-	City		<u> </u>		State	Zip Code		
Donation Given By	Description of Donation						Fair i	Market Val	ue of Donation		
OBusiness Entity							i				
Olndividual	Date Received	Event #			Aggregate Value fo	r this Event					
O Sole Proprietorship											
Name of Donor											
Street Address			Ic	ity				State	Zip Code		
Donation Given By: O Business Entity	Description of Donation						Fair I	larket Val	ue of Donation		
O Individual	Date Received	Event#			Aggregate value for	this Event	1				
O Sole Proprietorship	Date Received	Even.									
		St	UBTOT.	'AL Section	L4 — This Page						
		то	TAL of	f additional	Section L4 Page	:5					
тот	FAL OF ALL IN-KINI	DONATIONS NOT	CONSI	DERED CO	ONTRIBUTION	S					
		LEMET WHII ON LINE 2.	I, COUM	u z vj sum	······································	7					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Reposit	tory)			TYPE OF RE	PORT	
Marilyn for Mayor		July 10 filin	g				
L5. I	ted with a l	Iouse Part	y				
Name of Host Susan Tabachnick				committee?		0	ne candidate or
Street Address			City	<u> </u>		State	Zip Code
21 Brooklawn Pl.			Bridgeport			כד	06604
Description of Donation					Fair Mar	of Donation	
Host made no donation					\$0.00		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate	1		
E	\$0.00	\$0	.00				
Name of Host				Is this event	supporting me	ore than or	e candidate or
Janice Twanda Flemming-	OYes ⊙ Ne mplete Itemiz a	O					
Street Address		State	Zip Code				
141 Ridgefield Street		СT	06112				
Description of Donation					Fair Mar	leat Value e	f Donation
Host made no donation						KEL VALUE (or norshon
		Ι.			\$0.00		
Event #	Aggregate Value of this Event—all hosts \$0.00	\$0.	gregate Value of all Events—this ho	sv canataate			
Name of Host				Is this event s committee?	Supporting mo	ore than on	e candidate or
					mplete Itemiza		endum L5
Street Address			City		-	State	Zip Code
Description of Donation					Fair Mar	L ket Value o	f Donation
					ran Mai	act value o	I Donauda
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events-this ho	st/candidate			
		Į					
Name of Host							e candidate or
				committee?			
Share Add			City	If yes, co	mplete Itemiza	State	Zip Code
Street Address			City			Since	zip code
.00							
Description of Donation					Fair Mar	ket Value o	f Donation
					:		
Event #	Aggregate Value of this Event—all hosts	Agg	regate Value of all Events—this ho	st/candidate			
	his Page						
	L5 Pages						
TOTAL OF	ALL IN-KIND DONATIONS NOT		NSIDERED CONTRI	BITTIONS			
ASSOCIATED WITH A	age Totals)						

SEEC FORM 20 Review James 7 201 Review James 7 201

			544 B 34	`	_		TYPE O	C D CC	OPT		
NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repositor	אט							
Marilyn for Mayor M. In-Kind Contributions											
			M. In-K	ind Con	tri	butions					
Name											
Street Address					Cit	,				State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate Cor	ntributions	_	Description of In-Kind	Contribution	1			
OIndividual / Sole Proprietorship OOther									enni ere		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	bution is in ntributor or l at more than	ousiness he/sh	0 to a candid e is associat	date ted v	for a chief executive o with have a contract wi Yes No	fficer of a th said mu	munic nicipa	cipality, lity		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #									i*		
Name											
Street Address				-	City	,	, .			State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Oother	Date Recei	ived	Aggregate Cor	ntributions	<u>. </u>	Description of In-Kind (Contribution	1			
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 of this Contribution or dependent child of a lobbyist? Yes No No Yes No Yes No											
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?									8Yes No		
Name		<u> </u>									
Street Address	<u></u>				City	,	 -			State	Zip Code
Type of contributor: OCommittee	Date Recei	ived	Aggregate Cor	utributions	_	Description of ln-Kind	Contribution	ı			· · · · · · · · · · · · · · · · · · ·
Individual / Sole Proprietorship Oother Is contributor a lobbyist, spouse, Yes	If contr	ribution is in	excess of \$40	00 to a cand	idat	e for a chief executive	officer of	mun	icipality,		Market Value
or dependent child of a lobbyist? No	valued	at more than	1 \$5,000?			O Yes O No				of this	Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	O Yes	If yes,	tor a principal indicate which riment the cor	h branch or	bra	actor or prospective stanches Executive			8Yes No		
		-	SUI	BTOTAL	Sec	tion M — This Pag	ge				
			тот	AL of add	litio	nal Section M Page	es				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (E	nter total on L	ine 23, Colu	ımın	A of Summary Page To	tals)				·
	N.	. Refund	lable Dep	osit to T	'ele	phone Compan	y				
Last Name of Individual Fürst MI							Date Deposi	t Made			
Residential Street Address City State Zip Code									Amount of Deposit		
Name of Telephone Company											
Street Address			City	,			State	Zip	Code	\dashv	
									22		
TOTAL SI	CTION	N (Enter	total on Line	24, Column	A	of Summary Page Total	ıls)				

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

SEEC FORM 20 Revised James 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	Т	TYPE OF REPORT				
Marilyn for Mayor			Ju	ly 10 filing			
	P. Expenses	Paid by Committee					
Name of Payee			Da	te of Payment	Method of P		
Anita Shipp			5/	18/2023	O Check #1007		
		Lab			O Debit (Card OEFT Zip Code	
Street Address		City				l '	
Po Box 8184		Stamford			CT .	06905	
Purpose of Expenditure	Description		Event #			Amount	
(by code) PRNT	Marketing collaterals produced/printed				\$260.00	0	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)				
	None of the below						
0423-006	Coordinated with reimbursement sought (joint expenditure	e) Indepen	dent	ОвОсОв			
Name of Payee	Coordinated without reimbursement sought (in-kind contri	Organiza		te of Payment	Method of P	avment:	
			- 1	22/2023	Check	•	
Wine insiders, LLC 	·	505	3/	22/2023	O Debit (
Street Address		Čity			State	Zip Code	
2355 Westwood Blvd 791 Los Angeles					CA	90064	
Purpose of Expenditure Description Event #					1 4	Amount	
(by code) FNDR	Refreshments for fundraisers				\$149.79)	
Expenditure #							
(if applicable)	1						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri			Ов Ос Ов			
	Method of Pa	forment:					
Name of Payee				te of Payment 2/2023	Check	* 955	
Squarespace, Inc			0/	2/2023	O Debit C		
Street Address		City			State	Zip Code	
225 Varick St.		New York			NY	10014	
Purpose of Expenditure	Description		Event #		4	Amount	
(by code) WEB	Website hosting				\$234.82	,	
		1 401	- Proof of		1 725	•	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	niess "None of the below" is	спескеа)				
	None of the below Coordinated with reimbursement sought (joint expenditus	re) (Indeper	ndent			İ	
ļ	Coordinated without reimbursement sought (in-kind cont	•		OBOCOD			
Name of Payee				te of Payment	Method of P	'ayment:	
Sole Stategies			4.	17/2023	O Check		
		l c:			O Debit C	Card EFT Zip Code	
Street Address		City			State	1	
806 Buchanan Blv	d, #115-317	Boulder City			NV	89005	
Purpose of Expenditure	Description		Event #		4	Amount	
(by code) WEB	Web page design				\$3,499.	.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)		1		
(if applicable)	None of the below	•	ĺ				
	Coordinated with reimbursement sought (joint expenditum			Ов Ос О в			
	<u> </u>	UBTOTAL Section P -					
TOTAL of additional Section P Pages \$6405.02							
		NSES PAID BY CON 19, Column A of Summar					

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	TYPE OF REPORT							
Marilyn for Mayor			July 10 filing					
	O. Campaign Exp	enses Paid by Candi	date					
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reim	oursement claimed?			
, man 01, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	,			0	Yes O No			
Street Address		City		State	Zip Code			

Purpose of Expenditure	Description		Event #		Amount			
(by code)	"							
			Date of Payment	To exicul	bursement claimed?			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of rayment		_			
				0	Yes O No			
Street Address		City		State	Zip Code			
Purpose of Expenditure	Description	<u> </u>	Event #	+	Amount			
(by code)	Doom space							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimi	bursement claimed?			
					Yes O No			
Street Address		City	- <u></u> -	State	Zip Code			
			Event #		Amount			
Purpose of Expenditure (by code) Description					Amount			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	···	Date of Payment	Is reiml	bursement claimed?			
					Yes O No			
Street Address		City		State	Zip Code			
		1						
			Event #	 	Amount			
Purpose of Expenditure (by code)	Description		EACUL #		Amount			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	s reimbursement claimed?			
					Yes O No			
Street Address		City		State	Zip Code			
		-						
					A			
Purpose of Expenditure (by code)	Description		Event #		Amount			
(4) 1511)								
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	····	Date of Payment	Is reim	oursement claimed?			
				0	Yes O No			
Street Address		City		State	Zip Code			
Juen Address		~~,						
Purpose of Expenditure (by code)	Description		Event #		Amount			
		SUBTOTAL Section Q —	This Page					
		TAL of additional Section						
	1 A 1 VI O I additional presson A 1 «Res							
	TOTAL OF ALL EXP (Enter total on Lin	ENSES PAID BY CAI te 26, Column A of Summary	NDIDATE Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Marilyn for Mayor			July	10 filing				
	R. Expenses Incurre	d on Committee Cr	edit Card					
Name of Issuing Instit	tution	Type of Credit Card:						
		O Visa O Master	Card ODis	cover OAmerica	n Express	Other:		
Name of Vendor, Person o	r Entity				Date of Transaction			
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum R Required	unless "None of the below"	' is checked)					
O None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization:								
Name of Vendor, Person o		O O O O		00 02	Date of Tr	ansaction		
Thank of Yours, 1 stone						70.72		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			Amount		
Expenditure # (If applicable)								
Name of Vendor, Person o	r Entity			· · ·	Date of Transaction			
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	<u> </u>		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required	unless "None of the below"	' is checked)					
Ty approach	None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind co	iture) Indep		Ов Ос Ор				
	St	JBTOTAL Section R —	This Page			·		
	тот	AL of additional Section	n R Pages					
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Line	COMMITTEE CREI			. <u></u>			
								

NAME OF COMMET	TE (Parcial Complete Name or Registered with Filing Repository)		туре о	F REPORT	· · · · ·		
Marilyn for Mayor	EE (Provide Complete Name as Registered with Filing Repository)		July 10				
William (Control of the Control of t	S. Expenses Incurred by Comm	nittee but Not Paid l	During this	Period		-	
Name of Creditor					Date Incurre	×d	
Ever Ready Press					6/29/20	23	
Street Address		City			State	Zip Code	
78 Clifton Ave.CT	06401	Ansonia,			כד	06401	
Purpose of Expenditure (by code) MISC	Description 12x18 vehicle magnets		Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Required One of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought (in-kind coordinated	Indepe		в Ос Ор	\$55.0		
Name of Creditor					Date Incurre	od.	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event#			unt Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continue)	Indepe		в Ос Ор			
Name of Creditor					Date Incurre	xd	
Street Address		City			State	Zīp Code	
Purpose of Expenditure (by code)	Description		Event #			unt Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind co	Indepe		в Ос Ор			
		SUBTOTAL Section	S-This Page	\$55.00		-	
	1	OTAL of additional Sec	tion S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa	NOT PAID uy Page Totals)	\$55.00			
	Previously reported Exp	enses Unpaid and still O	utstanding				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Liv	BY COMMITTEE BU'ne 28a, Column A of Summa	T NOT PAID by Page Totals)	\$55.00			

IV. EXPENDITURES (Sections P-T)

Page 17 of 17

		_					.		
	EE (Provide Complete Name as Registered with Filing Repositor	7)			/PE OF RE ly 10 filir		<u>.</u> .		
Marilyn for Mayor		_			<u>. </u>	ig .			
	T. Itemization of Reimi	bur	rsements and Secon	dary Pa	iyees				
Last Name of Worker/Con	sultant	Fin	rst			MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					Section P:	Committee Worker/Consultant as Debit Card OEFT		
Street Address of Vendor.	Person or Entity Paid by Committee Worker/Consultant		City		-		State Zip Code		
Purpose of Expenditure (by code)	Description			Event #	-		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe	nditu		is checked,) (o b			
Last Name of Worker/Con	sultant	Fin	rst			мі	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to reported in Check	Committee Worker/Consultant as _ Debit Card DEFT			
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City				State Zip Code		
Purpose of Expenditure (by code)	Description			Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditu	ure) Indepe	is checked) endent	0 0) O			
Last Name of Worker/Con	sultant	Fin	rst			МІ	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	<u> </u>			reported in	Payment to Reimburse Committee Worker/Consultant as reported in Section P: Check # Debit Card OEFT			
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City				State Zip Code		
Purpose of Expenditure (by code)	Description			Event #			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind	nditu	ure) Q Indepe	is checked) endent O	0 0) O			
		s	SUBTOTAL Section T -	— This Pa	nge				
		TC	OTAL of additional Sect	tion T Pag	ges				
TOTAL OF ALL	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS								

SEEC FORM 20 Revised Survey 2015

Section L1. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Marilyn for Mayor			July10 filing					
	L1. Even	nt Information						
Event # Date of Event Letter Jun 11,# G	Description Small gathering at a personal residence			Was this a fur	ndraising event			
Location: Street Address 141 Ridgefield Street		City Hartford		State	Zip Code 06112			
Subpart 1: (All Committee Was this event hosted at		 Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No 						
Did this fundraiser includ of up to \$200 or items do	le 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 i		ot Considered (Contributions			
with purchases from an in		OYes (If yes, enter Total Rece		\$				
Were there purchases of sign associated with this		Mittees other than Exploratory O Yes (If yes, go to Section L3 or on a Sign and comp O No	Purchases of Adverti		Program Book			
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rece	sipts here.)	\$				
Event # Date of Event Letter	Description		· · · · · · · · · · · · · · · · · · ·	Was this a fun O Yes	ndraising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committee Was this event hosted at a	•	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No						
	le 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 it		ot Considered (Contributions			
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	O Yes (If yes, enter Total Rece No	eipts here.)	\$				
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Mittees other than Exploratory (O Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti		Program Book			
	nittees ONLY) Frood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Recei	ipts here.)	\$				
SUBTOTAL Section	n L1-Subpart 1 (All Committees) Total Receipts from	om Sale of Donated Items — 7	This Page \$0.00					
		ion L1—Subpart 3 (Town Committ ipts from Food Purchases — T						
		TOTAL of additional Section	Lı Pages \$0.00					
		IPTS FROM SMALL PUR Line 16a, Column A of Summary						

Section P. ADDITIONAL PAGE 1____ of 4____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE	OF REPORT			
Marilyn for Mayo	r			July	10 filing			
	P. Expenses	Paid by Committee	•					
Name of Payee				Date of	Payment	Method of	•	
Antonia Lombard	li			6/19/	2023	O Check		
Street Address		City				State	Zip Code	
1006 E Broadway		Milford				CT	06460	
Purpose of Expenditure	Description		Event #	#			Amount	
(by code) CNSLT	Campaign Manager					\$1,336	61	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checke	d)		, 31,330	1.O I	
(if applicable) None of the below (does not involve another candidate or committee)								
1	Coordinated with reimbursement sought (joint expenditu	re) 💽 Indepen			0 0			
N. CD	Coordinated without reimbursement sought (in-kind cont	ribution) Organiz	ation O		B OC OD Payment	Method of	Payment:	
Name of Payee	:		1	6/19/	•	Method of Payment: O Check #1045		
Antonia Lombard	I			0/19/	2023	O Debit		
Street Address City						State	Zip Code	
1006 E Broadway Milford							06460	
Purpose of Expenditure	Description		Event #	ŧ			Amount	
(by code) CNSLT Campaign Manager								
							5.61	
Expenditure # (if applicable)								
2	None of the below (does not involve another candidate or concluded to the Coordinated with reimbursement sought (joint expenditure)		dent					
-	Coordinated without reimbursement sought (in-kind contr	· ·	_	A O	вОсОв_			
Name of Payee		···········		Date of	Payment	Method of	•	
Antonia Lombard				6/19/	2023	Check #1044 Debit Card DEFT		
					ODakis	Cool CET		
Street Address		City				O Debit State	Card OEFT Zip Code	
Street Address 1006 E Broadway		City Milford						
1006 E Broadway	Description	'	Event #			State	Zip Code	
1006 E Broadway		'	Event #			CT CT	Zip Code 06460 Amount	
1006 E Broadway Purpose of Expenditure (by code) TRVL	Description Mileage and Parking	Milford		······································		State	Zip Code 06460 Amount	
1006 E Broadway Purpose of Expenditure (by code)	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required u	Milford nless "None of the below" is		······································		CT CT	Zip Code 06460 Amount	
Purpose of Expenditure (by code) TRVL	Description Mileage and Parking 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	mless "None of the below" is committee) re) Independent	s checke	ed)		CT CT	Zip Code 06460 Amount	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable)	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required use) None of the below (does not involve another candidate or candidate or candidate)	mless "None of the below" is committee) re) Independent	s checke	ed)	в Ос Ор	CT \$95.72	Zip Code 06460 Amount	
1006 E Broadway Purpose of Expenditure (by code) TRVL Expenditure # (if applicable)	Description Mileage and Parking 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 expenditude) Coordinated without reimbursement sought (in-kind continuous)	mless "None of the below" is committee) re) Independent	s checke	ed)	B Oc OD	State CT \$95.72	Zip Code 06460 Amount 2	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable)	Description Mileage and Parking 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 expenditude) Coordinated without reimbursement sought (in-kind continuous)	mless "None of the below" is committee) re) Independent	s checke	ed)	B Oc OD	CT \$95.72	Zip Code 06460 Amount 2	
1006 E Broadway Purpose of Expenditure (by code) TRVL Expenditure # (if applicable)	Description Mileage and Parking 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 expenditude) Coordinated without reimbursement sought (in-kind continuous)	mless "None of the below" is committee) re) Independent	s checke	ed)	B Oc OD	\$95.72 Method of Ocheck	Zip Code 06460 Amount 2	
1006 E Broadway Purpose of Expenditure (by code) TRVL Expenditure # (If applicable) Name of Payee Antonia Lombard	Description Mileage and Parking 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 expenditude) Coordinated without reimbursement sought (in-kind continuous)	mless "None of the below" is committee) ure) initiation Organiz	s checke	ed)	B Oc OD	\$95.72 Method of O Check O Debit	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT	
1006 E Broadway Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway Purpose of Expenditure	Description Mileage and Parking 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 expenditude) Coordinated without reimbursement sought (in-kind continuous)	mless "None of the below" is committee) re) induction Organiz	s checke	ed) A C Date of 6/26/	B Oc OD	\$95.72 Method of Oheck O Debit State	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway	Description Mileage and Parking 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 conditions)	mless "None of the below" is committee) re) induction Organiz	s checke	ed) A C Date of 6/26/	B Oc OD	\$95.72 Method of Ocheck Debit State CT	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code 06103 Amount	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway Purpose of Expenditure (by code) CNSLT	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required use) None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind continuous) Description Campaign Manager	Milford nless "None of the below" is committee) ore) ore) Organiz City Milford	s checkendent eation C	Date of 6/26/	B Oc OD	\$95.72 Method of Oheck O Debit State	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code 06103 Amount	
1006 E Broadway Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway Purpose of Expenditure (by code)	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or concentrated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind content in a content	Milford mless "None of the below" is committee) pre) City Milford City Milford	s checkendent eation C	Date of 6/26/	B Oc OD	\$95.72 Method of Ocheck Debit State CT	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code 06103 Amount	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway Purpose of Expenditure (by code) CNSLT Expenditure #	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required use) None of the below (does not involve another candidate or concentrated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind content in a conte	Milford nless "None of the below" is committee) ore) Organiz City Milford City Milford nless "None of the below" is committee) ore) organiz City Milford	Event #	ed) Date of 6/26/	Payment (2023	\$95.72 Method of Ocheck Debit State CT	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code 06103 Amount	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required us O None of the below (does not involve another candidate or concentrated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind contents) Description Campaign Manager Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or contents)	Milford nless "None of the below" is committee) ore) Organiz City Milford City Milford nless "None of the below" is committee) ore) organiz City Milford	Event #	ed) Date of 6/26/	B Oc OD	\$95.72 Method of Ocheck Debit State CT	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code 06103 Amount	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required us Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind confidence) Description Campaign Manager Type of Expenditure (Itemization in Addendum P Required us Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind confidence)	Milford nless "None of the below" is committee) ore) Organiz City Milford City Milford nless "None of the below" is committee) ore) organiz City Milford	Event #	(d) Date of 6/26/	B OC OD B OC OD	\$95.72 Method of Ocheck Debit State CT	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code 06103 Amount	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required us Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind confidence) Description Campaign Manager Type of Expenditure (Itemization in Addendum P Required us Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind confidence)	Milford mless "None of the below" is committee) re)	Event #	(d) Date of 6/26/	B OC OD B OC OD	\$95.72 Method of Ocheck Debit State CT	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code 06103 Amount	
Purpose of Expenditure (by code) TRVL Expenditure # (if applicable) Name of Payee Antonia Lombard Street Address 1006 E Broadway Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)	Description Mileage and Parking Type of Expenditure (Itemization in Addendum P Required us Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind confidence) Description Campaign Manager Type of Expenditure (Itemization in Addendum P Required us Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind confidence)	Milford mless "None of the below" is committee) re)	Event #	(d) Date of 6/26/	B OC OD B OC OD	\$95.72 Method of Ocheck Debit State CT	Zip Code 06460 Amount 2 Payment: #1047 Card OEFT Zip Code 06103 Amount	

Section P. ADDITIONAL PAGE 2____ of 4___

THE OF COLUMN	The state of the s			TYPE OF REPORT			
	TTEE (Provide Complete Name as Registered with Filing Repository	<u> </u>			•		
Marilyn for Mayo				July 10 filing			
	P. Expenses	s Paid by Committe	e				
Name of Payee				Date of Payment	Method of	•	
Day Campaign				6/30/2023	OChec		
Street Address		City			O Debit State	t Card ●EFT	
	A	Windsor			ст	06095	
112 Bloomfield A	ive.	VVIIIUSOI			Ci	65000	
Purpose of Expenditure	Description		Event	t#		Amount	
(by code) BNK	Credit Card/Banking Transaction fees						
Community #		* 421 - Cal - B - 6 - 46			\$1,158	3.60	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u		is checu	ed)			
	None of the below (does not involve another candidate or co		endent				
	Coordinated with reimbursement sought (joint expenditu			DA OB OC OD			
Name of Payee	10	Ut Ot out of	Zhuona	Date of Payment	Method of		
Joan V. Hartley				5/16/2023	O Check		
·				3	O Debit		
Street Address		City			State	Zip Code	
500 Chase Parkwa	ay	Waterbury			ןמ	06708	
Purpose of Expenditure	Description		Event	:#		Amount	
(by code) REF	Check deposited into the committee's checki	ing account in error.				Amount	
NCI	Check deposited into the committee of the same	mg account in circu			\$1,000	0.00	
Expenditure # (if applicable)							
	None of the below (does not involve another candidate or co						
REF	Coordinated with reimbursement sought (joint expenditu			0.0-0-			
CD.	Coordinated without reimbursement sought (in-kind control	ribution) Organiz	zation	Date of Payment	Marked of	D-simonti	
Name of Payee				1	1 –	Method of Payment: O Check #	
TD Bank				6/30/2023	Debit Card OEFT		
Street Address		City			State	Zip Code	
975 Madison Ave	<u>a</u> .	Bridgeport			СТ	06606	
"	1		T _{E-rant}	n.	 	1	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
BNK	Maintenance Fee				\$10.00	n	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required a	unless "None of the below"	is check	ked)	1 *		
(if applicable)	None of the below (does not involve another candidate or c			,			
	Coordinated with reimbursement sought (joint expending	ture) 💽 Indepe					
	Coordinated without reimbursement sought (in-kind con	tribution) Organ	ization	DA OB OC OD			
Name of Payce				Date of Payment	Method of		
TD Bank				5/31/2023	Check		
Street Address		City			O Debit State	Card	
		1			1_	1	
975 Madison Ave	<u>}.</u>	Bridgeport			מ	06606	
Purpose of Expenditure	Description	<u> </u>	Event	#		Amount	
(by code) BNK	Maintenance Fee						
			Щ.		\$10.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u		is check	ed)			
	None of the below (does not involve another candidate or co	ommittee)	. 44				
ı	Coordinated with reimbursement sought (joint expenditu		_	DA OB OC OD			
		· · · · · · · · · · · · · · · · · · ·		W			
	f	SUBTOTAL Section P -	This	Page \$2,178.60			
							

Section P. ADDITIONAL PAGE 3____ of 4____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Marilyn for Mayor	r			July 10 filing			
	P. Expenses	Paid by Committee	e				
Name of Payee TD Bank Street Address		City		Date of Payment 4/30/2023	Method of Check O Debit	k#	
975 Madison Ave.		Bridgeport			ст	06606	
Purpose of Expenditure (by code) BNK	Description Maintenance Fee		Event #		Amount \$10.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) re)	ndent	a Ob Oc Od			
Name of Payee	*			Date of Payment	Method of Payment: O Check #		
Zoom Video Comi	munications, Inc.			4/17/2023	O Debit	Card OEFT	
Street Address 55 Almaden Boule	evard, 6th Floor	San Jose			State CA	Zip Code 95113	
Purpose of Expenditure (by code) MISC Monthly charge for virtual meetings, conferences, etc. Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						Amount \$17.01	
Expenditure # (if applicable)) <u>а ОвОс Ор</u>						
Name of Payee				Date of Payment	Method of Payment:		
Zoom Video Com	munications, Inc.			5/17/2023	Check # Debit Card DEFT		
Street Address 55 Almaden Boule	evard, 6th Floor	City San Jose			State	Zip Code 95113	
Purpose of Expenditure (by code) MISC	Description Monthly charge for virtual meetings, conferen	nces, etc.	Event#		Amount \$17.01		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	ommittee) ure)	endent	a) A OB Oc Od			
Name of Payee				Date of Payment	Method of	•	
Zoom Video Comi	munications, Inc.]	6/20/2023	Check Debit		
Street Address		City			State	Zip Code	
55 Almaden Boule	evard, 6th Floor	San Jose			CA	95113	
Purpose of Expenditure (by code) MISC	Monthly charge for virtual meetings, conferen	nces, etc.	Event #		\$17.01	Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
	S	SUBTOTAL Section P —	— This F	Page \$61.03			

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Section P. ADDITIONAL PAGE 4____ of 4____

NAME OF COMMIT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Marilyn for Mayor	•			July 10 filing				
	P. Expenses	Paid by Committee	;	·				
Name of Payee ZAZZLE INC				Date of Payment 5/8/2023	Method of Chec	k #		
Street Address		City			O Debi	Zip Code		
1800 Seaport Bou	levard	Redwood City			CA	94063		
Purpose of Expenditure (by code) PRNT	Description Downloadable & editable template, Size: 8"x1	10", Frames & Hardwar	Event	#	\$7.63	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	ommittee) re) Indepen	dent	A OB OC OD				
Name of Payec				Date of Payment	Method of Payment:			
ZAZZLE INC 5/15/2023					Check # Debit Card OEFT			
Street Address		City			State	Zip Code		
1800 Seaport Boulevard Redwood City						94063		
Purpose of Expenditure Description Event #						Amount \$10.81		
Expenditure # (if applicable)								
Name of Payee Date of Payment						Payment:		
DSCC CT Democra	itic Party			6/21/2023	Check #1046 Debit Card DEFT			
Street Address 750 Maple St. STE	.1108-3	City Hartford			State CT	Zip Code 06103		
Purpose of Expenditure (by code) MISC	Description 2023 VAN Contract - Database access		Event #	•	Amount \$800.00			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind conte	ommittee) re)	ndent _					
Name of Payee				Date of Payment	Method of			
Gary Judkins				5/19/2023	Check			
Street Address		City			State	Zip Code		
1033 Main Street		Stratford			ст	06615		
Purpose of Expenditure (by code) MISC	Candid Photos May 6th Photos @ Success Parl	k	Event #	•	\$400.0	Amount		
((f applicable)								
	S	UBTOTAL Section P —	- This	Page				
				<u> </u>				

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Section B ADDITIONAL PAGE 1 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	(ערוי		TYPE OF REPORT					
Marilyn for Mayor			July 1	10 filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		this Period ONLY STOTAL SECTION A	\$					
							1-1-1-1-1-1	
B. Itemized	Contr	ibutions from Indivi	duals					
Last Name		First					МІ	
Reyes	9.0	Ivelis						
Residential Street Address	City				Stat		ip Code	
50 Brooklawn Ave.	Bri	idgeport			כד)6604 	
Principal Occupation		Name of Employer						
Business Analyst		Open Systems Tech						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes One Oyes Oyes One					-1	Amount of Contribution \$100.00		
		contractor or prospective stat	e contra	ctor? QYes	٦			
event reported in Section L1? No If yes, indicate which of government the co			OLeg	No pislative				
Method of Contribution:		Date Received	Aggrega	te Contributions	┨			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Ord	ier 6/4/2023						
Last Name		First					MÍ	
George		Marlene					G.	
Residential Street Address	City				State	e Z	ip Code	
552 Maplewood Ave.	Brie	dgeport			רד	O	6604	
Principal Occupation		Name of Employer						
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$\frac{1}{2}\$,000?	\$400 to a ce/she is as	candidate for a chief executive sociated with have a contract Yes No	e officer with sai	of a municipality d municipality		Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # E Yes Is contributor a principal If yes, indicate which of government the co	h branch	. V. 100		⊙ No				
Method of Contribution:	onuaci is	Date Received		te Contributions	\dashv			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	loney Ord	ler 6/4/2023						
Last Name		First					MI	
Judge		Margie						
Residential Street Address	City				State	e Z	ip Code	
Principal Occupation		Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$\frac{1}{2}\$,000?						Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of the section L1? Is contributor a principal of the section L1?	branch o		_	⊙ No	7			
If yes, list Event # E of government the co	ontract is v	with: Executive Date Received		islative te Contributions	\dashv			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMethod OPayroll Deduction OMethod OPayroll Deduction OMethod OPayroll Deduction OMethod OPayroll Deduction OPA	loney Ord		11661484					
SU	UBTOI	ΓAL Section B — This	Page	\$260.00				
тот	TAL of	additional Section B F	ages	\$35,945.00				
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L		NDIVIDUALS (Sections A		\$36,195.00				

Section B ADDITIONAL PAGE 2 of 54

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Marilyn for Mayor			July 1	0 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$			•	
B. Itemized Co	ntri	butions from Indivi	duals				
Last Name		First					MI
Sloan		Alicia					
Residential Street Address	City	la			State	_ `	p Code
929 Central Ave.	Brid	lgeport		······································	СТ		6607
Principal Occupation		Name of Employer					
Unemployed				200			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No does contributor or business he/she valued at more than \$5,000?						mount 5.00	of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which bre	state c	contractor or prospective state r branches	e contra	ctor? O Yes			
If yes, list Event # F of government the contra		ith: OExecutive		islative	_		
Method of Contribution:		Date Received	Aggregi	te Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	6/8/2023					
Last Name	- 1	First					MI E.
Bradley		Mark ————————————————————————————————————					
Residential Street Address	City				State	- 1 '	Code 5604
528 Clinton Ave.	Brid	lgeport			СТ	100	00U 4
Principal Occupation		Name of Employer					
Attorney		Bradley Law Group					
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	andidate for a chief executive ociated with have a contract O Yes O No	e officer with sai	of a municipality d municipality		20.00	of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bru of government the contributor and the contributor approximation of government the government of g	anch o	r branches	_	⊙ No			
Method of Contribution:	act 13 v	Date Received		te Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	f 6/8/2023					
Last Name		First					MI
Vermont		Jasmine					100
Residential Street Address	City				State	Zip	Code
155 Magnolia St.	Brid	lgeport			СТ	06	5610
Principal Occupation		Name of Employer					
Social Worker		State of CT (DCF)					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4000 does contributor or business he/sho valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer with sai	of a municipality d municipality	1	nount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Is contributor a principal of a lf yes, indicate which bra of government the contra	ınch oı	r branches	_	⊙ No			
Method of Contribution:		Date Received		te Contributions	╛		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	r 6/8/2023					
SUB	тот	AL Section B — This	Page	\$190.00			-
TOTA	L of a	additional Section B P	ages	\$35,945.00			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A Journ A of Summary Page 1		\$36,195.00			

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Section B ADDITIONAL PAGE 3 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE	TYPE OF REPORT					
Marilyn for Mayor			July 1	0 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved th	nis Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ntrib	utions from Indivi	duals	.,			
Last Name	Fi	rst					МІ
Richardson	Ji	acqueline					M.
Residential Street Address							Code
10-12 Summer St.	Derby					06	5418 —————
Principal Occupation		Name of Employer					
Inspector		City of Bpt.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract OYes ONo	e officer with sai	d municipality	\$4	0.00	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_	● No			
Method of Contribution		Date Received	Aggrega	te Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/8/2023	\$200	.00			
Last Name	Fir	rst					МІ
Ford	N	Mariela					
Residential Street Address	City				State	1 1	Code
851 East Main St. Apt. 3	Wate	erbury			רנו	06	5705
Principal Occupation		Name of Employer					
Presidente		Brass City Survivors	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?	to a car	ndidate for a chief executive ciated with have a contract Yes No	e officer with sai	of a municipality d municipality		Amount of Contribution \$70.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Section L1? Yes No If yes, indicate which bra of government the contra	anch or	branches	_	⊙ No			
Method of Contribution		Date Received		te Contributions	ns .		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	6/8/2023					
Last Name	Fi	irst				•	MI
Bostick	A	\ngela					1
Residential Street Address	City				State	1 '	Code
151 Edna Ave.	Bridg	geport			ст	06	5610
Principal Occupation		Name of Employer					
Para-Professional		Delta-Group/Bpt. P	ublic S	ichools			
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?						00.00	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Section L1? If yes, indicate which bra of government the contra	inch or	branches	_	⊙ No			
Method of Contribution:		Date Received	Aggrega	te Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/8/2023			<u>Ш</u>		
SUB	TOTA	AL Section B — This	Page	\$210.00			
TOTAL	L of a	dditional Section B I	ages	\$35,945.00			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		\$36,195.00			
Lime: tous on Line	,						

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Section B ADDITIONAL PAGE 4

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NT.	7 T

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	July 10 filing
A. Total Contributions from Small Contributors-Received this Period (See instructions for definition of Small Contributor) SUBTOTAL SEC	1 8
B. Itemized Contributions fro	
Lee First John	M! M.
Residential Street Address City 30 Beacon St. Bridgeport	State Zip Code CT 06605
Principal Occupation Name of Emp Financial Listener Self	loyer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a cl does contributor or business he/she is associated with have valued at more than \$5,000?	e a contract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Section L1? Yes Is contributor a principal of a state contractor or property in the section L1? If yes, indicate which branch or branches of government the contract is with:	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Receiver 6/8/2023	Aggregate Contributions \$100.00
Last Name First Vermont Regina	МІ
Residential Street Address City 155 Magnolia St. Bridgeport	State Zip Code CT 06610
Principal Occupation Name of Emp Coordinator Bpt. Publi	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a change of the does contributor or business he/she is associated with have valued at more than \$5,000? Yes	
Is this contribution associated with an event reported in Section L1? Yes No No If yes, list Event # F Section L1? Is contributor a principal of a state contractor or profigure, indicate which branch or branches of government the contract is with:	spective state contractor? OYes Executive O Legislative
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order Date Received 6/8/2023	Aggregate Contributions \$100.00
Last Name First Alston Pia	MI J.
Residential Street Address 143 Knapps Highway City Fairfield	State Zip Code CT 06825
Principal Occupation Name of Employment Clothing Reseller Namaste	•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chapter does contributor or business he/she is associated with have valued at more than \$5,000? Yes	
Is this contribution associated with an event reported in Section L1? Yes No No If yes, list Event # F Is contributor a principal of a state contractor or product of product which branch or branches of government the contract is with:	pective state contractor? Yes No Executive O Legislative
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney Order 6/8/2023	Aggregate Contributions
SUBTOTAL Section I	— This Page \$140.00
TOTAL of additional Se	ction B Pages \$35,945.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Enter total on Line 13, Column A of Sum	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Marilyn for Mayor			July 1	0 filing			
A. Total Contributions from Small Contributors-Receives (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
							•
B. Itemized Co	ontrib	utions from Indivi	duals				<u>, </u>
Last Name	Fir	rst					MI
Gardner	G	regory					L.
Residential Street Address	City				State	Zip	Code
130 Platt St.	Bridg	eport			בד	06	5606
Principal Occupation		Name of Employer					
Retail		Track 23					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?					, Am.		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Section L1? Yes No If yes, indicate which bra of government the contra	anch or t	branches	e contrac OLegi	⊙ No			
Method of Contribution:		Date Received	Aggregat	e Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/8/2023	\$140.	00			
Last Name	Fir	st					MI
Gardner	Εν	va .					L.
Residential Street Address	City	,			State	Zip	Code
130 Platt St.	Bridg	eport			ст	06	606
Principal Occupation		Name of Employer					
Bulk Mail Technician Clerk		U.S. Postal Service					
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 \$40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Section L1? If yes, list Event # F Section L1?	anch or t	branches	_	⊙ No			
Method of Contribution:		Date Received	Aggregati	Contributions	7		
OCash	y Order	6/8/2023					
Last Name	Fin	st					Mi
Lacie	М	lalcolm					
Residential Street Address	City				State	Zip	Code
1060 Merritt St	Fairfie	eld			ст	06	825
Principal Occupation		Name of Employer					
Real Estate		US Asset Realty					
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?					, Amo		of Contribution
187 C	ribution associated with an ted in Section L1? Yes 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	y Order	6/8/2023					
SUBT	ГОТА	L Section B — This	Page	\$140.00			
TOTAL	Lofad	ditional Section B P	ages	35,945.00			
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A		\$36,195.00			
1							

SEEC FORM 20 Berland James 1916

Section B ADDITIONAL PAGE 6 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					YPE OF REPORT			
Marilyn for Mayor				July	10 filing			
A. Total Contributions from Si (See instructions for definition of Small)			nis Period ONLY OTAL SECTION A	\$				
	B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name Françoise		1	irst Deristel					МІ
Residential Street Address		City				State	7.in	Code
48 Oxford St.		Harti	ford			СТ	1 '	105
Principal Occupation			Name of Employer					
Teacher			Norwalk Public Sch	ools				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribut	
Is this contribution associated with an event reported in Section L1? If yes, list Event # G	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	nch or	branches	_	⊙ No			
Method of Contribution:	or government the contract	A IS WII	Date Received		ate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/11/2023					
Last Name		Fü						MI
Fonfara		10	ohn					W.
Residential Street Address						State	Zip	Code
99 Montowese St.		Hart	ford			СТ	06	114
Principal Occupation			Name of Employer					
Energy Supplier			Self					
	If contribution is in excess of \$400 to a candidate for a chief executive officer 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 \$250.00		
Is this contribution associated with an event reported in Section L1?	les Is contributor a principal of a solo If yes, indicate which brain			e contra	ctor? OYes	7		
If yes, list Event # G	of government the contrac		th: Executive		gislative	4		
Method of Contribution:			Date Received	Aggrega	te Contributions	1		
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney		6/11/2023					
Last Name Harris		Fü St	teven					M: M.
Residential Street Address		City				State	Zip	Code
213 Cleveland Ave.		Hartf	ord			ст	06	102
Principal Occupation			Name of Employer					
Retired								
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?						20unt o	f Contribution
	lo If yes, indicate which bran	ich or t	branches	_	ŌNo			
If yes, list Event # G	of government the contract	t is wit				4		
Method of Contribution: Cash Personal Check Credit/Debit Ca	rd OPayroll Deduction OMoney	Order	Date Received 6/11/2023	Aggrega	te Contributions			.
	SUBT	ОТА	L Section B — This	Page	\$350.00			
	TOTAL	of ac	lditional Section B P	ages	\$35,945.00			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A		\$36,195.00			
	·				L .			

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Section B ADDITIONAL PAGE ⁷ of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE	PE OF REPORT						
Marilyn for Mayor			July	10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$					
B. Itemized Co	ntrib	outions from Indivi	duals					
Last Name		irst					MI	
Morong Mary Lou		Mary Lou						
Residential Street Address	City				State	_ I -	Code	
30 Beacon St.	prio	geport			ст		5605 	
Principal Occupation		Name of Employer						
Retired		<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?					- 100	0.00	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_	ctor? Yes No gislative		430.00		
Method of Contribution		Date Received	Aggreg	ate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/8/2023	\$200	.00				
Last Name	Fi	rst					Mi	
Lee	0	harlene						
Residential Street Address	City				State	Zip	Code	
587 Vincelette St.	Bridg	geport			כד	06	606	
Principal Occupation		Name of Employer						
Self employed								
							of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # F Is contributor a principal of a lf yes, indicate which bra of government the contra	nch or	branches	_	⊙ No				
Method of Contribution:		Date Received		te Contributions	┨			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/8/2023	\$85.0	00				
Last Name	Fi	rst					MI	
Berg	Р	eter					E.	
Residential Street Address	City				State	Zip	Code	
28 Dandy Dr.	Cos (Cob			רד	06	807	
Principal Occupation		Name of Employer						
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 this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a event reported in Section L1? Yes Is contributor a principal of a event reported in Section L1?		ntractor or prospective state		⊙ No	7	0.00		
If yes, list Event # of government the contract		h: O Executive		islative	_			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	Date Received 6/22/2023	Aggrega	te Contributions				
		L Section B — This	Paga	\$185.00	1			
				\$35,945.00		Amount of Contribution \$35.00 MI E. te Zip Code		
		Iditional Section B P						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		umn A of Summary Page 7		\$36,195.00		\$36,195.00		

SEEC FORM 20 Ravied January 2015

Section B ADDITIONAL PAGE 8 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TY	TYPE OF REPORT					
Marilyn for Mayor		Jul	y 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period C SUBTOTAL SECT						
B. Itemized Co	ntributions fron	ı Individua	ls				
Last Name	First		<u>-</u>		МІ		
Farid	Maryam				F		
Residential Street Address 2390 State St. apt. L29	City Hamden			State	Zip Code 06517		
Principal Occupation	Name of Employer						
Esthetician	,	itima Estheti	cs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One dependent child of a lobbyist?					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.	ective state con-	⊙ No					
Method of Contribution:	Date Received	Aggr	egate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/30/2023						
Last Name	First				MI		
Campbell	Marc				C.		
Residential Street Address	City			State	Zip Code		
832 Atlantic St.	Bridgeport		5	СТ	06604		
Principal Occupation	Name of Employ						
Mover	Self Employ						
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?				1	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 contra-	nch or branches	pective state con Executive \(\hat{\chi}\) I	⊙ No				
Method of Contribution:	Date Received	<u>-</u>	gate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/30/2023						
Last Name	First	•			MI		
Godbolt	Warren						
Residential Street Address	City			State	Zip Code		
180 Frenchtown Rd.	Bridgeport			СТ	06606		
Principal Occupation	Name of Employ						
Chaplain	Griffin Hos						
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?				\$50.6	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 significant which brait of government the contract.	nch or branches	_	⊙ No				
If yes, list Event # Of government the contract is with: O Executive O Legislative Method of Contribution: Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/30/2023						
SUBT	OTAL Section B	— This Page	\$250.00				
TOTAL	of additional Sec	tion B Pages	\$35,945.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line is	1 INDIVIDUALS (S 13, Column A of Summ						
		- Charles					

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Section B ADDITIONAL PAGE ⁹ of ⁵⁴

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TY	TYPE OF REPORT				
Marilyn for Mayor		Ju	ly 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period O SUBTOTAL SECTI		-		3 12	
2004/2004 2004-2004-2004-2004-2004-2004-20			30080804000		1854	
B. Itemized Co.	ntributions from	Individua	ıls	1755a		
Last Name	First				МІ	
Godbolt	Fay					
Residential Street Address 180 Frenchtown Rd.	City Bridgeport			State	Zip Code 06606	
				CT	100000	
Principal Occupation Director Workforce Development	CT State Co		ollege			
Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$400				V Amo	unt of Contribution	
or dependent child of a lobbyist? No loss contributor or business he/she valued at more than \$5,000?				\$50.0	N	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? Yes No If yes, indicate which branches	ch or branches	_	⊙ No			
If yes, list Event # of government the contrac			Legislative	4		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Date Received 6/30/2023	\^88	regate Contributions			
Last Name	First				MI	
Finney	Kim				N.	
Residential Street Address	City			State	Zip Code	
723 Wood Ave.	Bridgeport			ст	06604	
Principal Occupation	Name of Employe	er .	- 1337_17a) = 78			
Driver	Safety First	Transportat	tion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No				0	Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? If yes, list Event #	ch or branches		⊙ No			
If yes, list Event # of government the contract Method of Contribution!	Date Received		O Legislative Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	34 22	""				
Last Name	First		_	1	Mi	
Jez	Christopher				P.	
1	City			State	Zip Code	
15 LaCabana Rd.	Somers	tie.		מ	06071	
Principal Occupation	Name of Employe					
Operations Manager	Murphy Roa	d Recycling	1			
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?	s associated with have a			\$1,00	ant of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a st		- TO THE RESIDENCE OF T	tractor? OYes	المراثة ا	0.00	
event reported in Section L1? No If yes, indicate which bran of government the contract	ch or branches	_	egislative ONo			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney (Date Received Order 6/30/2023	Aggr	egate Contributions			
SUBT	OTAL Section B -	— This Pag	e \$1,075.00			
TOTAL	of additional Sect	ion B Page	s \$35,945.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13)	NDIVIDUALS (See , Column A of Summa	v Page Totals	\$36,195.00			

Section B ADDITIONAL PAGE 10 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Marilyn for Mayor			July 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	1.0	rst			MI -		
Jez	Si	ara			F.		
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Co	ode	
15 LaCabana Rd.	Somers					71	
Principal Occupation	•	Name of Employer			· · · · · · · · · · · · · · · · · · ·		
Unemployed							
	cess of \$400 to a candidate for a chief executive officer of a municipality, siness he/she is associated with have a contract with said municipality .000? Over Over Over Over Over Over Over Over				Amount 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 l	branches	Contractor? Yes				
If yes, list Event # of government the contra	Ct is with	Date Received	Aggregate Contributions	\dashv			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	6/30/2023	1 agreement of the control of the co				
Last Name	Fir	rst			Т	MI	
McBride	A	ntonia			ļ		
Residential Street Address	ddress City Star					ode	
52 Wilson Ave.	Wilson Ave. Trumbull C					11	
Principal Occupation	<u> </u>	Name of Employer					
Administrator		WC McBride Electric	cal Contractors				
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 \$500.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which bra of government the contra	nch or l	branches	e contractor? Yes				
Method of Contribution:		. 	Aggregate Contributions	┨			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/30/2023	\$1,000.00				
Last Name	Fin	st			1	ML	
Goodwin	М	larquis				P.	
Residential Street Address	City			State	Zip Co	200	
666 Cleveland Ave.	Bridg	eport		כד	0660)4	
Principal Occupation		Name of Employer					
Photographer		Gonation, LLC.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No los contributor or business he/she valued at more than \$5,000?				y, Amo \$400		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 brain of government the contract.	nch or b	oranches	contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	┨			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/30/2023					
SUBT	ГОТА	L Section B — This	Page \$1,900.00				
TOTAL	of ad	lditional Section B P	ages \$35,945.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page 1					

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Section B ADDITIONAL PAGE 11 of 54

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Marilyn for Mayor			July 10 filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$				
B. Itemized C	ontri	butions from Indivi	duals				
Last Name	- 1	First				MI	
Vazzano		John				F	
Residential Street Address	City	la II		State	_ I -	Code	
1395 Huntington Tpke	Trui	mbull		ст		5611 	
Principal Occupation		Name of Employer					
Restaurant owner		Vazzys					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				122	Amount of Contribution \$250.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor associated with an event reported in Section L1?	ranch o		contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	er 6/30/2023					
Last Name	- 1.	First				MI	
Judge	'	David			-	A.	
Residential Street Address	City	l		State	1 .	Code	
51 Brooklawn Pl.	Brid	lgeport —		СТ	06	604	
Principal Occupation		Name of Employer					
President		Judge Electric, Inc.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					Amount of Contribution \$60.00		
event reported in Section L1? No If yes, indicate which be	anch o		⊙ No				
If yes, list Event # E of government the contribution:	ract is w		Aggregate Contributions	-			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	v Order						
Last Name		inst				MI	
		·****					
Residential Street Address	City			State	Zip	Code	
Principal Occupation		Name of Employer			Щ		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves valued at more than \$5,000?				/, Am	ount o	of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lyes, indicate which broken lies Front #	anch or	branches	_ ONo				
If yes, list Event # of government the contra Method of Contribution:	act IS WI		Legislative Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	1					
SUB	TOTA	AL Section B — This I	Page \$250.00				
тота	L of a	dditional Section B Pa	1ges \$35,945.00				
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A lumn A of Summary Page T	1 1 4 5 1 4 5 1 1 1 1				

Section B - Itemized Contributions from Individuals

Last Name			First Name					МІ
Harriott			{	Sas	ia			
Residential Street Address			City			State	Zip C	ode
411 pond bridge rd			Winds	or		СТ		06095
Principal Occupation					Name of Employer			
Nurse					Harriot	Home		
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee (or a chief		
of a lobbyist?	No				ly does contributor or busine with said municipality valued		٨	ło
Is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	ete contractor?		
reported in Section L1?	No						N	0
Method of Contribution	Date R	Received		Agg	gregate Contributions	Amount of		
Credit Card		06/11/2	ივვ			Contribution		\$1,000.00
Credit Card		00/11/2	023	1			`	<i>y</i> 1,000.00
Last Name			First Name					МІ
Heilmann			,	. F	lemming			F
Residential Street Address			City			State	Zip Ci	
3 McKinley Street			Norwa	lle		СТ		06853
Principal Occupation			140140		Name of Employer			
Potirod					Retired			
Retired Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	0 to a candidate committee f	or a chief		
of a lobbylst?	No				y does contributor or busines with said municipality valued		N	lo
Is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	ite contractor?		
reported in Section L1?	No						N	0
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of		
Credit Card		06/23/2	023			Contribution		\$200.00
Orealt Gard		00/20/2	020	_	1.11.	L		4 200.00
Last Name			First Name				$\neg \neg$	MI
Heilmann			۱ ۵	Call	ie			
Residential Street Address			City			State	Zip Co	ode
89 Grovers Avenue			Bridge	וחמי	rt	СТ		06605
Principal Occupation			Dilogo		Name of Employer			
Co-Director					Bridger	ort Genera	tion I	Now
ls contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee for		uoi i	1011
of a lobbyist?	No				y does contributor or busines with said municipality valued a		N	0
ls this contribution associated with an event		ls contributor a p	principal of s	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No	o
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of		
Credit Card		06/08/20	023			Contribution	\$	1,000.00

Section B - Itemized Contributions from Individuals□

Last Name			First Name				i	МІ
Adams			.	Ten	rv			В
Residential Street Address			City			State	Zip C	ode
15 Lipton PI			Stamf	ford	I	СТ		06902
Principal Occupation					Name of Employer		n No or?	
Retired					Retired	d		
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee	for a chief		
of a lobbyist?	No				ty does contributor or busine with said municipality valued		N	lo
Is this contribution associated with an event		ls contributor a	principal of s	state	contractor or prospective st	ate contractor?		
reported in Section L1?	No						N	o
Method of Contribution	Date R	Received		Agr	gregate Contributions	Amount of		
Credit Card		04/06/2	023			Contribution		\$500.00
Olour Cara		04/00/2		_				
Last Name			First Name					MI
Angland		1	i j	Jose	eph			
Residential Street Address			City			State	Zip Co	ode
72 Sherwood Ave			Green	wic	zh	СТ		06831
Principal Occupation					Name of Employer			
Legal consultant					Oxera			
Is contributor a lobbyist, spouse, or dependent child					0 to a candidate committee			
of a lobbyist?	No				y does contributor or busine with said municipality valued		N	o
Is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective st	ate contractor?		
reported in Section L1?	No						N	0
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of		
Credit Card		06/22/2	023			Contribution		\$500.00
Orealt Gard		OOIZZIZ	020			tired titee for a chief usiness he/she lived at more than No ve state contractor? No Amount of Contribution State Zip Cod CT No Amount of Contribution MI Amount of Contribution MI State Zip Code CT Mo Amount of Contribution MI State Zip Code CT Amount of Contribution State Zip Code CT Amount of Contribution MI State Zip Code CT Amount of Contribution Yes Associated for a chief siness he/she ued at more than Yes The state contractor? Yes Amount of Contribution	4500.00	
Last Name			First Name				I	MI
Aresimowicz			J	lose	enh			S
Residential Street Address			City	-		State	Zip Cc	
261 E Haddam Colche	acter Tr	nke	East H	ładı	dam	СТ		06423
Principal Occupation	sole: Ip	JAG	Lasti	-	Name of Employer		Ь	00-120
Lobbyist				ı	Caffner	Z Ronnott &	Δοος	rciates
Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$400	0 to a candidate committee f		71330	Males
of a lobbyist?	Yes				y does contributor or busine: vith said municipality valued		Ye	3 S
Is this contribution associated with an event		ls contributor a p	orincipal of st	tate	contractor or prospective sta	ate contractor?		
reported in Section L1?	No						Ye	·s
Method of Contribution	Date Re	ceived		Agg	regate Contributions			
Credit Card		06/22/20	023			Contribution		\$100.00

Section B - Itemized Contributions from Individuals

Last Name			First Name				ľ	MI
l Baker			8	Sue	•			Н
Residential Street Address			City			State	Zip Co	de
81 Indian Head Rd			Rivers	ide)	СТ		06878
Principal Occupation					Name of Employer			
Retired					Retired			
Is contributor a lobbyist, spouse, or dependent child	If contribution is in excess of \$400 to a candidate committee for a chief							
of a lobbyist?	executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?							0
Is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	ite contractor?		
reported in Section L1?	No						No	•
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of		
		06/24/2	กวร			Contribution		\$25.00
Credit Card		00/24/2	025	_	<u> </u>			Ψ20.00
Last Name		-	First Name				N	ΛI
Batchelor			,	3117	anne			м
Residential Street Address			City		di ii o	State	Zip Co	
29 Fawn Brook			West I	Har	tford	СТ		06117
Principal Occupation			1103(1	TEI	Name of Employer			30111
					Retired			
Retired Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee f	or a chief		
of a lobbyist?	executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more \$5000?						No	•
Is this contribution associated with an event	***	Is contributor a	principal of s	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No)
Method of Contribution	Date Re	eceived		Agg	regate Contributions	Amount of		
Credit Card	1	06/01/2	023			Contribution		\$250.00
Ordan Dara		00.01.2						V
Last Name			First Name			•	- N	Al .
Belton			k	(ai				
Residential Street Address			City			State	Zip Co	de
263 Fowler Ave			Middle	tov	νn	СТ		06457
Principal Occupation					Name of Employer			
Social worker					Middles	ex Health		
ls contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee f	or a chief		
of a lobbyist?	executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?						No)
ls this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of s	rincipal of state contractor or prospective state co			No)
Method of Contribution	Date Re	ceived		Ago	regate Contributions	Amount of		
			023	"	• • • • • • • • • • • • • • • • • • • •	Contribution		\$50.00
Credit Card		05/10/2	UZ3	<u> </u>		L		\$50.00

			First Mame	_				IV	At
Last Name			First Name					"	
Berns				Phili	ip	- In-			E
Residential Street Address			City			St/	ate	Zip Co	de
440 Bedford St			Stamfo	ord			CT		06901
Principal Occupation					Name of Employer				
Attornev					Self				
Is contributor a lobbyist, spouse, or dependent child		If contribution i	s in excess of	\$40	00 to a candidate committee	for a ch	nief		
of a lobbyist?	Ma	executive office	er of a municip	pality	y does contributor or busine	ss he/sl	he	No	
	No	associated with \$5000?	have a conda	acı »	with said municipality valued	at mor	e triair	190	,
			1i-al of c	****		-+2 cor	rtor?		
Is this contribution associated with an event reported in Section L1?		Is contributor a	principal or se	(ate	contractor or prospective st	ale co.	Kractor:		
Teportea in Section 21:	No							No)
Method of Contribution	Date Re	eceived	- ,	Agg	gregate Contributions	Amou			
Cradit Card		06/30/2	วกวร			Contr	ibution		\$50.00
Credit Card	—	VVIVVI	.023	1—	<u></u>	Ь			Ψουίου
Last Name			First Name	—				M	11
			_	~ ~					
Best				<u>)en</u>	nise	ISI	ate	Zip Cod	T de
Residential Street Address			City			300		Lih Co	
12 Deerfield Ave.			Hartfor			L	CT		06112
Principal Occupation				_]	Name of Employer				
Organizer				-)	Voices	of W	omen o	of Col	or
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	00 to a candidate committee f	for a ch	ief		
of a lobbyist?		executive officer	er of a municip	pality	y does contributor or busines with said municipality valued	ss he/sl	he	No	
		\$5000?	Nave a consu	ACL V	VIIII Salu Humerpancy values	at m.	£ 1110	1 40	,
		I		to	contractor or prospective sta	TOT eff	tractor?		
ls this contribution associated with an event reported in Section L1?		IS CONTINUOS &	priricipar or ac	lace	CONTRIGUOUS OF PROSPECTIVE 2	ale co.	Macro.		
reported in addition and	No							No	۲
				_					
Method of Contribution	Date Re	ceived		Agg	gregate Contributions	Amou			
Credit Card		06/30/2	2023			Conu	ibution		\$200.00
Oredit Card		00,00.	020	_					Vac-
Last Name			First Name	_				М	II
			I _	د د د					
Bingham Besidential Street Address			City	Rya	<u>n</u>		ate	Zip Cod	-la
Residential Street Address			1					Lib	
20 Spencer Brook Roa	ıd		New H	_			СТ		06057
Principal Occupation					Name of Employer				
Lobbyist					Sullivar			e, <u>Inc</u>	·
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	00 to a candidate committee f	for a ch	nief		
of a lobbyist?	Yes	executive officer	r of a municip	Jality act v	y does contributor or busines with said municipality valued	ss he/si at mor	he e than	No	1
		\$5000?	11000 0 0011	Jus	Titl dans mannengamy as a said	•••			,
ls this contribution associated with an event		1							
		le contributor a	oringinal of st	ate	contractor or prospective sta	ate con	tractor?		
reported in Section L1?		ls contributor a	principal of st	tate	contractor or prospective sta	ate con	itractor?		
reported in Section L1?	No	ls contributor a	principal of st	tate	contractor or prospective st	ate cor.	ntractor?	No	
reported in Section L1?		Is contributor a							
reported in Section L1?					contractor or prospective sta	Amou			

Last Name	_		First Name					MI
Bloss			V	Villi	iam			
Residential Street Address			City			State	Zip C	ode
88 Mulberry Farms Ro	nad		Guilfor	ď		СТ		06437
Principal Occupation				_	Name of Employer			
Attorney						Koskoff 8	Bied	er, PC
Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	00 to a candidate committee for does contributor or busines	or a chief		
of a lobbyist?	No	associated with 1 \$5000?	have a contra	act w	with said municipality valued a	at more than		lo
is this contribution associated with an event		Is contributor a	principal of st	tate	contractor or prospective sta	ite contractor	?	
reported in Section L1?	No						N	0
Method of Contribution	Date R	tecelved		Agg	gregate Contributions	Amount of		
Credit Card		06/29/2	023			Contribution	•	\$250.00
Ordan dala				_				
Last Name			First Name					МІ
Bowman			L	arr	у			
Residential Street Address			City	_		State	Zip C	ode
300 sound beach ave		15	old gre	en	wich	СТ	`	06870
Principal Occupation					Name of Employer			
Retired				_	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a municip	pality	0 to a candidate committee for y does contributor or busines with said municipality valued a	s he/she	N	lo
Is this contribution associated with an event		ls contributor a	principal of st	tate	contractor or prospective sta	te contracto	?	
reported in Section L1?	No						N	0
Method of Contribution	Date R	Received		Agg	gregate Contributions	Amount of		
Credit Card		06/22/2	023			Contribution	···—	\$300.00
Last Name			First Name	_				MI
			l	ام(pert			K
Brady Residential Street Address			City	<u>(UD</u>	/GI L	State	Zip C	
			Riversi	ide	ı	СТ	1.	06878
16 Terrace Avenue Principal Occupation			LIVEIS		Name of Employer			55570
Retired					Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a municip	pality	00 to a candidate committee for y does contributor or busines with said municipality valued a	s he/she	N	0
ls this contribution associated with an event reported in Section L1?	No	Is contributor a			contractor or prospective sta	nte contracto	r? N	0
Method of Contribution	Date R	Received		Agg	gregate Contributions	Amount of Contribution	1	
Credit Card		06/22/2	023					\$100.00

The second secon			First Name	_			Ī.	Al
Last Name			FIRST Marne				l'*	
Bucki			C	<u>:ec</u>	zelia			F
Residential Street Address			City			State	Zip Co	de
148 Everit Street, Apt.	. C	!	New H	lav	en	СТ		06511
Principal Occupation					Name of Employer			
college professor					Fairfield	University	,	
Is contributor a lobbylst, spouse, or dependent child		If contribution is	s in excess of	\$40	00 to a candidate committee fo	or a chief		
of a lobbyist?	No	executive officer associated with \$5000?	r of a municip have a contra	aality act v	y does contributor or busines: with said municipality valued a	s he/she it more than	No)
Is this contribution associated with an event		is contributor a	principal of st	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No)
Method of Contribution	Date R	eceived		Ags		Amount of		
		06/20/2	1022			Contribution		\$25.00
Credit Card		06/29/2	023	_				Ψ20.00
Last Name			First Name	—			IM.	11
		•	1		- Auto-			
Burwell				am	nes Calvin	State	Zip Cod	da
Residential Street Address		'!	City				Lip Co.	
44 Blackman Place			Bridge			CT		06604
Principal Occupation					Name of Employer			
Marketing						Family W	ine &	Spirits
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a municip	pality	00 to a candidate committee for y does contributor or business with said municipality valued a	s he/she	No)
ls this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of st	tate	contractor or prospective sta	te contractor?	No	•
Method of Contribution	Date R	eceived		Agg		Amount of		
Credit Card		06/06/2	023			Contribution		\$50.00
I No-ma			First Name			 	IM	ų l
Last Name		!			.1_			
Cann				nn	nacula	State	Zip Cod	da la
Residential Street Address		!	City				Lip co.	
234 Klondike Street			Stratfo		·	CT	<u> </u>	06614
Principal Occupation				- 1	Name of Employer			
Nurse-CNO					Silver H	ill Hospital		
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a municip	pality	00 to a candidate committee for y does contributor or busines: with said municipality valued a	s he/she	No)
ls this contribution associated with an event reported in Section L1?	No	ls contributor a	principal of st	tate	contractor or prospective sta	te contractor?	No)
Method of Contribution	Date R	eceived		Age		Amount of		
Credit Card	ļ	06/29/2	023	1		Contribution		\$100.00

								_	
Last Name			First Name						MI
Carley Fay			L	.isa	1				
Residential Street Address			City			St	ate	Zip C	ode
939 fairfield beach roa	ıd		Fairfiel	ld			CT		06824
Principal Occupation	<u></u>		1 1 3.1110		Name of Employer				
					All Our	Kin			
non profit ed coach Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	00 to a candidate committee f		ief		
of a lobbyist?		executive office	r of a municip	oalit	y does contributor or busine:	ss he/s	he		
•	No	associated with \$5000?	have a contra	act v	with said municipality valued	at mor	e than	1	lo
ls this contribution associated with an event reported in Section L1?		Is contributor a	principal of s	tate	contractor or prospective st	ate con	itractor?		
reported in Section C1:	No							N	0
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amol			
Credit Card		06/30/2	023			Contr	ibution		\$500.00
Credit Card		00/00/2	020	_	<u>.</u>				***************************************
Last Name			First Name						MI
			.	201	erly				G
Carswell Ferris Residential Street Address			City)C¥	eny	St	ate	Zip C	
			1				СТ	`	00460
321 Moose Hill Road			Monro	e_	Name of Employer		CT	L	06468
Principal Occupation					' '				
Attorney					Carswe			<u>e</u>	
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of r of a municir	\$40 valit	00 to a candidate committee f y does contributor or busine	ror a cr ss he/s	ilet he		
of a lobbylst?	No	associated with	have a contra	act v	with said municipality valued	at mor	e than	N	lo
		\$5000?							
Is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective st	ate cor	tractor?		
reported in Section L1?	No							N	0
	140								•
Method of Contribution	Date R	eceived	-	Agr	gregate Contributions	Arnou	int of		
	Pare IV			[~	D0-11		ibution		6400.00
Credit Card		06/21/2	023						\$100.00
			First Name						MI
Last Name								- 1	1711
Clarke		<u></u>		<u>IJ_</u>	<u>.</u>	- Ics		C	
Residential Street Address			City			St	ate	Zip C	oge
192 Palm Street			Hartfor	rd			CT		06112
Principal Occupation					Name of Employer				
Executive Director					Connec	cticut	Oral H	lealt	h
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	00 to a candidate competiter.	er a ch	ilef		
of a lobbyist?	Vaa	executive office	r of a municip	palit	y does contributor or busines with said municipality valued	ss he/s	he A than	N	lo
	Yes	\$5000?	nave a contra	ace v	with said municipanty valued	at moi	Colori		
		to contributor n	ncincinal of c	+=+-	contractor or prospective st	ate cor	tractor?		
Is this contribution associated with an event reported in Section L1?		is continuator a	prarcipal or s	uace	contractor or prospective so	ate coi			
, - r	No							N	0
Method of Contribution	Date R	eceived		Agi	gregate Contributions	Amou Contr	int of ibution		
Credit Card		06/11/2	023	1					\$100.00

								$\overline{}$	
Last Name			First Name					M	11
Clay			[G	ini	ne Rae				
Residential Street Address			City			State		Zip Co	de
3015 North Main St			Watert	our	γ		CT		06704
Principal Occupation					Name of Employer				
Executive Director					State of	CT			
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	0 to a candidate committee for	or a chief			
of a lobbyist?	No	executive office associated with \$5000?	r of a municip have a contra	alit act v	y does contributor or busines with said municipality valued a	s he/she at more t	han	No)
Is this contribution associated with an event		Is contributor a	principal of st	tate	contractor or prospective sta	te contra	ctor?		
reported in Section L1?	No							No	•
Method of Contribution	Date R	eceived		Age	gregate Contributions	Amount			
	l	06/30/2	กวร			Contribu	ition		\$200.00
Credit Card		00/30/2	023	_					\$200.00
Last Name			First Name					N	H
			<u>ا</u> ا	ΟV					
Cline Residential Street Address			City	Uy		State		Zip Co	de
,			Pridate				СТ		06605
261 Grovers Ave Principal Occupation			Bridge	þΟ	Name of Employer				00000
					, ,	Antho	n. 2	Eloh	erty, LLP
Executive Director Is contributor a lobbyist, spouse, or dependent child		If contribution is	in evenes of	\$4 0	0 to a candidate committee for			Light	erty, LLP
of a lobbyist?	No	executive office	r of a municle	alit	y does contributor or busines with said municipality valued a	s he/she		No)
Is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of st	tate	contractor or prospective sta	ite contra	ictor?	No	,
Method of Contribution	Date R	eceived		Age	gregate Contributions	Amount			
Credit Card		04/07/2	023			Contribu	tion		\$50.00
Last Name			First Name					M	H
				ric					D
Coleman Residential Street Address			City	.110		State		Zip Co	
			Hartfor	nd.			СТ	-	06105
53 Goodwin Circle Principal Occupation			Hartio	_	Name of Employer	!			00100
Retired					Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office associated with \$5000?	r of a municip have a contra	alit act v	O to a candidate committee for y does contributor or busines with said municipality valued a	s he/she at more t	han	No)
Is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of st	tate	contractor or prospective sta	ite contra	ctor?	No)
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount			
Credit Card		06/14/2	023			Contribu	non		\$250.00

Last Name			First Name						MI
COLLINS			1	ELI	ZABETH				Т
Residential Street Address			City			Sta	ate	Zip C	ode
345 Old Battery Rd			Bridge	еро	ort		СТ	L .	06605
Principal Occupation					Name of Employer				
Sales					Zoom				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office	r of a munici	ipalit	00 to a candidate committee by does contributor or busine with said municipality valued	ss he/sh	ne	N	lo
Is this contribution associated with an event		ls contributor a	principal of	state	contractor or prospective st	ate conf	tractor?		
reported in Section L1?	No							N	0
Method of Contribution	Date R	eceived		Age	gregate Contributions	Amou			
Credit Card		06/09/2	023			Contri	bution		\$200.00
		30.00.				-			-
Last Name			First Name						MI
Connelly				Eliza	abeth				
Residential Street Address			City			Sta	te	Zip Co	ode
100 South Quaker Lar	ne		West	Har	tford	- 1 .	СТ	L	06119
Principal Occupation					Name of Employer				
Lobbyist					Capitol	Cons	ulting	LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	executive office	r of a munici	pality	0 to a candidate committee (y does contributor or busine: with said municipality valued	ss he/sh	ie	N	0
Is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of s	tate	contractor or prospective sta	ate cont	ractor?	No	0
Method of Contribution	Date Re	eceived		Agg	regate Contributions	Amour Contrib			
Credit Card		06/09/2	023	<u></u>		Conan			\$100.00
			lar						
Last Name			First Name					ľ	MI
Corey			-	\rth	ur	- los		لِـــ	T
Residential Street Address			City			Stat		Zip Co	
24 Valley View Rd		-111	Glasto	_			CT		06033
Principal Occupation				- 1	Name of Employer				
Trade Association Executiv	е				Connec			rs	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	executive officer	of a municip	ality	0 to a candidate comggitter(ई v does contributor or busines vith said municipality valued a	s he/sh	e	No	٥
ls this contribution associated with an event reported in Section L1?	No	ls contributor a p	orincipal of s	tate	contractor or prospective sta	ite conti	actor?	No)
Method of Contribution	Date Re	ceived		Agg	regate Contributions	Amoun			
Credit Card		06/09/20	023			Contrib	udon		\$250.00

Last Name			First Name				IV.	AT .
Crockett				Sco	ott			
Residential Street Address			City			State	Zip Co	de
PO Box 025250 #135	502		Miami	í		FL		33102
Principal Occupation	-				Name of Employer			
Executive					Whetst	one Holding	as	
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee f	for a chief	<u> </u>	
of a lobbyist?	No				ty does contributor or busines with said municipality valued		No)
ls this contribution associated with an event		ls contributor a	principal of s	state	e contractor or prospective sta	ate contractor?		
reported in Section L1?	No						No)
Method of Contribution	Date I	Received		Ag	gregate Contributions	Amount of		
Credit Card		06/23/2	วกวร			Contribution	8.	1,000.00
Credit Calu		0012312	.023	<u>—</u>			Ψ	1,000.00
Last Name			First Name				M	ii .
Davis			,	Ger	meem			
Residential Street Address			City	<u> </u>	ilicciii	State	Zip Coc	e
33 Cottage Place			Bridge	חמי		СТ		06604
Principal Occupation			Diluge	ipo.	Name of Employer		<u> </u>	0000-
· · · · · · · · · · · · · · · · · · ·					1	ort Genera	tion N	ورسا
Community Organizer Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	F \$40	00 to a candidate committee f		MOLLIA	OW
of a lobbyist?	No	executive officer	r of a municip	pality	y does contributor or busines with said municipality valued a	s he/she	No)
Is this contribution associated with an event		Is contributor a	principal of s	tate	contractor or prospective sta	ite contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date F	Received		Agg	gregate Contributions	Amount of		
Credit Card		06/08/2	023			Contribution		\$100.00
		*****	-					• • • • • • • • • • • • • • • • • • •
Last Name			First Name				М	1
Davis		,	J	lose	eph			М
Residential Street Address			City			State	Zip Cod	le
32 Fairmount Street			Melros	3e		MA		02176
Principal Occupation			101-0-1-		Name of Employer	1		
Vice President, IT					AVROB	10		
Is contributor a lobbyist, spouse, or dependent child					0 to a candidate committee fo	or a chief		
of a lobbyist?	No				y does contributor or busines with said municipality valued a		No	
s this contribution associated with an event		ls contributor a	principal of st	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date R	leceived		A88	regate Contributions	Amount of		
Credit Card		06/29/20	023			Contribution	!	\$500.00

Last Name			First Name				М	II.
Delany				Hul	bert			D
Residential Street Address			City			State	Zip Cod	
19 Reynolds Avenue			Stamt	forc	1	СТ		06905
Principal Occupation			1 0		Name of Employer			
State Representative					CT Ger	neral Asser	nhlv	
Is contributor a lobbyist, spouse, or dependent child		If contribution i	is in excess o	f \$4	00 to a candidate committee i			
of a lobbyist?	No				ty does contributor or busine: with said municipality valued		No)
Is this contribution associated with an event		ls contributor a	principal of:	state	contractor or prospective st	ate contractor?	,	
reported in Section L1?	No						No	
Method of Contribution	Date R	eceived		Ag	gregate Contributions	Amount of		
Credit Card		05/10/2	การ			Contribution		\$50.00
Credit Card		03/10/2	.023	_		<u> </u>		\$30.00
Last Name			First Name				М	<u> </u>
Dell'Abate			l .	Jill				E
Residential Street Address			City	,,,,,	· · ·	State	Zip Cod	
18 Mortimer Drive			Old G	ree	nwich	СТ		06870
Principal Occupation		<u> </u>	1 0100	100	Name of Employer			00010
Music Producer					self em	nloved		
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	f \$40	00 to a candidate committee f			
of a lobbyist?	No				y does contributor or busines with said municipality valued		No	
Is this contribution associated with an event		is contributor a	principal of s	tate	contractor or prospective sta	ite contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date Re	ceived		Agu	gregate Contributions	Amount of		
Credit Card		06/23/2	n23			Contribution		\$50.00
Ordal Odia		00/20/2		_				Ψ00.00
Last Name			First Name				МІ	
Desir			1 .)eb	orah			D
Residential Street Address			City			State	Zip Cod	e
11 Zak Hill Drive			Woodl	brid	lae	СТ		06525
Principal Occupation					Name of Employer		1	00020
Physician					Yale Sc	hool of Me	dicine	
Is contributor a lobbyist, spouse, or dependent child					0 to a candidate committee for	or a chief		
of a lobbyist?	No				y does contributor or busines with said municipality valued a		No	
ls this contribution associated with an event reported in Section L1?	No	ls contributor a p	principal of s	tate	contractor or prospective sta	te contractor?	No	
Method of Contribution	Date Re	ceived		Agg	regate Contributions	Amount of		
Credit Card		06/29/2	กวร			Contribution		\$25.00
Credit Card	1	0012312	UZJ					Ψ ∠ ↓.∪U

Last Name			First Name					ı	AI .
Ding			1 1	Me	gan				
Residential Street Address			City			St	ate	Zip Co	de
18 Maple St			Putna	m			CT		06260
Principal Occupation					Name of Employer				
Student					Na				
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee				
of a lobbyist?	No				ty does contributor or busine: with said municipality valued			N	Þ
is this contribution associated with an event		Is contributor a	principal of s	state	contractor or prospective st	ate con	tractor?		
reported in Section L1?	No							No	
Method of Contribution	Date R	eceived		Ag	gregate Contributions	Amou			
Credit Card		06/27/2	n23			Contri	ibution	\$	1,000.00
Orean Cara		OGIZITZ	.02.0					4	1,000.00
Last Name			First Name					N	48
Dugan			l 1	Mic	hael			- 1	S
Residential Street Address			City			Sta	ate	Zip Co	
23 Viola Drive			East F	lan	noton		СТ		06424
Principal Occupation					Name of Employer				
Lobbyist					Capitol	Cons	sultina	LLC	
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee f	or a ch	ief		
of a lobbyist?	Yes				y does contributor or busines with said municipality valued			No)
Is this contribution associated with an event		is contributor a	principal of s	tate	contractor or prospective sta	ate con	tractor?		
reported in Section L1?	No							No	1
Method of Contribution	Date Re	eceived		Age	gregate Contributions	Amou			
Credit Card		06/26/2	023			Contri	bution		\$200.00
orone out		00/20/2		_		•			
Last Name			First Name					N	II
Erickson			l	.au	га				
Residential Street Address			City			Sta	ite	Zip Co	de
67 Club Rd			Rivers	ide	}		СТ		06878
Principal Occupation				_	Name of Employer				
Retired					Retired				
ls contributor a lobbyist, spouse, or dependent child					0 to a candidate committee f				
of a lobbyist?	No				y does contributor or busines with said municipality valued a			No	•
Is this contribution associated with an event reported in Section L1?	N1.	ls contributor a	principal of s	tate	contractor or prospective sta	ite con	tractor?	N1-	
	No	1						No	
Method of Contribution	Date Re	ceived	 j	Agg	regate Contributions	Amous Contri	nt of bution		
Credit Card		06/20/2	023						\$50.00

Last Name			First Name				IN	11
Fang				Juli	ia			
Residential Street Address			City			State	Zip Co	de
18 Maple St			Putna	am		СТ		06260
Principal Occupation					Name of Employer			
Manager					PSA E	du Corp		
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee	for a chief		
of a lobbyist?	No				ty does contributor or busine with said municipality valued		No)
Is this contribution associated with an event		ls contributor a	principal of	state	e contractor or prospective s	ate contractor?	-	
reported in Section L1?	No						No	
Method of Contribution	Date	Received		Ag	gregate Contributions	Amount of		
Credit Card		06/27/2	2023			Contribution	\$1	,000.00
O TOUT COTA					·		- 4	,,000.00
Last Name			First Name				М	Ī
Foster			L	Mai	y-Jane			
Residential Street Address			City			State	Zip Cod	le
One Gold Street			Hartfo	ord		СТ		06103
Principal Occupation	•				Name of Employer			
Nonprofit CEO					interva	l House		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office	r of a munici	palit	00 to a candidate committee y does contributor or busine with said municipality valued	ss he/she	No	
ls this contribution associated with an event reported in Section L1?	No	is contributor a	principal of s	state	contractor or prospective st	ate contractor?	No	
		1						
Method of Contribution Credit Card	Date F	Received 06/28/2	n23	Ag	gregate Contributions	Amount of Contribution		\$500.00
Orean Cara		00/20/2	020	_	· · · · · · · · · · · · · · · · · · ·	<u> </u>	`	00.00
Last Name			First Name				Mi	
Gale			ا (Car	ol			
Residential Street Address			City			State	Zip Cod	e
165 Girard Ave			Hartfo	rd		СТ	ĺ	06105
Principal Occupation		·, ,			Name of Employer			
Education					Hartfor	d Board of E	Educat	ion
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	pality	0 to a candidate committee of does contributor or busine with said municipality valued	or a chief ss he/she	No	
ls this contribution associated with an event reported in Section L1?	No	is contributor a	principal of s	tate	contractor or prospective st	ate contractor?	No	
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of		
Credit Card		06/24/2				Contribution	3	500.00

Last Name			First Name					/I
Gallagher			١ ١	Will	liam			
Residential Street Address			City			State	Zip Co	de
85 Highland Avenue			Chath	am	1	NJ		07928
Principal Occupation					Name of Employer			
President					CFG M	lerchant So	lution	s
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee	for a chief		
of a lobbyist?	No				ty does contributor or busine with said municipality valued		No)
Is this contribution associated with an event		ls contributor a	principal of	state	contractor or prospective st	ate contractor?	, , , ,	
reported in Section L1?	No						No	•
Method of Contribution	Date R	<u>I</u> eceived		Agg	gregate Contributions	Amount of		
Credit Card		06/29/2	023			Contribution	\$	1,000.00
Ordan dard		00/20/2	020	_				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Last Name			First Name				M	11
Garvey			lι	_ind	Isworth		- 1	
Residential Street Address			City			State	Zip Co	de
31 Mill River Dr			Stratfo	ord		СТ		06614
Principal Occupation					Name of Employer			
Manager					Micros	oft		
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a municl	pality	0 to a candidate committee y does contributor or busine with said municipality valued	ss he/she	No)
is this contribution associated with an event		is contributor a	principal of s	tate	contractor or prospective st	ate contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date R	eceived		Age	gregate Contributions	Amount of		
Credit Card	<u> </u>	04/05/2	023			Contribution		\$100.00
							188	
Last Name			First Name				М	
Garvey				.ind	Isworth	les-4-		
Residential Street Address			City			State	Zip Cod	æ
31 Mill River Drive			Stratfo			CT	<u> </u>	06614
Principal Occupation					Name of Employer			
Retired					Retired			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	pality	0 to a candidate committee f y does contributor or busine: vith said municipality valued	is he/she	Ye	S
Is this contribution associated with an event reported in Section L1?	No	ls contributor a p	orincipal of s	tate	contractor or prospective sta	ate contractor?	Yes	\$
Method of Contribution	Date Re	ceived		Agg	regate Contributions	Amount of		
Credit Card		06/30/20	023			Contribution	;	\$250.00

Last Name			First Name	!			- I	VII IN
Gerratana			,	Gre	egory			
Residential Street Address			City	<u> </u>	,go.,	State	Zip Co	ode
11 Dorset lane			Farmi	inal	ton	СТ		06032
Principal Occupation	-		1 101111	1191	Name of Employer			00002
Consultant					Nutme	g Strategies	•	
Is contributor a lobbyist, spouse, or dependent child		If contribution i	is in excess o	f \$4	00 to a candidate committee f		<u>, </u>	· · · · · · · · · · · · · · · · · · ·
of a lobbyist?	No				ity does contributor or busines with said municipality valued		N	D
Is this contribution associated with an event		is contributor a	principal of:	state	e contractor or prospective sta	ate contractor?		
reported in Section L1?	No	ļ					No	
Method of Contribution	Date R	Received		Ag	gregate Contributions	Amount of		
Credit Card		06/10/2	2023			Contribution		\$250.00
Orean Oard		00/10/2	.025					Ψ250.00
Last Name			First Name			•	N	41
Gibbs			، ا	Ger	ville "Gerry"			F
Residential Street Address			City	50 1	VIIIO CONY	State	Zip Co	<u> </u>
2314 S Branch Rd			Branc	hhi	100	NJ	`	08853
Principal Occupation			1 Diano	IIDL	Name of Employer	140	Ь.—	00000
						Inches of Con		
Consultant Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in evenes of	f \$AC	Uapital O to a candidate committee fi	impact Gro	up	
of a lobbyist?	Yes	executive office	r of a municly	palit	ty does contributor or busines with said municipality valued a	s he/she	No	
Is this contribution associated with an event		ls contributor a	principal of s	state	contractor or prospective sta	ite contractor?		
reported in Section L1?	No						No	ı
Method of Contribution	Date R	eceived		Agr	gregate Contributions	Amount of		
Credit Card	<u> </u>	06/14/2	023			Contribution		\$250.00
Last Name			First Name				М	N .
Gibian			l ,	lulie	3			
Residential Street Address			City	dire	-	State	Zip Cod	de
7 Bennett St			Old Gr	raa	nwich	СТ		06870
Principal Occupation			_ Old GI		Name of Employer		<u> </u>	00070
Retired		•			Retired			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	pality	00 to a candidate committee for y does contributor or busines: with said municipality valued a	s he/she	No	
ls this contribution associated with an event reported in Section L1?	No	ls contributor a p	principal of si	tate	contractor or prospective sta	te contractor?	No	
Method of Contribution	Date Re	ceived		Agg		Amount of		
Credit Card		06/22/20	023			Contribution		\$25.00

Last Name			First Name				- 1	MI
Gill			1	Ma	ggie		- 1	
Residential Street Address			City		<u> </u>	State	Zip Co	ode
4625 Elismere Lane			Raleig	gh		NC		27604
Principal Occupation					Name of Employer			
Retired					Retired	j		
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office associated with	r of a munici	ipalit	00 to a candidate committee ty does contributor or busine with said municipality valued	ss he/she	N	0
		\$5000?			•			
ls this contribution associated with an event reported in Section L1?		ls contributor a	principal of	state	e contractor or prospective st	ate contractor	,	
reported in Section 21.	No	:					No)
Method of Contribution	Date R	leceived		Ag	gregate Contributions	Amount of		
Credit Card		06/08/2	023	ı		Contribution		\$50.00
oroan oara		00/00/2	-02-0	٠.	· · · · · · · · · · · · · · · · · · ·			Ψου.υς
Last Name	•		First Name				N	Λŧ
Gill				Mag	ggie		-	
Residential Street Address			City			State	Zip Co	de
4625 Elismere Lane			Raleig	ıh		NC		27604
Principal Occupation					Name of Employer		- 0	
Retired				i	Retired	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office	r of a municip	palit	0 to a candidate committee (y does contributor or busine: with said municipality valued	ss he/she	No)
Is this contribution associated with an event		is contributor a	principal of s	tate	contractor or prospective sta	ate contractor?		
reported in Section L1?	No						No)
Method of Contribution	Date R	eceived		Age	gregate Contributions	Amount of		
Credit Card		06/28/2	023			Contribution		\$50.00
Last Name			First Name					0
							"	
Ginste Residential Street Address			City	<i>i</i> na	rlene and Charles	State	Zip Cod	W fe
			1					
44 Tomac Avenue Principal Occupation			Old Gr		NWICH Name of Employer	CT		06870
, ,								
Retired Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	Retired 0 to a candidate committee fi	or a chief		
of a lobbyist?	No	executive officer	of a municip	ality	y does contributor or busines with said municipality valued	s he/she	No	,
ls this contribution associated with an event reported in Section L1?	No	ls contributor a p	principal of st	tate	contractor or prospective sta	te contractor?	No	
Method of Contribution	Date Re	ceived		Agg	regate Contributions	Amount of		
Credit Card		06/22/2	023			Contribution		\$50.00
J. July July								400.00

Last Name			First Name					МІ
Gladstein			I ,	Gir	na			
Residential Street Address			City			State	ZipC	ode
44 Binney Lane			Old G	iree	enwich	CI	-	06870
Principal Occupation					Name of Employer			
Physician					Refocu	IS		
ls contributor a lobbylst, spouse, or dependent child of a lobbylst?	No	executive office	r of a munici	ipali	00 to a candidate committee ity does contributor or busine with said municipality valued	ss he/she		10
Is this contribution associated with an event								
reported in Section L1?	No	is contributor a	ринсіраі от	Stati	e contractor or prospective st	ate contractor	N	0
Method of Contribution	Date R	eceived		Ag	gregate Contributions	Amount of		
Credit Card		06/23/2	023			Contribution	1	\$500.00
Orean Cara		0012012	.020					Ψ000.00
Last Name			First Name				$\neg \neg$	MI
Greenberg			۱,	Ker	nneth			
Residential Street Address	• •		City			State	Zip Co	ode
15 Sachem Road			Green	wie	ch	СТ	,	06830
Principal Occupation	•		•		Name of			
Attorney					Employer Law Off	ices of Ke	nneth	
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	f \$40	00 to a candidate co	erg chief		
of a lobbyist?	No				ty does contributor or busine with said municipality valued		N	lo
Is this contribution associated with an event		ls contributor a	principal of s	state	e contractor or prospective st	ate contractor	?	
reported in Section £1?	No						N	0
Method of Contribution	Date Re	eceived		Ag	gregate Contributions	Amount of		-
Credit Card		06/17/2	023			Contribution		\$100.00
Last Name			First Name					мі
			_	_			ľ	' ''
Grinsell Residential Street Address			City	Jas	ssidy	State	Zip Co	nde
··			l *		•		1.00	
220 W 6th Ave Principal Occupation			Consh	ion	Name of Employer	<u> </u> PA		19428
					1			
Engineer Is contributor a lobbyist, spouse, or dependent child		If contribution is	in everes of	440	Merck 00 to a candidate committee f	or a chief	——	
of a lobbyist?	No	executive officer	of a municip	palit	y does contributor or busines with said municipality valued	s he/she	N	0
is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of s	tate	contractor or prospective sta	te contractor	? No)
Method of Contribution	Date Re	ceived		Agg	gregate Contributions	Amount of		
Credit Card		06/24/2	023			Contribution		\$50.00
				_				

Last Name			First Name					MI
Heilmann			l N	Viel	s			
Residential Street Address			City			State	Zip Co	ode
89 GROVERS AVE			BRIDG	3EF	PORT	СТ	L	06605
Principal Occupation		-			Name of Employer			
Advisor					MPG O	perations		
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	O to a candidate committee f	or a chief		
of a lobbyist?	No	executive officer associated with \$5000?	r of a municip have a contra	palit act v	y does contributor or busines with said municipality valued	s ne/sne at more than	N	0
Is this contribution associated with an event	1	ls contributor a	principal of s	tate	contractor or prospective sta	te contractor?		
reported In Section L1?	No						N	0
Method of Contribution	Date Re	ceived		Age	gregate Contributions	Amount of		
		06/03/2	กวร			Contribution		\$350.00
Credit Card		00/00/2	.02.0	_	· · · · · · · · · · · · · · · · · · ·			-
Last Name		· -	First Name		****	<u> </u>		MI
Hughee			ا ا	losl	h			
Hughes Residential Street Address			City			State	Zip Co	ode
			West H	Har	tford	СТ		06119
34 Lexington Rd Principal Occupation			1103(1		Name of Employer			
					Canitol	Consulting		
Lobbyist Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	00 to a candidate committee f	or a chief		
of a lobbyist?	Yes	executive officer	r of a municip	oalit	y does contributor or busines with said municipality valued	s he/she	N	0
ls this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No	0
Method of Contribution	Date Re	eceived	· -	Age	gregate Contributions	Amount of		
Credit Card		06/09/2	023			Contribution		\$100.00
Last Name			First Name				Ir	МІ
			1				ľ	
Ibrahim Residential Street Address			City	nut	parakah	State	Zip Co	nde
			1					
670 Winthrop Avenue			New H	_~	en Name of Employer	CT		06511
Principal Occupation								
Seif-Employed		DEibeii-	i la ausans of	# 40	Balance To a candidate committee f	Fitness		
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a municip	palit	y does contributor or busines with said municipality valued	s he/she	N	0
ls this contribution associated with an event reported in Section L1?	No	ls contributor a	principal of s	tate	contractor or prospective sta	te contractor?	No	o
Method of Contribution	Date Re	eceived		Agg	gregate Contributions	Amount of	-	
Credit Card		06/30/2	60/2023 Contrib					\$500.00

Section B - Itemized Contributions from Individuals $\hfill\square$

Last Name			Firet	Name			_	
Jackson			J' "3\	rivanile				М
Residential Street Address				[Or. Tommie			
			City				Te	
Principal Occupation 458 Wire Mill Ros	ad		1.	24			State	Zip Code
- Tricipal Occupation				Stamf			СТ	0e
Religious Minister					Name of Employer			
is contributor a lobbyiet engine	71.6					والمام والم		
of a lobbyist?	IIQ	If contributi	on is in exc	cess of	\$400 to a candidate compality does contain	enopoth	Fellows	nip Churc
}	No	executive of	Hicer of a n	nunicip	◆400 to a candidate come ality does contributor or ct with said municipality	business h	Chief	
		\$5000?	aich Have 9	contra	ality does contributor or ct with said municipality	valued at m	ore than	No
Is this contribution associated with an event		_ /						110
reported in Section L1?		is contributo	or a princip	al of sta	ate contractor or prospec	tive state o	Ontractora	
	No	1				a otale c	Ontractory	
Montestar		1						No
Method of Contribution	Date	Received						
Credit Card	-510.	receiveD		JA	ggregate Contributions	Amo	ount of	
oredit card		04/01	/2023	- 1		Cont	tribution	
ast Name								\$100
			First Na	ıme				
Jackson			1			-		MI
esidential Street Address				Glo	ria			1_
40.14			City			Tei	ate Zi	B
rincipal Occupation 46 Keofferam Rd	_		1 04	Cros	enwich	ادا	اكار	p Code
			_ Uolu	Gree			CT	0687
Retired					Name of Employer			0007
contributor a lobbyist, spouse, or done done done					l			
a lobbyist?					l Pati			
		If contribution	is in excess	s of \$40	Reti			
	No	If contribution in executive office associated with	is in excess or of a mur	s of \$40 nicipalit	0 to a candidate commit	ee for a ch	ief	
, -:·	No	If contribution executive office associated with \$5000?	is in excess er of a mur have a co	s of \$40 licipality ntract v	0 to a candidate commit	ee for a ch	ief ne e than	No.
this contribution associated with		associated with \$5000?	have a co	ntract v	00 to a candidate commits y does contributor or bus with said municipality valu	tee for a ch iness he/sh red at more	e than	No
this contribution associated with an event corted in Section L1?		associated with \$5000?	have a co	ntract v	00 to a candidate commits y does contributor or bus with said municipality value	tee for a ch iness he/sh red at more	e than	No
this contribution associated with		associated with \$5000?	have a co	ntract v	0 to a candidate commit	tee for a ch iness he/sh red at more	e than	No
this contribution associated with an event ported in Section L1?		associated with \$5000?	have a co	ntract v	00 to a candidate commits y does contributor or bus with said municipality value	tee for a ch iness he/sh red at more	than	No No
his contribution associated with an event ported in Section L1?	No	associated with \$5000? Is contributor a	have a co	ontract v	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	tee for a ch iness he/sh red at more	than	
his contribution associated with an event orted in Section L1? thod of Contribution		associated with \$5000? Is contributor a	have a co	ontract v	00 to a candidate commits y does contributor or bus with said municipality value	tee for a ch ilness he/sh ued at more	ractor?	
this contribution associated with an event ported in Section L1?	No	associated with \$5000? Is contributor a	principal c	ontract v	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	tee for a ch iness he/sh red at more	ractor?	
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card	No	associated with \$5000? Is contributor a	principal c	ontract v	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	tee for a ch liness he/sl led at more state cont	ractor?	No
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name	No	associated with \$5000? Is contributor a eived 06/13/20	principal c	of state Aggr	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	tee for a ch liness he/sl led at more state cont	ractor?	
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name Janensch	No	associated with \$5000? Is contributor a eived 06/13/20	principal c	of state Aggr	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	tee for a ch liness he/sl led at more state cont	ractor?	No
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name Janensch	No	associated with \$5000? Is contributor a elved 06/13/20	principal o	of state Aggr	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	tee for a ch liness he/sl led at more state cont	ractor?	\$100.00
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name Janensch dential Street Address	No	associated with \$5000? Is contributor a elved 06/13/20	principal co	Aggr	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	ee for a ch siness he/si led at more state cont Amoun Contrib	ractor?	\$100.00
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name Janensch dential Street Address	No	associated with \$5000? Is contributor a elved 06/13/20	principal control of the principal control of	of state Aggr	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	tee for a ch liness he/sl led at more state cont	ractor?	\$100.00
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name Janensch dential Street Address	No	associated with \$5000? Is contributor a elved 06/13/20	principal o	Aggr Gail	00 to a candidate committy does contributor or bus with said municipality valucontractor or prospective regate Contributions	e state cont Amoun Contrib	t of ution	\$100.00
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name Janensch dential Street Address 3030 Park Ave	No	associated with \$5000? Is contributor a elved 06/13/20	principal control of the principal control of	Aggr Gail	00 to a candidate commit y does contributor or bus with said municipality valu contractor or prospective	e state cont Amoun Contrib	ractor?	\$100.00
his contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name Janensch dential Street Address 3030 Park Ave Ipal Occupation	No Date Rec	associated with \$5000? Is contributor a elved 06/13/20	principal control of the principal of th	Aggr Gail eport	00 to a candidate committy does contributor or bus with said municipality value contractor or prospective regate Contributions	e state cont Amoun Contrib	t of ution	\$100.00
this contribution associated with an event ported in Section L1? thod of Contribution Credit Card Name Janensch dential Street Address 3030 Park Ave	No Date Rec	associated with \$5000? Is contributor a eived 06/13/20	principal control of the principal control of	Aggr Gail	00 to a candidate committed to be contributor or bus with said municipality value contractor or prospective regate Contributions The contractor of prospective regate Contributions The contributions regate Contributions The contribution of the	e state cont Amoun Contrib	t of ution	\$100.00
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Teacher / Legislator Tributor a lobbyist, spouse, or dependent child lobbyist? No State of CT, City of Hartford executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? Is contribution associated with an event ted in Section L1? No Date Received No No No No No No No No No N	25 Cotton et			, ,			Stat	e Zij	o Code
Teacher / Legislator Intributor a lobbyist, spouse, or dependent child lobbyist? No State of CT, City of Hartford State of C	cipal Occupation			Windso			1	СТ	0609
If contributor a lobbyist, spouse, or dependent child lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? Is contribution associated with an event red in Section L1? No Date Received Aggregate Contributions Amount of					Nan	ne of Employer			
No Security of Contribution No Security and the contract with said municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? Is contribution associated with an event red in Section L1? No N	ntributor a lobbyist, spouse, or dependent child		<u> </u>			State o	of CT, C	ity of H	artford
\$5000? Is contribution associated with an event red in Section L1? No No No No No No No No No N	obbyist?					a candidate committee	for a chief	-	
s contribution associated with an event ted in Section L1? No No No No Date Received Aggregate Contributions Amount of				lave a contra	ct with s	aid municipality valued	as ne/sne at more t		No
No N	contribution associated with an event								
No od of Contribution Date Received Aggregate Contributions Amount of	ted in Section L1?		s contributor a p	rincipal of sta	ite cont	ractor or prospective st	ate contra	ctor?	
od of Contribution Date Received Aggregate Contributions Amount of		No							No
Aggregate Contributions Amount of	od of Contribution		 					'	, 10
Cronit Cand		Date Rece	eived	A	ggregat	e Contributions			
	Credit Card		06/11/202	23			Contribut	ion	\$100.00

Section B - Itemized Contributions from Individuals $\hspace{-0.1cm}\square$

Last Name	•	- · 	First Nam	е					ТмI
Khanna					ah al			i	**
Residential Street Address			City	Ra	ichel	Sta	ato.	Zip C	<u> </u>
163 John Street			1 '		5 - 8 -]36		ZipC	
Principal Occupation			Gree	PINA	Name of Employer		СТ	Щ_	0683
CT State Representative					1				
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in evress	of \$4	U00 to a candidate committe	eneral /	Assen	nbly	
of a lobbyist?	No	executive office	er of a munic	cipali	ity does contributor or busir with said municipality value	iess he/sh	-	N	lo
Is this contribution associated with an event		ls contributor a	principal of	stat	e contractor or prospective :	state cont	ractor?		-
reported in Section L1?	No							N	0
Method of Contribution	Date	Received		Ag	gregate Contributions	Amoun	t of	—-	<u>.</u>
Credit Card		06/20/2	2023	"		Contrib			\$200.0
					<u> </u>				<u> </u>
Last Name			First Name					F	MI
Kovac				Mai	rcella				
Residential Street Address			City			Stat	e	Zip Co	de
404 Brewster Street			Bridge	еро	rt		СТ		06605
Principal Occupation					Name of Employer		-		
Design and Marketing Is contributor a lobbyist, spouse, or dependent child					The Ba	ananala	and		
of a lobbyist?	No	executive office associated with \$5000?	r of a munici have a contr	ipalit ract v	y does contributor or busine with said municipality valued	ess he/she l at more i	than	No	0
Is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of	state	contractor or prospective s	tate contra	actor?	No)
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount	of		
Credit Card	<u>.l</u>	06/08/2	023			Contribu	ution		\$200.00
ast Name			First Name					М	11
Lemar			_	₹ola	and			ļ	
tesidential Street Address			City	\UIG	inu	State	. 17	Zip Cod	le .
552 Chapel Street		ļ	New H	lave	an .			p coc	-
rincipal Occupation			14041	-	Name of Employer		СТ		06511
Legislator					Ctoto C	Y OT			
contributor a lobbyist, spouse, or dependent child	_	If contribution is	in excess of	\$400	State C) to a candidate committee f	or a chief			
f a lobbyist?	No	executive officer	of a municip	ality	does contributor or busines ith said municipality valued	s he/she		No	
this contribution associated with an event		ls contributor a p	rincipal of st	tate d	contractor or prospective sta	ite contra	ctor?		
	No							No	
lethod of Contribution	Date Re	ceived		Aggr	egate Contributions	Amount o			
Credit Card		04/19/20	23			Contribut	lion	5	100.00

Section B - Itemized Contributions from Individuals $\ensuremath{\square}$

Last Name			First Nam	ne	<u> </u>				
Lewis				Dia	ane			ľ	AII
Residential Street Address			City	Dia	ane	State		Zip Co	udo.
69B Congress St.			Hart	ford				Zip Co	
Principal Occupation			I lait	ioiu	Name of		CT	L.	<u>0611</u>
Case Managwr					Employer	: +	_		
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess	nf \$4	I Build 100 to a candidate collysis	ing Trade:	s ira	ilning	<u> </u>
of a lobbyist?	No	IEVERATINE DITIE	ei oi a muni	ICIDAII	ity does contributor or busi with said municipality value	noce haleha	an	No)
Is this contribution associated with an event reported in Section L1?		ls contributor	a principal o	f state	e contractor or prospective	state contrac	tor?		
reported in Section C15	No							No	
Method of Contribution	Date	Received	·	Ag	gregate Contributions	Amount o			
Credit Card		06/11/2	2023			Contribut			0400 0
									\$100.0
Last Name		-	First Name	-				М	
Lewis				Don	othy				
Residential Street Address	-		City	-	outy	State	17	ip Cod	<u>M</u>
290 Greenwood St.			Bridg	Ann	r t		тГ	-p 000	
Principal Occupation			j Dilag		Name of Employer		<u>'' </u>		06606
Legislative Aide					Ctata	-f OT			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution i	s in excess o	f \$40	State 0 to a candidate committee	of U I			
	No _	associated with	r of a munic have a conti	ipality ract w	y does contributor or busing with said municipality valued	ess he/she d at more tha	n	No	
s this contribution associated with an event reported in Section L1?		is contributor a	principal of:	state	contractor or prospective s	tate contract	or?		
	No	1						No	
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of		_	
Credit Card	<u> </u>	06/23/2	023			Contributio		\$	100.00
ast Name			First Name					Тмі	
Lewis		i		.	_			IMI	
esidential Street Address			City	Rena	<u> </u>	State	7:-	Code	
726 East Street			•		!_ _	- 1	Ι.		
rincipal Occupation			New B		n Name of Employer			!	<u>06051</u>
Analyst	-			ľ					
contributor a lobbyist, spouse, or dependent child		If contribution is	in evenes of	*400	to a candidate committee f				
a lobbyist?	No	executive officer	of a municip	ality i	to a cariologie committee t does contributor or busine: th said municipality valued	ce ha/cha	I	No	
this contribution associated with an event ported in Section L1?	_	ls contributor a p	rincipal of st	tate c	ontractor or prospective sta	ste contracto	r?		_
ported in Section [1]	No							No	
ethod of Contribution	Date Re	ceived		Aggre	egate Contributions	Amount of			
Credit Card	<u> </u>	06/08/20				Contribution	I	\$	50.00

Last Name			First Nam	e				Мі
Lloyd			1	Cir	ndi			I A
Residential Street Address		· · · · · · · · · · · · · · · · · · ·	City			State	Zip	Code
5 Westview Drive			Bloo	mfi	eld	c	_ [`	0600
Principal Occupation		 .			Name of Employer			0000
Special Investigator					State	of Connec	4:	
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess	of \$4	100 to a candidate committe	e for a chief	uon	
of a lobbyist?	No	executive office	er of a munic	cipal	ity does contributor or busi with said municipality valu	necc he/che	n ;	No
Is this contribution associated with an event		Is contributor a	principal of	fstat	e contractor or prospective	state contracto	or?	
reported in Section L1?	No							No
Method of Contribution	Date	Received		A	gregate Contributions	Amount of		
Credit Card	- 1	06/11/2	מאמ	1		Contributio	n	
Ordan Dard		00/11/2	2023_					\$50.00
Last Name			First Name	,	-	.		М
Lovinski				Anı	•			1441
Residential Street Address			City	Aun	ie .	State	Zip C	ode
60 Cherry Hill Drive,	2Δ		Deide.			1	- 1	
Principal Occupation	<u> </u>		Bridge	epo	Name of Employer	C		06606
Dental Hygienist					l			
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in eyress o	F\$AI	Vaugl O to a candidate committee	n Family D	<u>entist</u>	<u> </u>
of a lobbyist?	No	executive office	r of a munici	ipalit	y does contributor or busin with said municipality value	ess he/she	٨	lo
ls this contribution associated with an event		Is contributor a	principal of s	state	contractor or prospective :	state contractor	?	
reported in Section L1?	No						N	o
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of		
Credit Card		06/30/2	023		-	Contribution		\$50.00
ast Name			First Name			<u></u>		
Martin			,	- -	جالم			"
Residential Street Address			City	วสม	riella	State	Zip Co	240
3 Ledgewood Blvd		ļ	-		<u>.</u>	1	1	
Principal Occupation			Dartme		Name of Employer	MA		02747
Senior Consultant				ı				
Senior Consultant s contributor a lobbyist, spouse, or dependent child		If contribution is	in evener of	\$40) to a candidate committee	Simulator		
f a lobbyist?	No	executive officer	of a municip	ality	does contributor or busine ith said municipality valued	ss he/she	N	0
this contribution associated with an event		ls contributor a p	rincipal of st	tate	contractor or prospective st	ate contractor		
-porces in Section L1?	No						No	,
lethod of Contribution	Date Re	ceived		Aggı	egate Contributions	Amount of		
Credit Card		06/10/20	23			Contribution		\$100.00
								~ I U U . U U I

Last Name			First Name				МІ
Marx				Mai	rtha		E
Residential Street Address			City			State	Zip Code
4 Harbor Lane			New	Lon	don	СТ	06320
Principal Occupation					Name of Employer		
RN					Yale N	H Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					00 to a candidate committee	for a chief	
or a robbyss:	No	associated with \$5000?	have a cont	ract v	ty does contributor or busine with said municipality valued	ss ne/sne at more than	No
Is this contribution associated with an event reported in Section L1?		Is contributor a	principal of	state	contractor or prospective s	ate contractor	?
reported in Section 21:	No						No
Method of Contribution	Date	Received		Agg	gregate Contributions	Amount of	
Credit Card		06/10/2	2023			Contribution	\$100.0
Last Name	<u> </u>		First Name				<u></u>
McBride				-	_		1411
Residential Street Address		· · · · · · · · · · · · · · · · · · ·	City	Sea	<u> </u>	State	Zip Code
24 Ridgevale Place			Bridge	2001	-4	СТ	06610
Principal Occupation			<u> Diidge</u>		Name of		1 00010
Revenue Analyst						Bride Elect	rical
Is contributor a lobbylst, spouse, or dependent child of a lobbylst?	No	lexecutive onice	r ot a municij	pality	0 to a candidate committee y does contributor or busine with said municipality valued	ss he/she	No
s this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	ete contractor?	
reported in Section L1?	No						No
Method of Contribution	Date R	Received		Agg	regate Contributions	Amount of	
Credit Card		06/08/2	023			Contribution	\$100.00
.ast Name		·	First Name				IMI
Meskers			_	4ani	ion		1
Residential Street Address			City	loni	ica	State	Zip Code
18 Lockwood Avenue			Old Gr	oen	wich	СТ	}
Principal Occupation			Old Ol		Name of Employer	1 01	06870
Decorator/workroom					Monica'	s Designs	
s contributor a lobbyist, spouse, or dependent child if a lobbyist?	No	executive officer	of a municip	ality) to a candidate committee for does contributor or busines ith said municipality valued a	or a chief s he/she	No
s this contribution associated with an event		Is contributor a r	rincipal of st	ate c	contractor or prospective sta	te contractor?	
eported in Section L1?	No						No
Method of Contribution	Date Re	eceived		Aggr	egate Contributions	Amount of	-
Credit Card	1	06/22/20				Contribution	\$100.00
			-20				\$100.00

Last Name			First Name	2				V	AI .
Meskers			1	Ste	phen				R
Residential Street Address			City			S	tate	Zip Co	de
18 Lockwood Avenue	€		Old G	3ree	enwich		CT		0687
Principal Occupation			•		Name of Employer				
Retired					Retire	ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office	er of a munic	ipali	00 to a candidate committee ty does contributor or busin with said municipality value	ess he/s	she	No)
Is this contribution associated with an event		ls contributor a	principal of	state	e contractor or prospective s	state co	ntractor?		
reported in Section L1?	No							No	
Method of Contribution	Date :	Received		Ag	gregate Contributions		unt of	_	
Credit Card		06/15/2	2023			Conti	ribution	_	\$300.0
Last Name			First Name					М	<u> </u>
Mitchell			1	Ros	saline				
Residential Street Address			City			St	ate	Zip Coc	le
7 Sycamore Road			Bloom	nfie	ld		СТ		06002
Principal Occupation					Name of Employer				
Retired					Retired	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office	r of a munici	palit	00 to a candidate committee y does contributor or busine with said municipality valued	ess he/s	he	No	-
Is this contribution associated with an event		ls contributor a	principal of s	state	contractor or prospective st	tate con	tractor?		
reported in Section L1?	No	1						No	
Method of Contribution	Date R	teceived		Age	regate Contributions	Amou	nt of		
Credit Card		06/10/2	023			Contri	ibution		\$50.00
Last Name			First Name					10.00	
Modica				Sina	1			MI	
Residential Street Address			City			Sta	ate 7	Zip Cod	<u> </u>
5 Vista Avenue			Old G	eei	nwich		СТ		06870
Principal Occupation					Name of Employer		<u> </u>	· ·	000.0
Retired					Retired	1			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	ality	O to a candidate committee or does contributor or busine with said municipality valued	for a chi ss he/st	ne	No	
s this contribution associated with an event eported in Section L1?	No	ls contributor a p	orincipal of st	tate	contractor or prospective st	ate conf	tractor?	No	
Method of Contribution	Date Re	eceived	200	Agg	regate Contributions	Amour Contril			
Credit Card		06/13/20	123			J		<u> </u>	000.00

Last Name			First Name	e					MI
Mongellow			1	Th	omas]	S
Residential Street Address		-	City				State	Zip C	
257 Adrian Ave			New	inal	ton		ст		0611
Principal Occupation			1101	9	Name of		<u> </u>		0011
Trade Association Execut	ive				Employer Conne	ectic	ut Banke	ers	
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess	of \$4	100 to a candidate comegicae	SÁNG	rshief		
of a lobbyist?	Yes	lexecutive office	er of a munic	cipal	ity does contributor or busin with said municipality value	iess he	e/she	N	0
Is this contribution associated with an event		ls contributor a	a principal of	stat	e contractor or prospective s	state c	ontractor?		
reported in Section L1?	No							No	
Method of Contribution	Date	Received	~	A	gregate Contributions	Am	ount of		
Credit Card		06/09/2	วกวร		-	Cor	ntribution		ቀሳርሳ ሳ
Ordan Gala		00/03/2	2023_				-		\$250.0
Last Name			First Name	!				IN	41
Moore				Ma	rilyn			İ	V
Residential Street Address		-	City	ITICI	inyii		State	Zip Co	
666 develand Avenue			Bridge	enc	x+	ľ	СТ		
Principal Occupation	<u>-</u>		1 Drigg	apc	Name of Employer		<u> Ci</u>	<u> </u>	06604
Legislator					1	4 O T			
Is contributor a lobbyist, spouse, or dependent child		If contribution i	s in excess o	f \$40	State i 00 to a candidate committee		chief		
of a lobbyist?	No	executive office	r of a munici	ipalit	ty does contributor or busine with said municipality valued	ss he	/she	No	•
ls this contribution associated with an event		ls contributor a	principal of:	state	contractor or prospective si	tate co	ontractor?	_	
reported in Section L1?	No							No	
Method of Contribution	Date R	eceived		Ag	gregate Contributions	Amo	unt of		
Credit Card		06/21/2	023			Cont	tribution		\$25.00
Last Name		···	First Name					М	
Moriarty					11_				•
Residential Street Address			City	_es	ile	Is	tate	Zip Cod	
150 Parsonage Rd			1		L	ľ		Lip Coo	
Principal Occupation			Green	_	Name of Employer		СТ		06830
Retired					` *	1			
s contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	Retired 0 to a candidate committee i	inra <i>e</i>	hief		
of a lobbyist?	No	executive officer	of a municip	oality	does contributor or busines with said municipality valued	ss he/s	she	No	
s this contribution associated with an event eported in Section L1?		ls contributor a p	principal of s	tate	contractor or prospective sta	ate co	ntractor?		
	No	1						No	
fethod of Contribution	Date Re	ceived		Agg	regate Contributions		unt of	_	_
Credit Card		06/22/20)23			Conti	ribution	4	100.00

Last Name			First Nam	e				MI
Napper			1	Tyl	ler			-
Residential Street Address		·	City	.,.		State	Zi	ip Code
60 Congress Street			Harti	ford			т	0611
Principal Occupation					Name of Employer		•	
Analyst					Non-l	Profit		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office	er of a munic	cipali	00 to a candidate committe ity does contributor or busi with said municipality value	e for a chief	n	No
Is this contribution associated with an event		ls contributor a	a principal of	stat	e contractor or prospective	state contract	or?	
reported in Section L1?	No	1						No
Method of Contribution	Date	Received	**	ΙAΩ	gregate Contributions	Amount of		
Credit Card		06/11/2	2023			Contribution		\$25.0
Last Name			First Name			· · · ·		lan ·
Needleman				_				МІ
Residential Street Address			City	Dar	niel	State	Tax.=	- Cada
27 Disab Balli Tanii			1.] '	Code
37 Birch Mill Trail, Principal Occupation			Esse	<u> </u>	Name of Employer	C		06426
Other					Tower	Labs Ltd		
Is contributor a lobbyist, spouse, or dependent child of a lobbylst?	No	executive office	r of a munici	ipalit	0 to a candidate committee y does contributor or busin with said municipality value	ess he/she	1	No
Is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of	state	contractor or prospective s	tate contracto		No
Method of Contribution	Date R	eceived		Aoc	gregate Contributions	Amount of		
Credit Card		06/26/2	023		g-egate contributions	Contribution	1	\$25.00
ast Name			les i de		•			
Needleman			First Name	vlati	thew			МІ
Residential Street Address			City			State	Zip	Code
21 Carol Drive, , false			Ivoryto	on		СТ	.	06442
Principal Occupation					Name of Employer			00112
Manager s contributor a lobbyist, spouse, or dependent child		If an at the stanta	*-		Tower	Labs		
f a lobbyist?	No	executive officer	of a municip	pality	to a candidate committee does contributor or busine ith said municipality valued	ss he/she	ľ	No
this contribution associated with an event eported in Section L1?	No	ls contributor a p	principal of s	tate	contractor or prospective st	ate contractor		No
lethod of Contribution	Date Re	L		Agor	regate Contributions	Amount of		-
Credit Card		06/26/20	123	-06'	-Gara contributions	Contribution		\$25.00
		USIZUIZU						\$25.00

Last Name			First Nam	ię	<u></u>				МІ
Регтаз			1	Jin	1				S
Residential Street Address			City			St	ate	Zip Co	
156 LeFoll Blvd.			Sout	h W	/indsor	İ	СТ	1	
Principal Occupation			1 0000		Name of		Çī		06074
CEO					Employer Home Bui	ldan 0	D	- d - l -	
Is contributor a lobbyist, spouse, or dependent child	·	If contribution	is in excess	of \$4	00 to a candidate commitme	MEIS O	reme	odele	rs
of a lobbyist?	Yes	executive office associated with \$5000?	er of a muni h have a con	cipali tract	00 to a candidate sometime ty does contributor or busin with said municipality value	ess he/si d at more	re than	N	D
Is this contribution associated with an event		ls contributor a	a principal of	fstate	e contractor or prospective s	itate con	tractor?		
reported in Section L1?	No							No)
Method of Contribution	Date	Received		Ag	gregate Contributions	Amour	nt of		
Credit Card	Щ.	06/30/2	2023	\perp		Contri	bution		\$100.00
Last Name			In						
			First Name	!				M	11
Pheanious Residential Street Address				Pat					W
			City			Sta	te	Zip Cod	de
63 Squaw Hollow Rd Principal Occupation		·- <u>-</u>	Ashfo				СТ		06278
•					Name of Employer				
Retired Is contributor a lobbyist, spouse, or dependent child			<u> </u>		Retired				
of a lobbyist?	No	executive office	r of a munici	ipalit	0 to a candidate committee y does contributor or busine vith said municipality valued	ss he/sh		No	
s this contribution associated with an event		ls contributor a	principal of	state	contractor or prospective st	ate conti	actor?		
reported in Section L1?	No				, ,,			No	
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount	t of		-
Credit Card	<u> </u>	06/20/2	023			Contrib			\$50.00
ast Name		· · · · · · · · · · · · · · · · · · ·	First Name					To se	
Demelyes			Ī .	_				Wi	1
Przybysz Residentiał Street Address			City K	(enr	neth				
EQ Cooderin Circle		J	•			State	2	ip Code	<u> </u>
50 Goodwin Circle		<u> </u>	Hartfo			Ш.	CT		06105
Consultant/Lobbyist					Name of Employer Przybysz	+ ∆cco	ciatee		ł
contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$400	to a candidaterromeittee 6	osa eksol	im		
f a lobbyist?	Yes	Severniise milifei	OI a ITTURKLIS	MILLA	does contributor or busines th said municipality valued a	c ho/cha		No	
this contribution associated with an event		ls contributor a p	rincipal of st	tate c	ontractor or prospective sta	te contra	ctor?		
	No							No	
ethod of Contribution	Date Re	ceived		Aggre	egate Contributions	Amount	of		
Credit Card		04/23/20	23			Contribu	tion	¢	150 00
			-		· · · · · · · · · · · · · · · · · · ·			an an	1.21.1.11.4

Last Name			First Name	e					MI
Rahman				MC)				М
Residential Street Address			City			s	itate	Zip Co	
6			Mano	che	ster		СТ		0604
Principal Occupation			177207.4	<i>3</i> 110	Name of Employer		<u> </u>		0004
President					Maria	~ Sai	maina I		
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess (of \$4	00 to a candidate committee	e for a cl	urcing li _{hief}	nc_	
of a lobbyist?	No	executive office	er of a munic	cipali	ity does contributor or busin with said municipality value	ess he/s	she	No	0
Is this contribution associated with an event		is contributor a	a principal of	stat	e contractor or prospective s	state cor	ntractor?		
reported in Section L1?	No							No)
Method of Contribution	Date I	Received		ĺΑg	gregate Contributions	LAmou	unt of		
Credit Card	1	04/12/2	วกวร	[10, 40ana animinamana		ibution	•	4 000 A
0104110410		<u> </u>	2023_					<u> </u>	1,000.0
Last Name			First Name					М	AI
Reid-James			1 ,	l on	raine				"
Residential Street Address			City	LO:	raine	İşt	ate l	Zip Cod	<u> </u>
59 Bluebird Dr			1	٠.,		[I	ZIP CO.	
Principal Occupation			Nauga	atu	Name of Employer	Щ,	СТ		06770
Social workee Is contributor a lobbyist, spouse, or dependent child		heib-stion i	1	40	Family	& Ch	ildren's	Ager	тсу
of a lobbylst?	No	executive officer	r of a municit	palit	00 to a candidate committee y does contributor or busine with said municipality valued	ss he/st	he	No	l
s this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective st	ate conf	ractor?		
reported in Section L1?	No			-	continuous of prospensive or	are com	u accor;	No	
Method of Contribution	Date R	teceived	_	Agg	regate Contributions	Amour	nt of		
Credit Card		06/08/20	023			Contril			\$50.00
ast Name			First Name					М	
Rizzolo								IVII	
Residential Street Address			City	arc	<u> </u>	Icea	15		_
		J	ľ			Sta		ip Code	è
24 Long Hill Farm			Guilford	_	Alama agranda		CT		06437
, •				ľ	Name of Employer				
Retired s contributor a lobbyist, spouse, or dependent child		The contract of the			Retired				
f a lobbyist?	No	executive officer	of a municipa	ality	O to a candidate committee for does contributor or busines with said municipality valued a	s he/sh	ρ	No	
this contribution associated with an event eported in Section L1?	No	ls contributor a p	rincipal of sta	ate o	contractor or prospective sta	ite contr	actor?	No	
lethod of Contribution	Date Re	ceived	Aggregate Contributions Amount of			t of		_	
Credit Card		06/29/20	Contribution					•	100 00
		00,20,20				4			TENER CHES

Section B - Itemized Contributions from Individuals $\ensuremath{\square}$

Last Name			First Na	me				
Robles							ľ	MI
Residential Street Address		 	City	Nei	ida			
77 840			-1			State	Zip Co	ode
77 Magnolia Avenue	}		Lar	chmo		NY	.	1053
					Name of Employer			
Retired					Retire	ed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution	is in excess	s of \$40	00 to a candidate committe	e for a chief		
	No	associated wit	h have a co	ntract (by does contributor or busing with said municipality value	ness he/she ed at more than	No	o
Is this contribution associated with an event		Is contributor	a principal (of state	contractor or prospective	state contracto		
reported in Section L1?	No				sometter of prospective	state contractor	, No)
Method of Contribution	Date	Received		Ago	gregate Contributions	Amount of		
Credit Card		0540		۳	a chare contributions	Contribution		
Orecit Card	Щ.	05/10/2	2023	_ـــ				\$100.0
Last Name			First Nam					
Rowthorn			riist Nam	e			M	JI .
Residential Street Address				Perr	у			
			City			State	Zip Cod	le
43			West	t Hart	ford	СТ		06119
Principal Occupation					Name of Employer		Щ	00113
Attorney				- 1	loneo	n Baudham I		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is	s in excess	of \$400	to a candidate committee	n Rowthorn	LP_	
ar a rouphizts	Yes	executive office	r of a munic	cipality	does contributor or busine ith said municipality valued	es hatcha	No	
s this contribution associated with an event		Is contributor a	principal of	state o	contractor or prospective s	tate contractor?		
eported in Section L1?	No				or prospective s	rate contractor?	No	
Method of Contribution	Date R	eceived		lagge	ogate Contribution	E		
Credit Card	1			788	egate Contributions	Amount of Contribution		
Credit Cald		06/09/2	023				\$	750.00
ast Name			F1 a t					
Develop-			First Name				МІ	
Rucker esidential Street Address			- :	Shan	<u>ika</u>			
· · · · · · · · · · · · · · · · · · ·		1	City		<u></u>	State	Zip Code	
308 Remington St		ľ	Bridge	troas		СТ	ř	06610
rincipal Occupation					ame of			000 10
Social worker				Er	nployer CT In add	4. f D. f		
contributor a lobbyist, spouse, or dependent child		If contribution is	in evenes of	E \$400 t	to a candidatersकात्रभावा	te foe Refug	ees an	10
a lobbyist?	140				loes contributor or busines h said municipality valued a		No	
this contribution associated with an event	_	ls contributor a n	rincipal of s	tate co	ntractor or prospective sta	to continue of		
ported in Section L1?	No			aute co	ingercol of biospertive 209	ite contractor?	No	
thod of Contribution	Date Re	ceived		Appre	gate Contributions	Array no : 5		
Credit Card			00	, pe, e	Pare courringforis	Amount of Contribution		
Jiedil Calu		06/08/20	23	<u></u>			\$	50.00

Last Name First Name								10.40
			LILZE MAINE					МІ
Saint Juste				Eve	ens			<u></u>
Residential Street Address			City			State	Zip C	ode
75 Terry place			Bridge	epo	ort	СТ		06606
Principal Occupation					Name of Employer		-	
Medical Lab Tech					Green	wich Hospit	al	
is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess o	f \$4	00 to a candidate committee		aı	
of a lobbyist?	No	executive office	er of a munici	ipali	ty does contributor or busine with said municipality valued	ss he/she	N	lo
Is this contribution associated with an event		Is contributor a	principal of	state	e contractor or prospective st	ate contractor?	,	
reported in Section L1?	No						N	0
Method of Contribution	Date F	Received		IAg	gregate Contributions	Amount of		
		ne innr	2000	٦		Contribution		****
Credit Card		06/30/2	2023			<u> </u>		\$200.00
Last Name			Triant Margo					
			First Name					MI
Sanchez				Jan	nes		\Box	
Residential Street Address			City	_		State	Zip Co	ode
370 freeman st			Hartfo	ırd		СТ		06106
Principal Occupation			1 1	-	Name of Employer			00.100
l Hilitz evetome monitoring					' '			
Utility systems monitoring Is contributor a lobbyist, spouse, or dependent child		lif contribution is	- in evence of	F €A(MDC 30 to a candidate committee f	as a shipf		
of a lobbyist?	No	executive officer	r of a municip	palit	y does contributor or busines with said municipality valued	ss he/she	N	0
ls this contribution associated with an event		Is contributor a	principal of s	state	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No	o
Method of Contribution	Date R	Received		Agg	gregate Contributions	Amount of		
Cradit Card	1	05/47/0	1000	-		Contribution		250.00
Credit Card	⊥	05/17/2	023	<u></u>				\$50.00
Last Name			First Name				— Iñ	и
							ľ	""
Sanchez				Rob	ert	In	- 1	
Residential Street Address			City			State	Zip Co	de
269 Washington Street	ţ		New B	rita	in	СТ		06051
Principal Occupation					Name of Employer			
State Representative					State of	Ct		
s contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee fo			-
of a lobbyist?	No	executive officer	r of a municip	pality	y does contributor or busines: vith said municipality valued a	s he/she	No	>
s this contribution associated with an event		ls contributor a p	principal of st	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No	,
Method of Contribution	Date Re	eceived		Agg		Amount of		
Credit Card		05/17/20	7/2023					\$200.00

Last Name			First Name	e		_			МІ
Santana				Syl	lvia				
Residential Street Address			City			St	ate	Zip Co	ode
5700 Brace Street			Detro	ait			MI	1	48228
Principal Occupation					Name of Employer		1011		70220
Senator					Conto		Minhia		
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess i	of \$4	00 to a candidate committee	na for		an	
of a lobbyist?	No	executive office	er of a munic	cipali	ity does contributor or busin with said municipality value	ess he/s	he	N	0
Is this contribution associated with an event		ls contributor a	principal of	stat	e contractor or prospective :	state con	tractor?		
reported in Section L1?	No							No	>
Method of Contribution	Date I	Received		Ag	gregate Contributions	Amou	nt of		
Credit Card		06/21/2	2023			Contri	bution		#050 O
Credit Said	—	00/21/2	2023	_					\$250.00
Last Name			First Name					N	AI
SANTOS								l l'	
Residential Street Address			City	<u>Juli</u>	<u></u>	lSta	to	Zip Co	M
.,			1			136		ZIP CO	
1610 Laurel Avenue Principal Occupation			Bridge	epo			CT	l	06604
					Name of Employer				
Registered Nurse Is contributor a lobbylst, spouse, or dependent child					ST Vir	icent H	lospita	<u>d</u>	
of a lobbyist?	No	executive office	r of a munici	ipalit	0 to a candidate committee y does contributor or busine with said municipality valued	ess he/sh	e	No	•
ls this contribution associated with an event		Is contributor a	principal of	state	contractor or prospective s	tate cont	ractor?		
reported in Section L1?	No							No	
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amour	ıt of		
Credit Card		06/08/2	023			Contrib	oution		\$100.00
Last Name			First Name						
Sapieha-Yanchak			_	F					Ì
Residential Street Address			City	еге	isa .	Stat	<u> </u>	Zip Cod	
000			1]		-ip cou	
208 south mountain dr Principal Occupation			New b	-			CT		06052
•					Name of Employer				
Admin Curriculum Coordin	ator	To a second			State o			SOM	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	pality	0 to a candidate committee or does contributor or busine of ith said municipality valued	ss he/she	•	No	
s this contribution associated with an event		ls contributor a p	orincipal of s	tate	contractor or prospective st	ate contr	actor?		
reported in Section L1?	No							No	
Method of Contribution	Date Re		Aggregate Contributions Amount of Contributions						
Credit Card		06/02/20	J23	I				9	250.00

Last Name			First Name	2			_	МІ
Sena			18	Pet	ter			J
Residential Street Address			City			State	Zip (
109 centennial drive			Milfor	nd		СТ		0646
Principal Occupation		-	1 1011110	-	Name of Employer	1 01		0040
Self employed consultant					Enton	the Decem		
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess o	of \$40	00 to a candidate committee	the Resona	nce L	LC .
of a lobbyist?	No	executive office	er of a munic	ipalit	ty does contributor or busin with said municipality value	ess he/she	N	lo
Is this contribution associated with an event		ls contributor a	principal of	state	e contractor or prospective s	tate contractor	_	
reported in Section L1?	No						N	0
Method of Contribution	Date F	Received		Agg	gregate Contributions	Amount of		
Credit Card		06/10/2	วกวร			Contribution		14 000 0
		00/10/2	.023	<u> Т</u>		1		\$1,000.0
Last Name	_		First Name					MI
Shea				Tim	othy			
Residential Street Address			City	1 11/18	outy	State	Zip Co	ode
7 Hatheway Road			Elling	ton		СТ		
Principal Occupation			Elling		Name of Employer	1 01		06029
Lobbyist						Rudnick		
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	f \$40	0 to a candidate committee		·	
of a lobbyist?	Yes	executive office	r of a munici	pality	y does contributor or busine with said municipality valued	ss he/she	N	0
Is this contribution associated with an event		Is contributor a	principal of s	state	contractor or prospective st	ate contractor?		
reported in Section L1?	No	:					No)
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of	-	-
Credit Card		06/13/2	023			Contribution	<u> </u>	\$200.00
Last Name			First Name				- IA	41
Silva			,	٠ا			ľ	••
Residential Street Address			City	Carlo	08	State	Zip Co	do
SS Clausiand Ava			*			- 1	Zip Co	
66 Cleveland Ave			Bridge		Name of Employer	CT		06606
, .				ľ	. ,			
Business Owner s contributor a lobbyist, spouse, or dependent child		If contribution is	in overes of	* 400	Self-En to a candidate committee f			
of a lobbyist?	No	executive officer	of a municip	ality	o to a candidate committee in does contributor or busines with said municipality valued	s he/she	No	
s this contribution associated with an event eported in Section L1?	No	ls contributor a p	principal of st	tate o	contractor or prospective sta	te contractor?	No	
Method of Contribution	Date Re	coined		Acar	rocata Contributions	Amount of		
1	Pare Ke			l√88⊾	regate Contributions	Amount of Contribution		_
Credit Card	<u> </u>	04/10/20)23					\$50.00

Last Name			First Name	•				MI
Singleton				Ler	·ov			F
Residential Street Address			City			State	Zip Co	<u> </u>
61 Smith street			Bridg	epo	ort	СТ		06607
Principal Occupation					Name of Employer			00001
Bus Operator					New York	City Tra	neit A	uthority
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee for	a chief	TOTE !	datonty
of a lobbyist?	No				ty does contributor or business with said municipality valued at		N	D
Is this contribution associated with an event		ls contributor a	principal of	state	e contractor or prospective state	contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date I	Received		Ag	gregate Contributions A	mount of		
Credit Card		06/08/2	การ		C	ontribution		\$25 A
Order Card		00/00/2	.02.0					\$25.00
Last Name			First Name				N	11
Snyder			1 1	Dav	rid		- 1	
Residential Street Address			City			State	Zip Co	de
11 Roosevelt Avenue			Old G	ree	nwich	СТ		06870
Principal Occupation			1 0.00		Name of Employer	1 0		00070
Retired					Retired			
Is contributor a lobbyist, spouse, or dependent child		if contribution is	s in excess o	f \$40	0 to a candidate committee for	a chief		
of a lobbyist?	No				y does contributor or business h with said municipality valued at i		No)
Is this contribution associated with an event		ls contributor a	principal of s	state	contractor or prospective state	contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date R	leceived		Age	regate Contributions An	rount of		<u> </u>
Credit Card		06/23/2	023		Co	ntribution		\$100.00
		00/20/2	020	_				ψ 100.00
Last Name			First Name		- · · ·		М	
Soltis			J	ohr	1			i
Residential Street Address			City		·	State	Zip Coc	le
93 Ellsworth Street			Bridge	nor	†	СТ		06605
Principal Occupation			Dinago		Name of Employer	<u> </u>		00003
Retired					Retired			
s contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$400	to a candidate committee for a	chief		
of a lobbyist?	No				does contributor or business hith said municipality valued at n		No	
s this contribution associated with an event		ls contributor a p	principal of st	tate	contractor or prospective state of	ontractor?		
eported in Section L1?	No						No	ļ
Method of Contribution	Date Re	eceived		Agg		ount of	_	
Credit Card		06/26/20	/2023				9	500.00

Last Name			First Name	e				Mi
St Amour				M:	atthew			1
Residential Street Address			City	****	atu iCiv	State	Zip Co	ode
9A Farnsworth Street	t		New	Lor	ndon	ст	.	06320
Principal Occupation	-		7101-	<u></u>	Name of Employer			00020
Broker					Self			
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess (of \$4	400 to a candidate committee	for a chief		
of a lobbyist?	No	executive office	er of a munic	cipal	lity does contributor or busing t with said municipality valued	ess he/she	N	0
Is this contribution associated with an event		ls contributor a	principal of	stat	te contractor or prospective s	tate contractor	?	_
reported in Section L1?	No						No	5
Method of Contribution	Date	Received		A	ggregate Contributions	Amount of		
Credit Card		06/24/2	2023		20-0	Contribution		\$50.00
			.020	<u> —</u>				
Last Name			First Name		,	-	N	<u> </u>
Stetter			ļ ;	Sua	zanne			
Residential Street Address			City			State	Zip Co	de
362 Grovers Ave			Bridge	enc	nrt	ст		06605
Principal Occupation			13-	<u> </u>	Name of Employer		1	00000
Para Professional Educate	or					eld Public S	اممطه	
Is contributor a lobbyist, spouse, or dependent child	<i>5</i> 1				00 to a candidate committee	for a chief	CHOO	
of a lobbyist?	No				ty does contributor or busine with said municipality valued		No)
Is this contribution associated with an event		Is contributor a	principal of s	state	e contractor or prospective st	ate contractor?		
reported in Section L1?	No						No	,
Method of Contribution	Date R	teceived		Ag	gregate Contributions	Amount of		
Credit Card		06/28/20	023			Contribution		\$25.00
			<u></u>					Ψ20.00
Last Name			First Name				М	1
Stone McGuigan			J	Jan	et			
Residential Street Address			City			State	Zip Cod	Je
24 Sunset Road			Old Gr	ree	nwich	СТ		06870
Principal Occupation			<u> </u>		Name of Employer		Ш	00070
elected official					Town o	f Greenwich		
s contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee f	or a chief	'	
of a lobbyist?	No				y does contributor or busines with said municipality valued		No	
s this contribution associated with an event		ls contributor a p	rincipal of st	tate	contractor or prospective sta	ite contractor?		
eported in Section L1?	No						No	
Method of Contribution	Date Re	ceived		Agg		Amount of		
Credit Card		06/16/20	Contribut				4	\$100.00

Last Name		· · · · · ·	First Name	e	· · · · · · · · · · · · · · · · · · ·			MI
Suggs				Jos	eph			
Residential Street Address			City			State	Zip	Code
10 Sandpiper Dr.			Bloor	mfie	ld	C	T	0600
Principal Occupation				-	Name of Employer		<u>' </u>	
Retired				- 1	Retire	24		
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess r	of \$40	00 to a candidate committee	e for a chief		
of a lobbyist?	No	executive office	er of a munic	cipality	y does contributor or busin with said municipality value	ness he/she	r	No
Is this contribution associated with an event		Is contributor a	principal of	state	contractor or prospective :	state contracto	r?	
reported in Section L1?	No							Vo
Method of Contribution	Date F	Received		Agg	gregate Contributions	Amount of		
Credit Card			2022	[~), aBara darini anno	Contribution	1	
Orean Card		06/28/2	2023	ـــــ				\$100.0
Last Name			First Name		*			М
Suggs			1		L			14.1
Residential Street Address			City	Jose) pn	State	Zip (
40 Candnings De] '	٠.			1.	
10 Sandpiper Dr. Principal Occupation			Bloom			СТ		06002
•				ľ	Name of Employer			
Retired Is contributor a lobbyist, spouse, or dependent child		heibusion i			Retired to a candidate committee			
of a lobbyist?	No	executive officer	r of a munici	ipality	o to a candidate committee of does contributor or busing thin said municipality valued	ess he/she	١	Ю
Is this contribution associated with an event		Is contributor a	principal of:	state r	contractor or prospective s	tate contractor	,	
reported in Section L1?	No				************			lo
Method of Contribution	Date Re	eceived		Aggr	regate Contributions	Amount of		
Credit Card		06/28/2	023			Contribution		\$100.00
Last Name			First Name		• • • • • • • • • • • • • • • • • • • •			Mi
Swaby				2001			ľ	IVI)
Residential Street Address			City	Donn	ian	State	Zip Co	ndo.
49 Silver Birch Lane			l *				المال المال	
49 Sliver BIRCH Lane		J	Winds		lame of	CT		06095
Principal				- 1-	mployer	ated School	! Dietr	int of
s contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$400	to a candidate New 1948	for a chief	Dian	ICI UI
of a lobbyist?	No	lexecutive officer	of a municip	pality (does contributor or busines th said municipality valued	ss he/she	N	0
s this contribution associated with an event		ls contributor a p	orincipal of st	tate co	ontractor or prospective sta	ate contractor?		
eported in Section L1?	No						No)
Method of Contribution	Date Rec			Aggre	egate Contributions	Amount of Contribution		
Credit Card		06/11/20	123					\$25.00

Last Name			First Nam	e				МІ
Swagerty				Pr	nelle			P
Residential Street Address			City	110	A ICHC	State	Zip (
184 Garden Street			Bridg	חסר	ort	СТ	1.	
Principal Occupation			I Diids	1ch	Name of			0660
Educator					Employer Now E	lasianias (:h	
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess	of \$4	100 to a candidate contraine	Beginnings f	arnii	<i>y</i>
of a lobbyist?	No	lexecutive offic	er of a munic	cipal	ity does contributor or busin with said municipality value	es< he/she	٨	No
Is this contribution associated with an event		Is contributor a	principal of	fstal	e contractor or prospective s	tate contractor	?	······································
reported in Section L1?	No							lo
Method of Contribution	Date I	Received	<u> </u>	Ą	gregate Contributions	Amount of		
Credit Card	- 1	06/28/2	2023			Contribution		6400.0
					-			\$100.00
Last Name			First Name	!				MI
Swagerty				Ro	nelle		-	P
Residential Street Address			City			State	Zip Co	•
322 Wayne Street			Bridge	epo	nrt	СТ	1	06606
Principal Occupation					Name of			00000
Administrator					Employer New R	eginnings F	amih	
ls contributor a lobbyist, spouse, or dependent child		If contribution i	s in excess o	f \$41	00 to a candidate committee	for a chief	arriny	
of a lobbyist?	No	executive office	r of a munici	ipalit	y does contributor or busine with said municipality valued	s <he she<="" td=""><td>N</td><td>0</td></he>	N	0
Is this contribution associated with an event		ls contributor a	principal of	state	contractor or prospective st	ate contractor?		
reported in Section L1?	No						No)
Method of Contribution	Date R	eceived		Agi	regate Contributions	Amount of		-
Credit Card		06/08/2	023			Contribution		\$50.00
ast Name			First Name				<u>— Т</u> ь	Al .
Swagerty				200	elle		ľ	
Residential Street Address			City	VUII	ene	State	Zip Cod	P
322 Wayne Street			Bridge	100	•	f		
Principal Occupation			Diluge		Name of	CT_	L	06606
Educational Leader				- 1	Employer			
s contributor a lobbyist, spouse, or dependent child		If contribution is	in evenes of	\$40	new Be	ginnings Fa	ımıly	
f a lobbyist?	No	lexecutive outcer	of a municip	balith	does contributor or busines ith said municipality valued	<he she<="" td=""><td>No</td><td>,</td></he>	No	,
this contribution associated with an event		ls contributor a p	principal of st	tate	contractor or prospective sta	te contractor?		
eported at section C17	No						No	
lethod of Contribution	Date Re	ceived	-	Agg	regate Contributions	Amount of		——
Credit Card	<u> </u>	04/01/20	/2023 Contribution					\$200.00

The state of the s								
Last Name			First Name	2			МІ	
Swan				Ton	m			
Residential Street Address			City		<u> </u>	State	Zip Code	
155 Standish Rd			Cove	entn	v.	СТ	. ا	0623
Principal Occupation		-		70 000	Name of Employer		<u> </u>	1020
Executive Director					CCAG	<u>.</u>		
is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee	for a chief		
of a lobbyist?	Yes	executive office associated with \$5000?	r of a munic have a cont	ipalit tract	ity does contributor or busine with said municipality valued	ess he/she I at more than	No	
Is this contribution associated with an event		Is contributor a	principal of	state	e contractor or prospective st	tate contractor	?	
reported in Section L1?	No						No	
Method of Contribution	Date F	Received		Ag	gregate Contributions	Amount of		
Credit Card		06/26/2	วกวร		3.0	Contribution		- م م
Oldar Odia		0012012	.023	—			Ψ·	<u>50.0</u>
Last Name		-	First Name				MI	
Teal		1		Jaso				
Residential Street Address			City	Jas	on	State	Zip Code	
61 Woodhaven Dr		1	New E	o-ite	_ t	1	1	-456
Principal Occupation			IACAA F		Name of Employer	CT	<u> </u>	6053
CEO				1		- 12 OT		
Is contributor a lobbyist, spouse, or dependent child		If contribution i	e in excess o	-F \$4 0	Nova F O to a candidate committee f	for a chief		
of a lobbyist?	No	executive officer	r of a municip	ipality	by does contributor or busines with said municipality valued	ss he/she	No	
ls this contribution associated with an event		ls contributor a	principal of s	state	contractor or prospective sta	ate contractor?	,	
reported in Section L1?	No						No	
Method of Contribution	Date R	leceived	-	Age	gregate Contributions	Amount of		—
Credit Card		06/03/20				Contribution	\$25	50.00
ast Name			First Name				IMI	
_		J			**		(VIII	
Thompson Residential Street Address			City A	Ange	ella	State	lair Codo	
	- ,	f	ľ				Zip Code	
11 Woodduck Farms F	₹d		Windso		Street of Frankrike	СТ	06	095
, ,				ľ	Name of Employer			
CFO s contributor a lobbyist, spouse, or dependent child		Ten contracted to		120	Self_			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	pality	0 to a candidate committee for y does contributor or busines with said municipality valued a	ss he/she	No	
s this contribution associated with an event		ls contributor a r	orincipal of st	tate (contractor or prospective sta	ite contractor?		
eported in Section L1?	No		•	-			No	
Method of Contribution Credit Card	Date Re			Aggr		Amount of Contribution	210	
Credit Card		06/28/20	123			I	\$100	0.00

Last Name			First Name	е				\neg	M!
Thompson				Cra	aig			- 1	
Residential Street Address			City			Sta	ite	Zip Co	ode
40 Musket Trail			Sims	bur	v		СТ	1	06070
Principal Occupation					Name of Employer		<u> </u>		00070
Engineer					Livenine				
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess o	of \$4	Hyphe 00 to a candidate committee	for a chi	ef		
of a lobbyist?	No	executive office	er of a munic	cipali	ty does contributor or busin	ess he/sh	e		
	140	\$5000?	i nave a coni	tract	with sald municipality value	d at more	than	N	0
Is this contribution associated with an event		le contelludor a	oringinal of						
reported in Section L1?		is continuotor a	і рілісіраі от	Stati	e contractor or prospective s	сате солт	ractor?		
	No	-						No	
Method of Contribution					····				
Metriod of Contribution	Date	Received		Ag	gregate Contributions	Amoun			
Credit Card		06/27/2	2023			Contrib	Julion		\$100.00
Description of the second of t									
Last Name			First Name					Λ	11
Trofort				Nac	omie				
Residential Street Address			City			Stat	e	Zip Co	de
86 Geraldine circle			Trumi	buil			CT		06611
Principal Occupation					Name of Employer				
Registered nurse					Elevan	ce Hes	ilth		
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess o	f \$40	0 to a candidate committee	for a chie	f		
of a lobbyist?	No	executive officer	r of a munici	palit	y does contributor or busine with said municipality valued	ss he/she	<u> </u>	Ma	
	110	\$5000?	ridae a conti	act	aid said municipality valded	at more	tran	No	ı
Is this contribution associated with an event		ls contributor a	principal of s	state	contractor or prospective st	ate contr	actor?		<u> </u>
reported in Section L1?	Na				to metter or prospective at	Dec Corre	actor:		
	No	1						No	
Method of Contribution	Data D	eceived		la	- Contribution	14			
	Date K			A88	regate Contributions	Amount Contribe			
Credit Card		04/04/2	023						\$100.00
Last Name			F						
LOSE (MITTHE			First Name					М	
Desidential Course Address									
Residential Street Address			City			State	•	Zip Cod	e
Principal Occupation				ĺ	Name of Employer			-	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?) to a candidate committee f				
a loboyist:					does contributor or busines ith said municipality valued a				
		\$5000?							ł
s this contribution associated with an event		ls contributor a p	rincipal of st	tate (contractor or prospective sta	te contra	ctor?		
eported in Section L1?			-		, ,				i
Method of Contribution	Date Re	L	1	Aggs	egate Contributions	Amount	of		
•				r '06'	-act continuents	Contribu			
	1								

Last Name			First Name	e				MI
Valigorsky				8-			ľ	
Residential Street Address			City	Sa	la	State	Zip Co	K
55 Dorset Crossing			1	L.,,	=-		'	
Principal Occupation			Sims	bui	Name of Employer	СТ		06070
General Manager								
General Manager Is contributor a lobbylst, spouse, or dependent child		If contribution	le in eyeass (√F \$ 4	Maple 100 to a candidate committee	KRG		
of a lobbyist?	No	executive office	er of a munic	cipali	ity does contributor or busine twith said municipality valued	ss he/she	N	0
Is this contribution associated with an event		Is contributor a	principal of	stat	e contractor or prospective st	ate contractor?		
reported in Section L1?	No						No)
Method of Contribution	Date	Received		ΙAg	gregate Contributions	Amount of		
Credit Card		06/10/2	2023			Contribution	\$	1,000.00
Last Name	<u>. </u>		Tetant Name					, .
			First Name				M	41
Vermont Residential Street Address				Ten	ence			Α
			City			State	Zip Co	de
155 Magnolia St			Bridge	еро		СТ		06610
Principal Occupation					Name of Employer			
Eligibility Services Specia	list				Dept of	Social Ser	vices	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a munici	ipalit	00 to a candidate committee fi ty does contributor or busines with said municipality valued a	s he/she	No)
Is this contribution associated with an event reported in Section L1?		ls contributor a	principal of s	state	contractor or prospective sta	ite contractor?		
	No						No	
Method of Contribution	Date R	teceived		Age	gregate Contributions	Amount of		
Credit Card		06/08/20	023	L		Contribution		\$35.00
Last Name			First Name				- In a	
							М	,
Wasserman Residential Street Address				<u>sve</u>	tlana	1-		
		ľ	City			State	Zip Cod	e
37 Day Road Principal Occupation		1	Green			СТ		06831
•					Name of Employer			
Retired					Retired			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	ality	0 to a candidate committee fo does contributor or business with said municipality valued a	s he/she	No	
s this contribution associated with an event reported in Section L1?	No	ls contributor a p	rincipal of st	tate (contractor or prospective stat	e contractor?	No	
Method of Contribution	Date Re	ceived		Aggr		Amount of Contribution		
Credit Card		06/23/20)23		ľ	LUTILITUULIGH		\$25.00

Last Name			First Name				N	AI
Wichman			1	Ann	ne			F
Residential Street Address			City			State	Zip Co	de
34 Owenoke Way			Rivers	side	a	СТ		06878
Principal Occupation					Name of Employer			
Retired					Retired	ł		
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee f	for a chief		
of a lobbyist?	No				ty does contributor or busines with said municipality valued a		No)
Is this contribution associated with an event		Is contributor a	principal of s	state	e contractor or prospective sta	ate contractor?	-	
reported in Section L1?	No						No	
Method of Contribution	Date R	Received		Agr	gregate Contributions	Amount of		
Credit Card		06/14/2	กวร			Contribution		\$50.00
Oloan Jaia		90/17/2	.02.0	<u> </u>		<u> </u>		Ψ00.00
Last Name			First Name				M	d
Williamson		1	Į,	Kath	hv			
Residential Street Address			City	**-		State	Zip Cod	le
160 Village Lane			Bridge	-ioo	rt	СТ		06606
Principal Occupation			<u> </u>		Name of Employer			
Retired					Retired			
Is contributor a lobbylst, spouse, or dependent child					00 to a candidate committee fo			
of a lobbylst?	No				y does contributor or busines: with said municipality valued a		No	
Is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date Re	eceived		Agg	gregate Contributions	Amount of		_
Credit Card		06/26/20	กวร			Contribution		\$25.00
Oldar, Oliv			320	_				Ψ20.00
Last Name		- 1	First Name				МІ	
Winfield			G	3ary	v			
Residential Street Address			City			State	Zip Cod	e
480 Winchester Avenu	ie	J	New H	lave	en	СТ		06511
Principal Occupation			11011		Name of Employer		<u>. </u>	000
Union staff					CSU AA	IIP		
ls contributor a lobbyist, spouse, or dependent child					0 to a candidate committee fo	or a chief		
of a lobbylst?	No				y does contributor or business with said municipality valued a		No	
ls this contribution associated with an event		ls contributor a p	orincipal of st	tate	contractor or prospective stat	e contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date Re	ceived		Aggr		Amount of		
Credit Card	-	05/10/20	J23		ľ	Contribution	9	100.00

Last Name			First Name		· · · · · · · · · · · · · · · · · · ·		P	vii .
Woods Weber			i .	Jar	100			
Residential Street Address			City			State	Zip Co	de
777 Prospect Ave			West	Ha	rtford	СТ		06105
Principal Occupation					Name of Employer			
Executive Director					CWEA	LF		
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee			
of a lobbyist?	Yes				ty does contributor or busine with said municipality valued		No)
Is this contribution associated with an event		ls contributor a	principal of	state	contractor or prospective st	ate contractor?	,	
reported in Section L1?	No						No)
Method of Contribution	Date R	leceived		Ag	gregate Contributions	Amount of		-
Credit Card		06/29/2	กวร			Contribution		\$75.00
Orean Cara		00/20/2	.023	1				Ψ13.00
Last Name			First Name		,		M	11
Woodson			l 1	Ros	helley		İ	
Residential Street Address			City			State	Zip Cod	de
157 Holly Street			Bridge	ode	rt	СТ		06607
Principal Occupation					Name of Employer			
Retired					Retired			
ls contributor a lobbyist, spouse, or dependent child	· · · · · · · · · · · · · · · · · · ·	If contribution is in excess of \$400 to a candidate committee for a chief						
of a lobbyist?	No				y does contributor or busine: with said municipality valued		No)
Is this contribution associated with an event		ls contributor a	principal of s	state	contractor or prospective sta	ete contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of		_
Credit Card	Ì	06/30/20	N23			Contribution		\$50.00
Ordan Jara		00/00/2	OEO	<u> </u>	· 			<u>Ψ30.00</u>
Last Name			First Name		·		М	
Young		ŀ	j	leni	nifer			
Residential Street Address			City			State	Zip Cod	ie
27 East Byway			Green	wic	h	СТ		06831
Principal Occupation				_	Name of Employer			
State Director					Charter	Communic	ations	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	executive officer	of a municip	pality	0 to a candidate committee for does contributor or busines with said municipality valued a	or a chief s he/she	No	
s this contribution associated with an event		ls contributor a p	principal of s	tate	contractor or prospective sta	te contractor?		
eported in Section L1?	No						No	
Method of Contribution	Date Re	celved:		Agg	regate Contributions	Amount of		
Credit Card		06/12/20)23	23 Cor			•	200.00

Last Name			First Name						ΝI	
Yvonne Renee Davis			Y	vo	nne Renee Davis					
Residential Street Address			City			s	tate	Zip Co	de	
25 Phelps Unit 2			Winds	or			СТ		06095	
Principal Occupation					Name of Employer					
Self Employed			Davis Communications							
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	alit	0 to a candidate committee f y does contributor or busines with said municipality valued	ss he/:	she	N	o	
Is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	ate co	ntractor?	_		
reported in Section L1?	No							No	D	
Method of Contribution	Date Re	eceived		Age	gregate Contributions		unt of			
Credit Card		06/11/20	023	Con					\$250.00	
Last Name		ï	First Name]N	Al	
Ziotas			A	na	elo			- 1		
Residential Street Address			City			Si	tate	Zip Co	de	
474 Ponus Ridge Road	1		New C	an	aan		СТ		06840	
Principal Occupation					Name of Employer					
Trial attorney					Silver G	olut	& Teite	ell LL	P	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she					No)		
ls this contribution associated with an event reported in Section L1?	No	is contributor a p	orincipal of st	ate	contractor or prospective sta	ite coi	ntractor?	No)	
Method of Contribution	Date Re	eceived		Agg	regate Contributions		unt of ribution			
Credit Card		06/30/20	023			Conti	noution		\$200.00	

Showing 1 to 128 of 128 entries