

SEEC FORM 20

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



BRIDGEPORT, CONN.
 LAND RECORDS
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 ATTEST
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COVER PAGE

Charles D. Clemons Jr.
 CHARLES D. CLEMONS, JR.
 TOWN CLERK

1. NAME OF COMMITTEE

Marilyn for Mayor

2. TREASURER NAME

First John	MI D.	Last Soltis	Suffix
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3. TREASURER ADDRESS

Street Address 93 Ellsworth St. #210	City Bridgeport	State CT	Zip Code
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4. ELECTION/REFERENDUM DATE **5. OFFICE SOUGHT** *(Complete only if Candidate Committee)* **6. DISTRICT NUMBER**

(mm/dd/yyyy) 10/07/2023	Mayor	(if applicable)
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7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First Marilyn	MI	Last Moore	Suffix
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8. TYPE OF REPORT *(Check One Box)*

<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input checked="" type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	_____
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		

9. PERIOD COVERED

Beginning Date	Ending Date
4/1/2023	thru 6/30/2023

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

	John Soltis	07/07/2023
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)

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

SEEC FORM 20

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
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
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)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				July 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Santos		Joao		F.	
Residential Street Address		City		State	Zip Code
2530 Madison Ave.		Bridgeport		CT	
Principal Occupation		Name of Employer			
Fire Fighter		Bpt. Fire Dept.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			\$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		4/2/2023	\$100.00		
Last Name		First		MI	
Konecny		Jonathan		C.	
Residential Street Address		City		State	Zip Code
2140 Park Ave.		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Chiropractor		Konecny Chiropractic Centers, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			\$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		4/4/2023	\$100.00		
Last Name		First		MI	
Tabachnick		Susan			
Residential Street Address		City		State	Zip Code
21 Brooklawn Pl.		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			\$50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # E _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		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 INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$36,195.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Marilyn for Mayor						July 10 filing	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Third Street PAC				Shirley R Skyers-Thomas			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
8 Horseshoe Hill Rd.			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Bethany, CT	CT	06524	6/28/2023				
Name of Committee				Name of Treasurer			
Greater Bridgeport Ed Gomes Black Democratic Club				Michelle M Bradshaw			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
8 Beechwood Dr.			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
North Haven	CT	06473	6/30/2023				
Name of Committee				Name of Treasurer			
Middlesex Area Team For Tomorrow				Robert TF Downes			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
62 Grove St.			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
West Hartford	CT	06110	6/30/2023				
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				July 10 filing	
D. Loans Received this Period					
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Amount Received					
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Amount Received					
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Amount Received					
Street Address		City		State	Zip Code
TOTAL SECTION D					
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)					
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
TOTAL SECTION E					

I. MONETARY RECEIPTS (Sections A—K)

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

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

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

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

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

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

Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

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

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

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

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	

Total of Other Monetary Receipts

(Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)*

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Marilyn for Mayor			July 10 filing	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
6/4/2023	E	Small gathering at a personal residence	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
21 Brooklawn Pl.		Bridgeport	CT	06604
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input checked="" type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
			<input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
			<input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input checked="" type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$	
			<input type="radio"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
			<input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$	
			<input checked="" type="radio"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event?	
6/8/2023	F	Fundraising event	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Banks Sports Bar, 102 Bank St.		Bridgeport	CT	06604
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
			<input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
			<input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$	
			<input checked="" type="radio"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
			<input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$	
			<input type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				1
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>				

II. EVENT ACTIVITY (Sections L1—L5)

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

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

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

Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

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

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

TOTAL of additional Section L3 Pages

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

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Marilyn for Mayor			July 10 filing	
L4. In-Kind Donations Not Considered Contributions				
Name of Donor				
Street Address		City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
SUBTOTAL Section L4 — This Page				
TOTAL of additional Section L4 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				

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	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Susan Tabachnick			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
21 Brooklawn Pl.		Bridgeport	CT	06604
Description of Donation			Fair Market Value of Donation	
Host made no donation			\$0.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
E	\$0.00	\$0.00		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Janice Twanda Flemming-Butler			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
141 Ridgefield Street		Hartford	CT	06112
Description of Donation			Fair Market Value of Donation	
Host made no donation			\$0.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
G	\$0.00	\$0.00		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				July 10 filing	
M. In-Kind Contributions					
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input type="radio"/> No	
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input type="radio"/> No	
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input type="radio"/> No	
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input type="radio"/> No	
SUBTOTAL Section M — This Page					
TOTAL of additional Section M Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>					

N. Refundable Deposit to Telephone Company

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

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		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Anita Shipp			5/18/2023		<input checked="" type="radio"/> Check #1007 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Po Box 8184		Stamford		CT	06905
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	Marketing collaterals produced/printed				\$260.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
0423-006	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Wine insiders, LLC.			5/22/2023		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
2355 Westwood Blvd 791		Los Angeles		CA	90064
Purpose of Expenditure (by code)	Description		Event #		Amount
FNDR	Refreshments for fundraisers				\$149.79
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Squarespace, Inc			6/2/2023		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
225 Varick St.		New York		NY	10014
Purpose of Expenditure (by code)	Description		Event #		Amount
WEB	Website hosting				\$234.82
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Sole Strategies			4/17/2023		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
806 Buchanan Blvd, #115-317		Boulder City		NV	89005
Purpose of Expenditure (by code)	Description		Event #		Amount
WEB	Web page design				\$3,499.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$4,143.61	
TOTAL of additional Section P Pages				\$6405.02	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				\$10,548.63	

IV. EXPENDITURES (Sections P—T)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Marilyn for Mayor			July10 filing	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
Jun 11, 2010	G	Small gathering at a personal residence	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
141 Ridgefield Street		Hartford	CT	06112
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input checked="" type="radio"/> 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.)	
			<input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
			<input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes (If yes, enter Total Receipts here.)	
			<input checked="" type="radio"/> No → \$ <input style="width:50px;" type="text"/>	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
			<input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes (If yes, enter Total Receipts here.)	
			<input type="radio"/> No → \$ <input style="width:50px;" type="text"/>	
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="radio"/> Yes (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.)	
			<input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
			<input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes (If yes, enter Total Receipts here.)	
			<input checked="" type="radio"/> No → \$ <input style="width:50px;" type="text"/>	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
			<input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes (If yes, enter Total Receipts here.)	
			<input checked="" type="radio"/> No → \$ <input style="width:50px;" type="text"/>	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			\$0.00	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages			\$0.00	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			\$0.00	

Section P. ADDITIONAL PAGE 1 of 4

NAME 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		Date of Payment	Method of Payment:	
Antonia Lombardi		6/19/2023	<input checked="" type="radio"/> Check #1043 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1006 E Broadway		Milford	CT	06460
Purpose of Expenditure (by code)	Description	Event #		Amount
CNSLT	Campaign Manager			\$1,336.61
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
1	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Antonia Lombardi		6/19/2023	<input checked="" type="radio"/> Check #1045 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1006 E Broadway		Milford	CT	06460
Purpose of Expenditure (by code)	Description	Event #		Amount
CNSLT	Campaign Manager			\$1,336.61
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
2	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Antonia Lombardi		6/19/2023	<input checked="" type="radio"/> Check #1044 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1006 E Broadway		Milford	CT	06460
Purpose of Expenditure (by code)	Description	Event #		Amount
TRVL	Mileage and Parking			\$95.72
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

Name of Payee		Date of Payment	Method of Payment:	
Antonia Lombardi		6/26/2023	<input checked="" type="radio"/> Check #1047 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1006 E Broadway		Milford	CT	06103
Purpose of Expenditure (by code)	Description	Event #		Amount
CNSLT	Campaign Manager			\$1,336.61
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
3	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

SUBTOTAL Section P — This Page	\$4,105.55
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NAME 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		Date of Payment	Method of Payment:	
Day Campaign		6/30/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
112 Bloomfield Ave.		Windsor	CT	06095
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Credit Card/Banking Transaction fees		\$1,158.60	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input checked="" type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Joan V. Hartley		5/16/2023	<input checked="" type="radio"/> Check # 1005 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
500 Chase Parkway		Waterbury	CT	06708
Purpose of Expenditure (by code)	Description	Event #	Amount	
REF	Check deposited into the committee's checking account in error.		\$1,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
REF	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input checked="" type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
TD Bank		6/30/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
975 Madison Ave.		Bridgeport	CT	06606
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Maintenance Fee		\$10.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input checked="" type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
TD Bank		5/31/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
975 Madison Ave.		Bridgeport	CT	06606
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Maintenance Fee		\$10.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input checked="" type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P -- This Page			\$2,178.60	

NAME 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		Date of Payment	Method of Payment:	
TD Bank		4/30/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
975 Madison Ave.		Bridgeport	CT	06606
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Maintenance Fee		\$10.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Zoom Video Communications, Inc.		4/17/2023	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
55 Almaden Boulevard, 6th Floor		San Jose	CA	95113
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Monthly charge for virtual meetings, conferences, etc.		\$17.01	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Zoom Video Communications, Inc.		5/17/2023	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
55 Almaden Boulevard, 6th Floor		San Jose	CA	95113
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Monthly charge for virtual meetings, conferences, etc.		\$17.01	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Zoom Video Communications, Inc.		6/20/2023	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
55 Almaden Boulevard, 6th Floor		San Jose	CA	95113
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Monthly charge for virtual meetings, conferences, etc.		\$17.01	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$61.03	

NAME 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 Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1800 Seaport Boulevard		City Redwood City		State CA Zip Code 94063
Purpose of Expenditure (by code) PRNT	Description Downloadable & editable template, Size: 8"x10", Frames & Hardware	Event #	Amount \$7.63	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			

Name of Payee ZAZZLE INC		Date of Payment 5/15/2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1800 Seaport Boulevard		City Redwood City		State CA Zip Code 94063
Purpose of Expenditure (by code) PRNT	Description Downloadable & editable template, Size: 5.25" x 5.25"	Event #	Amount \$10.81	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			

Name of Payee DSCC CT Democratic Party		Date of Payment 6/21/2023	Method of Payment: <input checked="" type="radio"/> Check # 1046 <input type="radio"/> Debit Card <input type="radio"/> EFT	
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 unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input checked="" type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			

Name of Payee Gary Judkins		Date of Payment 5/19/2023	Method of Payment: <input checked="" type="radio"/> Check # 1008 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1033 Main Street		City Stratford		State CT Zip Code 06615
Purpose of Expenditure (by code) MISC	Description Candid Photos May 6th Photos @ Success Park	Event #	Amount \$400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input checked="" type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P — This Page

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 ONLY (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$		
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Reyes		Ivelis			
Residential Street Address		City		State	Zip Code
50 Brooklawn Ave.		Bridgeport		CT	06604
Principal Occupation			Name of Employer		
Business Analyst			Open Systems Technology		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # E _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			6/4/2023		
Last Name		First		MI	
George		Marlene		G.	
Residential Street Address		City		State	Zip Code
552 Maplewood Ave.		Bridgeport		CT	06604
Principal Occupation			Name of Employer		
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # E _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			6/4/2023		
Last Name		First		MI	
Judge		Margie			
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$60.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # E _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			6/4/2023		
SUBTOTAL Section B — This Page			\$260.00		
TOTAL of additional Section B Pages			\$35,945.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			\$36,195.00		

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 ONLY (See instructions for definition of Small Contributor)	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Sloan	First Alicia	MI
Residential Street Address 929 Central Ave.	City Bridgeport	State CT Zip Code 06607
Principal Occupation Unemployed	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$35.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions	

Last Name Bradley	First Mark	MI E.
Residential Street Address 528 Clinton Ave.	City Bridgeport	State CT Zip Code 06604
Principal Occupation Attorney	Name of Employer Bradley Law Group	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$120.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions	

Last Name Vermont	First Jasmine	MI
Residential Street Address 155 Magnolia St.	City Bridgeport	State CT Zip Code 06610
Principal Occupation Social Worker	Name of Employer State of CT (DCF)	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$35.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$190.00
TOTAL of additional Section B Pages	\$35,945.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$36,195.00

Section B ADDITIONAL PAGE 3 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-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Richardson		First Jacqueline		MI M.	
Residential Street Address 10-12 Summer St.		City Derby		State CT	Zip Code 06418
Principal Occupation Inspector		Name of Employer City of Bpt.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions \$200.00		
Last Name Ford		First Mariela		MI I	
Residential Street Address 851 East Main St. Apt. 3		City Waterbury		State CT	Zip Code 06705
Principal Occupation Presidente		Name of Employer Brass City Survivors Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$70.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions		
Last Name Bostick		First Angela		MI	
Residential Street Address 151 Edna Ave.		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Para-Professional		Name of Employer Delta-Group/Bpt. Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions		
SUBTOTAL Section B — This Page				\$210.00	
TOTAL of additional Section B Pages				\$35,945.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$36,195.00	

Section B ADDITIONAL PAGE 4 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-Received this Period ONLY (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$		
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Lee		John		M.	
Residential Street Address		City		State	Zip Code
30 Beacon St.		Bridgeport		CT	06605
Principal Occupation		Name of Employer			
Financial Listener		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$50.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/8/2023	\$100.00		
Last Name		First		MI	
Vermont		Regina			
Residential Street Address		City		State	Zip Code
155 Magnolia St.		Bridgeport		CT	06610
Principal Occupation		Name of Employer			
Coordinator		Bpt. Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$50.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/8/2023	\$100.00		
Last Name		First		MI	
Alston		Pia		J.	
Residential Street Address		City		State	Zip Code
143 Knapps Highway		Fairfield		CT	06825
Principal Occupation		Name of Employer			
Clothing Reseller		Namaste Thrift			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$40.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/8/2023			
SUBTOTAL Section B — This Page				\$140.00	
TOTAL of additional Section B Pages				\$35,945.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$36,195.00	

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 ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Gardner		First Gregory	
Residential Street Address 130 Platt St.		City Bridgeport	State CT
Principal Occupation Retail		Name of Employer Track 23	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____ <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions \$140.00
Last Name Gardner		First Eva	
Residential Street Address 130 Platt St.		City Bridgeport	State CT
Principal Occupation Bulk Mail Technician Clerk		Name of Employer U.S. Postal Service	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____ <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions
Last Name Lacie		First Malcolm	
Residential Street Address 1060 Merritt St		City Fairfield	State CT
Principal Occupation Real Estate		Name of Employer US Asset Realty	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$60.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____ <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$140.00	
TOTAL of additional Section B Pages		\$35,945.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$36,195.00	

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 ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Francoise		First Deristel	
Residential Street Address 48 Oxford St.		City Hartford	State CT
Principal Occupation Teacher		Name of Employer Norwalk Public Schools	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>G</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/11/2023	Aggregate Contributions
Last Name Fonfara		First John	
Residential Street Address 99 Montowese St.		City Hartford	State CT
Principal Occupation Energy Supplier		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>G</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/11/2023	Aggregate Contributions
Last Name Harris		First Steven	
Residential Street Address 213 Cleveland Ave.		City Hartford	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>G</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/11/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$350.00	
TOTAL of additional Section B Pages		\$35,945.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$36,195.00	

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 ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Morong Mary Lou		First Mary Lou	
Residential Street Address 30 Beacon St.		City Bridgeport	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions \$200.00
Last Name Lee		First Charlene	
Residential Street Address 587 Vincelette St.		City Bridgeport	State CT
Principal Occupation Self employed		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$35.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # F _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/8/2023	Aggregate Contributions \$85.00
Last Name Berg		First Peter	
Residential Street Address 28 Dandy Dr.		City Cos Cob	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/22/2023	Aggregate Contributions
SUBTOTAL Section B — This Page		\$185.00	
TOTAL of additional Section B Pages		\$35,945.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$36,195.00	

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 ONLY (See instructions for definition of Small Contributor)	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Farid	First Maryam	MI F
Residential Street Address 2390 State St. apt. L29	City Hamden	State CT
		Zip Code 06517

Principal Occupation Esthetician	Name of Employer Maryam Fatima Esthetics
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$100.00
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Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No
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Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 6/30/2023	Aggregate Contributions
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Last Name Campbell	First Marc	MI C.
Residential Street Address 832 Atlantic St.	City Bridgeport	State CT
		Zip Code 06604

Principal Occupation Mover	Name of Employer Self Employed
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$100.00
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Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No
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Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 6/30/2023	Aggregate Contributions
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Last Name Godbolt	First Warren	MI
Residential Street Address 180 Frenchtown Rd.	City Bridgeport	State CT
		Zip Code 06606

Principal Occupation Chaplain	Name of Employer Griffin Hospital
----------------------------------	--------------------------------------

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$50.00
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Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No
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Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 6/30/2023	Aggregate Contributions
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SUBTOTAL Section B — This Page	\$250.00
TOTAL of additional Section B Pages	\$35,945.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$36,195.00

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 ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Godbolt	First Fay	MI
Residential Street Address 180 Frenchtown Rd.	City Bridgeport	State CT Zip Code 06606

Principal Occupation Director Workforce Development		Name of Employer CT State Community College	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/30/2023	Aggregate Contributions

Last Name Finney	First Kim	MI N.
Residential Street Address 723 Wood Ave.	City Bridgeport	State CT Zip Code 06604

Principal Occupation Driver		Name of Employer Safety First Transportation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/30/2023	Aggregate Contributions

Last Name Jez	First Christopher	MI P.
Residential Street Address 15 LaCabana Rd.	City Somers	State CT Zip Code 06071

Principal Occupation Operations Manager		Name of Employer Murphy Road Recycling	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/30/2023	Aggregate Contributions

SUBTOTAL Section B — This Page	\$1,075.00
TOTAL of additional Section B Pages	\$35,945.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$36,195.00

Section B ADDITIONAL PAGE 10 of 54

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Marilyn for Mayor	July 10 filing
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
B. Itemized Contributions from Individuals	

Last Name Jez		First Sara		MI F.
Residential Street Address 15 LaCabana Rd.		City Somers	State CT	Zip Code 06071
Principal Occupation Unemployed		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/30/2023	Aggregate Contributions	

Last Name McBride		First Antonia		MI
Residential Street Address 52 Wilson Ave.		City Trumbull	State CT	Zip Code 06611
Principal Occupation Administrator		Name of Employer WC McBride Electrical Contractors		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/30/2023	Aggregate Contributions \$1,000.00	

Last Name Goodwin		First Marquis		MI P.
Residential Street Address 666 Cleveland Ave.		City Bridgeport	State CT	Zip Code 06604
Principal Occupation Photographer		Name of Employer Gonation, LLC.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$400.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/30/2023	Aggregate Contributions	

SUBTOTAL Section B — This Page			\$1,900.00
TOTAL of additional Section B Pages			\$35,945.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			\$36,195.00

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 ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Vazzano	First John	MI F.
Residential Street Address 1395 Huntington Tpke	City Trumbull	State CT
	Zip Code 06611	
Principal Occupation Restaurant owner	Name of Employer Vazzys	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 6/30/2023	Aggregate Contributions

Last Name Judge	First David	MI A.
Residential Street Address 51 Brooklawn Pl.	City Bridgeport	State CT
	Zip Code 06604	
Principal Occupation President	Name of Employer Judge Electric, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$60.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 6/4/2023	Aggregate Contributions

Last Name	First	MI
Residential Street Address	City	State
	Zip Code	
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate Contributions

SUBTOTAL Section B — This Page	\$250.00
TOTAL of additional Section B Pages	\$35,945.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$36,195.00

Section B - Itemized Contributions from Individuals

Last Name Harriott		First Name Sasa		MI
Residential Street Address 411 pond bridge rd		City Windsor	State CT	Zip Code 06095
Principal Occupation Nurse		Name of Employer Harriott Home		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/11/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Last Name Heilmann		First Name C Flemming		MI F
Residential Street Address 3 McKinley Street		City Norwalk	State CT	Zip Code 06853
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/23/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Heilmann		First Name Callie		MI
Residential Street Address 89 Grovers Avenue		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Co-Director		Name of Employer Bridgeport Generation Now		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Section B - Itemized Contributions from Individuals

Last Name Adams		First Name Terry		MI B
Residential Street Address 15 Lipton Pl		City Stamford	State CT	Zip Code 06902
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 04/06/2023	Aggregate Contributions	Amount of Contribution \$500.00

Last Name Angland		First Name Joseph		MI
Residential Street Address 72 Sherwood Ave		City Greenwich	State CT	Zip Code 06831
Principal Occupation Legal consultant		Name of Employer Oxera		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/22/2023	Aggregate Contributions	Amount of Contribution \$500.00

Last Name Aresimowicz		First Name Joseph		MI S
Residential Street Address 261 E Haddam Colchester Tpke		City East Haddam	State CT	Zip Code 06423
Principal Occupation Lobbyist		Name of Employer Gaffney Bennett & Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? Yes		Yes
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? Yes		
Method of Contribution Credit Card		Date Received 06/22/2023	Aggregate Contributions	Amount of Contribution \$100.00

Section B - Itemized Contributions from Individuals

Last Name Baker		First Name Sue		MI H
Residential Street Address 81 Indian Head Rd		City Riverside	State CT	Zip Code 06878
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/24/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Last Name Batchelor		First Name Suzanne		MI M
Residential Street Address 29 Fawn Brook		City West Hartford	State CT	Zip Code 06117
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/01/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Belton		First Name Kai		MI
Residential Street Address 263 Fowler Ave		City Middletown	State CT	Zip Code 06457
Principal Occupation Social worker		Name of Employer Middlesex Health		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 05/10/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals

Last Name Bems		First Name Philip		MI E
Residential Street Address 440 Bedford St		City Stamford	State CT	Zip Code 06901
Principal Occupation Attorney		Name of Employer Self		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Best		First Name Denise		MI T
Residential Street Address 12 Deerfield Ave.		City Hartford	State CT	Zip Code 06112
Principal Occupation Organizer		Name of Employer Voices of Women of Color		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Bingham		First Name Ryan		MI
Residential Street Address 20 Spencer Brook Road		City New Hartford	State CT	Zip Code 06057
Principal Occupation Lobbyist		Name of Employer Sullivan & LeShane, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/14/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Bloss		First Name William		MI
Residential Street Address 88 Mulberry Farms Road		City Guilford	State CT	Zip Code 06437
Principal Occupation Attorney		Name of Employer Koskoff Koskoff & Bieder, PC		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/29/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Bowman		First Name Larry		MI
Residential Street Address 300 sound beach ave		City old greenwich	State CT	Zip Code 06870
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/22/2023	Aggregate Contributions	Amount of Contribution \$300.00	

Last Name Brady		First Name Robert		MI K
Residential Street Address 16 Terrace Avenue		City Riverside	State CT	Zip Code 06878
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/22/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Bucki		First Name Cecelia		MI F
Residential Street Address 148 Everit Street, Apt. C		City New Haven	State CT	Zip Code 06511
Principal Occupation college professor		Name of Employer Fairfield University		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/29/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Last Name Burwell		First Name James Calvin		MI
Residential Street Address 44 Blackman Place		City Bridgeport	State CT	Zip Code 06604
Principal Occupation Marketing		Name of Employer Deutsch Family Wine & Spirits		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/06/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Cann		First Name Immacula		MI
Residential Street Address 234 Klondike Street		City Stratford	State CT	Zip Code 06614
Principal Occupation Nurse-CNO		Name of Employer Silver Hill Hospital		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/29/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Carley Fay		First Name Lisa		MI
Residential Street Address 939 fairfield beach road		City Fairfield	State CT	Zip Code 06824
Principal Occupation non profit ed coach		Name of Employer All Our Kin		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$500.00	

Last Name Carswell Ferris		First Name Beverly		MI G
Residential Street Address 321 Moose Hill Road		City Monroe	State CT	Zip Code 06468
Principal Occupation Attorney		Name of Employer Carswell Law Office		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/21/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Clarke		First Name TJ		MI
Residential Street Address 192 Palm Street		City Hartford	State CT	Zip Code 06112
Principal Occupation Executive Director		Name of Employer Connecticut Oral Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/11/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Clay		First Name GINNE RAE		MI
Residential Street Address 3015 North Main St		City Waterbury	State CT	Zip Code 06704
Principal Occupation Executive Director		Name of Employer State of CT		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Cline		First Name Joy		MI
Residential Street Address 261 Grovers Ave		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Executive Director		Name of Employer Gibney, Anthony & Flaherty, LLP		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 04/07/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Coleman		First Name Eric		MI D
Residential Street Address 53 Goodwin Circle		City Hartford	State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/14/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Section B - Itemized Contributions from Individuals

Last Name COLLINS		First Name ELIZABETH		MI T
Residential Street Address 345 Old Battery Rd		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Sales		Name of Employer Zoom		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/09/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Connelly		First Name Elizabeth		MI
Residential Street Address 100 South Quaker Lane		City West Hartford	State CT	Zip Code 06119
Principal Occupation Lobbyist		Name of Employer Capitol Consulting LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/09/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Corey		First Name Arthur		MI T
Residential Street Address 24 Valley View Rd		City Glastonbury	State CT	Zip Code 06033
Principal Occupation Trade Association Executive		Name of Employer Connecticut Bankers Association		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/09/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Section B - Itemized Contributions from Individuals

Last Name Crockett		First Name Scott		MI
Residential Street Address PO Box 025250 #13502		City Miami	State FL	Zip Code 33102
Principal Occupation Executive		Name of Employer Whetstone Holdings		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/23/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Last Name Davis		First Name Gemeem		MI
Residential Street Address 33 Cottage Place		City Bridgeport	State CT	Zip Code 06604
Principal Occupation Community Organizer		Name of Employer Bridgeport Generation Now		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Davis		First Name Joseph		MI M
Residential Street Address 32 Fairmount Street		City Melrose	State MA	Zip Code 02176
Principal Occupation Vice President, IT		Name of Employer AVROBIO		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/29/2023	Aggregate Contributions	Amount of Contribution \$500.00	

Section B - Itemized Contributions from Individuals

Last Name Delany		First Name Hubert		MI D
Residential Street Address 19 Reynolds Avenue		City Stamford	State CT	Zip Code 06905
Principal Occupation State Representative		Name of Employer CT General Assembly		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 05/10/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Dell'Abate		First Name Jill		MI E
Residential Street Address 18 Mortimer Drive		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Music Producer		Name of Employer self employed		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/23/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Desir		First Name Deborah		MI D
Residential Street Address 11 Zak Hill Drive		City Woodbridge	State CT	Zip Code 06525
Principal Occupation Physician		Name of Employer Yale School of Medicine		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/29/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Section B - Itemized Contributions from Individuals

Last Name Ding		First Name Megan		MI
Residential Street Address 18 Maple St		City Putnam	State CT	Zip Code 06260
Principal Occupation Student		Name of Employer Na		
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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No	Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card	Date Received 06/27/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Last Name Dugan		First Name Michael		MI S
Residential Street Address 23 Viola Drive		City East Hampton	State CT	Zip Code 06424
Principal Occupation Lobbyist		Name of Employer Capitol Consulting LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	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? No			
Is this contribution associated with an event reported in Section L1? No	Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card	Date Received 06/26/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Erickson		First Name Laura		MI
Residential Street Address 67 Club Rd		City Riverside	State CT	Zip Code 06878
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No	Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card	Date Received 06/20/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals

Last Name Fang		First Name Julia		MI
Residential Street Address 18 Maple St		City Putnam	State CT	Zip Code 06260
Principal Occupation Manager		Name of Employer PSA Edu Corp		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/27/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Last Name Foster		First Name Mary-Jane		MI
Residential Street Address One Gold Street		City Hartford	State CT	Zip Code 06103
Principal Occupation Nonprofit CEO		Name of Employer Interval House		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$500.00	

Last Name Gale		First Name Carol		MI
Residential Street Address 165 Girard Ave		City Hartford	State CT	Zip Code 06105
Principal Occupation Education		Name of Employer Hartford Board of Education		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/24/2023	Aggregate Contributions	Amount of Contribution \$500.00	

Section B - Itemized Contributions from Individuals

Last Name Gallagher		First Name William		MI
Residential Street Address 85 Highland Avenue		City Chatham	State NJ	Zip Code 07928
Principal Occupation President		Name of Employer CFG Merchant Solutions		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/29/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Last Name Garvey		First Name Lindsworth		MI
Residential Street Address 31 Mill River Dr		City Stratford	State CT	Zip Code 06614
Principal Occupation Manager		Name of Employer Microsoft		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 04/05/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Garvey		First Name Lindsworth		MI
Residential Street Address 31 Mill River Drive		City Stratford,	State CT	Zip Code 06614
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		Yes
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? Yes		
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Section B - Itemized Contributions from Individuals

Last Name Gerratana		First Name Gregory		MI
Residential Street Address 11 Dorset lane		City Farmington	State CT	Zip Code 06032
Principal Occupation Consultant		Name of Employer Nutmeg Strategies		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/10/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Gibbs		First Name Gerville "Gerry"		MI F
Residential Street Address 2314 S Branch Rd		City Branchburg	State NJ	Zip Code 08853
Principal Occupation Consultant		Name of Employer Capital Impact Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/14/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Gibian		First Name Julie		MI
Residential Street Address 7 Bennett St		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/22/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Section B - Itemized Contributions from Individuals

Last Name Gill		First Name Maggie		MI
Residential Street Address 4625 Ellsmere Lane		City Raleigh	State NC	Zip Code 27604
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Gill		First Name Maggie		MI
Residential Street Address 4625 Ellsmere Lane		City Raleigh	State NC	Zip Code 27604
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Ginste		First Name Charlene and Charles		MI W
Residential Street Address 44 Tomac Avenue		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/22/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals

Last Name Gladstein		First Name Gina		MI
Residential Street Address 44 Binney Lane		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Physician		Name of Employer Refocus		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/23/2023	Aggregate Contributions	Amount of Contribution \$500.00	

Last Name Greenberg		First Name Kenneth		MI
Residential Street Address 15 Sachem Road		City Greenwich	State CT	Zip Code 06830
Principal Occupation Attorney		Name of Employer Law Offices of Kenneth Greenberg		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/17/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Grinsell		First Name Cassidy		MI
Residential Street Address 220 W 6th Ave		City Conshohocken	State PA	Zip Code 19428
Principal Occupation Engineer		Name of Employer Merck		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/24/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals

Last Name Heilmann		First Name Niels		MI
Residential Street Address 89 GROVERS AVE		City BRIDGEPORT	State CT	Zip Code 06605
Principal Occupation Advisor		Name of Employer MPG Operations		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/03/2023	Aggregate Contributions	Amount of Contribution \$350.00	

Last Name Hughes		First Name Josh		MI
Residential Street Address 34 Lexington Rd		City West Hartford	State CT	Zip Code 06119
Principal Occupation Lobbyist		Name of Employer Capitol Consulting		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/09/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Ibrahim		First Name Mubarakah		MI
Residential Street Address 670 Winthrop Avenue		City New Haven	State CT	Zip Code 06511
Principal Occupation Self-Employed		Name of Employer Balance Fitness		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$500.00	

Section B - Itemized Contributions from Individuals

Last Name Jackson		First Name Dr. Tommie		MI
Residential Street Address 458 Wire Mill Road		City Stamford	State CT	Zip Code 06903
Principal Occupation Religious Minister		Name of Employer Rehoboth Fellowship Church		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 04/01/2023	Aggregate Contributions 	Amount of Contribution \$100.00

Last Name Jackson		First Name Gloria		MI B
Residential Street Address 46 Keofferam Rd		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/13/2023	Aggregate Contributions 	Amount of Contribution \$100.00

Last Name Janensch		First Name Gail		MI E
Residential Street Address 3030 Park Ave		City Bridgeport	State CT	Zip Code 06604
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/08/2023	Aggregate Contributions 	Amount of Contribution \$350.00

Section B - Itemized Contributions from Individuals

Last Name Johnson		First Name Daryl		MI	
Residential Street Address 18 Ashley St.		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Railroad Conductor			Name of Employer NY MTA / Metro-North		
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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card		Date Received 05/12/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Johnson		First Name Lisa		MI	
Residential Street Address 75 Redwood Drive, Unit 1410		City East Haven		State CT	Zip Code 06513
Principal Occupation Engineer			Name of Employer Bismark		
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 associated with have a contract with said municipality valued at more than \$5000? Yes			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? Yes			
Method of Contribution Credit Card		Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Khan		First Name Maryam		MI	
Residential Street Address 25 Colton st		City Windsor		State CT	Zip Code 06095
Principal Occupation Teacher / Legislator			Name of Employer State of CT, City of Hartford		
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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card		Date Received 06/11/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Khanna		First Name Rachel		MI
Residential Street Address 163 John Street		City Greenwich	State CT	Zip Code 06831
Principal Occupation CT State Representative		Name of Employer CT General Assembly		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/20/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Kovac		First Name Marcella		MI
Residential Street Address 404 Brewster Street		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Design and Marketing		Name of Employer The Bananaland		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Lemar		First Name Roland		MI
Residential Street Address 552 Chapel Street		City New Haven	State CT	Zip Code 06511
Principal Occupation Legislator		Name of Employer State Of CT		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 04/19/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Lewis		First Name Diane		MI
Residential Street Address 69B Congress St.		City Hartford	State CT	Zip Code 06114
Principal Occupation Case Managwr		Name of Employer Building Trades Training Institute		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/11/2023	Aggregate Contributions	Amount of Contribution \$100.00

Last Name Lewis		First Name Dorothy		MI M
Residential Street Address 290 Greenwood St.		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Legislative Aide		Name of Employer State of CT		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/23/2023	Aggregate Contributions	Amount of Contribution \$100.00

Last Name Lewis		First Name Rena		MI
Residential Street Address 726 East Street		City New Britain	State CT	Zip Code 06051
Principal Occupation Analyst		Name of Employer CGA		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$50.00

Section B - Itemized Contributions from Individuals

Last Name Lloyd		First Name Cindi		MI A
Residential Street Address 5 Westview Drive		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Special Investigator		Name of Employer State of Connection		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/11/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Lovinski		First Name Anne		MI
Residential Street Address 60 Cherry Hill Drive, 2A		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Dental Hygienist		Name of Employer Vaughn Family Dentistry		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Martin		First Name Gabriella		MI
Residential Street Address 3 Ledgewood Blvd		City Dartmouth	State MA	Zip Code 02747
Principal Occupation Senior Consultant		Name of Employer Social Simulator		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/10/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Marx		First Name Martha		MI E
Residential Street Address 4 Harbor Lane		City New London	State CT	Zip Code 06320
Principal Occupation RN		Name of Employer Yale NH Health		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/10/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name McBride		First Name Sean		MI
Residential Street Address 24 Ridgevale Place		City Bridgeport	State CT	Zip Code 06610
Principal Occupation Revenue Analyst		Name of Employer WC McBride Electrical		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Meskers		First Name Monica		MI
Residential Street Address 18 Lockwood Avenue		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Decorator/workroom		Name of Employer Monica's Designs		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/22/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Meskers		First Name Stephen		MI R
Residential Street Address 18 Lockwood Avenue		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/15/2023	Aggregate Contributions	Amount of Contribution \$300.00	

Last Name Mitchell		First Name Rosaline		MI
Residential Street Address 7 Sycamore Road		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/10/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Modica		First Name Gina		MI
Residential Street Address 5 Vista Avenue		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/13/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Section B - Itemized Contributions from Individuals

Last Name Mongellow		First Name Thomas		MI S
Residential Street Address 257 Adrian Ave		City Newington	State CT	Zip Code 06111
Principal Occupation Trade Association Executive		Name of Employer Connecticut Bankers Association		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/09/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Moore		First Name Marilyn		MI V
Residential Street Address 666 Cleveland Avenue		City Bridgeport	State CT	Zip Code 06604
Principal Occupation Legislator		Name of Employer State of CT		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/21/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Last Name Moriarty		First Name Leslie		MI
Residential Street Address 150 Parsonage Rd		City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/22/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Napper		First Name Tyler		MI
Residential Street Address 60 Congress Street		City Hartford	State CT	Zip Code 06114
Principal Occupation Analyst		Name of Employer Non-Profit		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/11/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Last Name Needleman		First Name Daniel		MI
Residential Street Address 37 Birch Mill Trail,		City Essex	State CT	Zip Code 06426
Principal Occupation Other		Name of Employer Tower Labs Ltd		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/26/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Last Name Needleman		First Name Matthew		MI
Residential Street Address 21 Carol Drive, , false		City Ivoryton	State CT	Zip Code 06442
Principal Occupation Manager		Name of Employer Tower Labs		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/26/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Section B - Itemized Contributions from Individuals

Last Name Perras		First Name Jim		MI S
Residential Street Address 156 LeFoll Blvd.		City South Windsor	State CT	Zip Code 06074
Principal Occupation CEO		Name of Employer Home Builders & Remodelers Association of CT, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	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? No			
Is this contribution associated with an event reported in Section L1? No	Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Pheanious		First Name Pat		MI W
Residential Street Address 63 Squaw Hollow Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No	Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card	Date Received 06/20/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Przybysz		First Name Kenneth		MI
Residential Street Address 50 Goodwin Circle		City Hartford	State CT	Zip Code 06105
Principal Occupation Consultant/Lobbyist		Name of Employer Przybysz + Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	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? No			
Is this contribution associated with an event reported in Section L1? No	Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card	Date Received 04/23/2023	Aggregate Contributions	Amount of Contribution \$150.00	

Section B - Itemized Contributions from Individuals

Last Name Rahman		First Name MD		MI M
Residential Street Address 6		City Manchester	State CT	Zip Code 06040
Principal Occupation President		Name of Employer Marjars Sourcing Inc		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 04/12/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Last Name Reid-James		First Name Lorraine		MI
Residential Street Address 59 Bluebird Dr		City Naugatuck	State CT	Zip Code 06770
Principal Occupation Social workee		Name of Employer Family & Children's Agency		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Rizzolo		First Name Carol		MI
Residential Street Address 24 Long Hill Farm		City Guilford	State CT	Zip Code 06437
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/29/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Robles		First Name Neida		MI
Residential Street Address 77 Magnolia Avenue		City Larchmont	State NY	Zip Code 10538
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 05/10/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Rowthorn		First Name Perry		MI
Residential Street Address 43		City West Hartford	State CT	Zip Code 06119
Principal Occupation Attorney		Name of Employer Jepsen Rowthorn LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/09/2023	Aggregate Contributions	Amount of Contribution \$750.00	

Last Name Rucker		First Name Shanika		MI
Residential Street Address 308 Remington St		City Bridgeport	State CT	Zip Code 06610
Principal Occupation Social worker		Name of Employer CT Institute for Refugees and Immigrants		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals

Last Name Saint Juste		First Name Evens		MI
Residential Street Address 75 Terry place		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Medical Lab Tech		Name of Employer Greenwich Hospital		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Sanchez		First Name James		MI
Residential Street Address 370 freeman st		City Hartford	State CT	Zip Code 06106
Principal Occupation Utility systems monitoring		Name of Employer MDC		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 05/17/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Sanchez		First Name Robert		MI
Residential Street Address 269 Washington Street		City New Britain	State CT	Zip Code 06051
Principal Occupation State Representative		Name of Employer State of Ct		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 05/17/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Section B - Itemized Contributions from Individuals

Last Name Santana		First Name Sylvia		MI
Residential Street Address 5700 Brace Street		City Detroit	State MI	Zip Code 48228
Principal Occupation Senator		Name of Employer Santana for Michigan		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/21/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name SANTOS		First Name Julia		MI M
Residential Street Address 1610 Laurel Avenue		City Bridgeport	State CT	Zip Code 06604
Principal Occupation Registered Nurse		Name of Employer ST Vincent Hospital		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Sapieha-Yanchak		First Name Teresa		MI
Residential Street Address 208 south mountain dr		City New Britain	State CT	Zip Code 06052
Principal Occupation Admin Curriculum Coordinator		Name of Employer State of CT UConn SOM		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/02/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Section B - Itemized Contributions from Individuals

Last Name Sena		First Name Peter		MI J
Residential Street Address 109 centennial drive		City Milford	State CT	Zip Code 06461
Principal Occupation Self employed consultant			Name of Employer Enter the Resonance LLC	
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/10/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Last Name Shea		First Name Timothy		MI
Residential Street Address 7 Hatheway Road		City Ellington	State CT	Zip Code 06029
Principal Occupation Lobbyist			Name of Employer Brown Rudnick	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/13/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Last Name Silva		First Name Carlos		MI
Residential Street Address 66 Cleveland Ave		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Business Owner			Name of Employer Self-Employed	
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 04/10/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Section B - Itemized Contributions from Individuals

Last Name Singleton		First Name Leroy		MI F
Residential Street Address 61 Smith street		City Bridgeport	State CT	Zip Code 06607
Principal Occupation Bus Operator		Name of Employer New York City Transit Authority		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Last Name Snyder		First Name David		MI
Residential Street Address 11 Roosevelt Avenue		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/23/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Soltis		First Name John		MI
Residential Street Address 93 Ellsworth Street		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/26/2023	Aggregate Contributions	Amount of Contribution \$500.00	

Section B - Itemized Contributions from Individuals

Last Name St Amour		First Name Matthew		MI J
Residential Street Address 9A Farnsworth Street		City New London	State CT	Zip Code 06320
Principal Occupation Broker		Name of Employer Self		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/24/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Stetter		First Name Suzanne		MI
Residential Street Address 362 Grovers Ave		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Para Professional Educator		Name of Employer Riverfield Public School		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Last Name Stone McGuigan		First Name Janet		MI
Residential Street Address 24 Sunset Road		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation elected official		Name of Employer Town of Greenwich		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/16/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Suggs		First Name Joseph		MI
Residential Street Address 10 Sandpiper Dr.		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$100.00

Last Name Suggs		First Name Joseph		MI
Residential Street Address 10 Sandpiper Dr.		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$100.00

Last Name Swaby		First Name Donnah		MI
Residential Street Address 49 Silver Birch Lane		City Windsor	State CT	Zip Code 06095
Principal Occupation Principal		Name of Employer Consolidated School District of New Britain		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/11/2023	Aggregate Contributions	Amount of Contribution \$25.00

Section B - Itemized Contributions from Individuals

Last Name Swagerty		First Name Ronelle		MI P
Residential Street Address 184 Garden Street		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Educator		Name of Employer New Beginnings Family		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Swagerty		First Name Ronelle		MI P
Residential Street Address 322 Wayne Street		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Administrator		Name of Employer New Beginnings Family		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Swagerty		First Name Ronelle		MI P
Residential Street Address 322 Wayne Street		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Educational Leader		Name of Employer New Beginnings Family		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 04/01/2023	Aggregate Contributions	Amount of Contribution \$200.00	

Section B - Itemized Contributions from Individuals

Last Name Swan		First Name Tom		MI
Residential Street Address 155 Standish Rd		City Coventry	State CT	Zip Code 06238
Principal Occupation Executive Director		Name of Employer CCAG		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/26/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Teal		First Name Jason		MI
Residential Street Address 61 Woodhaven Dr		City New Britain	State CT	Zip Code 06053
Principal Occupation CEO		Name of Employer Nova Farms CT		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/03/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Thompson		First Name Angella		MI
Residential Street Address 11 Woodduck Farms Rd		City Windsor	State CT	Zip Code 06095
Principal Occupation CFO		Name of Employer Self		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Thompson		First Name Craig		MI
Residential Street Address 40 Musket Trail		City Simsbury	State CT	Zip Code 06070
Principal Occupation Engineer		Name of Employer Hyphen		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/27/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Trofort		First Name Naomie		MI
Residential Street Address 86 Geraldine circle		City Trumbull	State CT	Zip Code 06611
Principal Occupation Registered nurse		Name of Employer Elevance Health		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 04/04/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name		First Name		MI
Residential Street Address		City	State	Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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 this contribution associated with an event reported in Section L1?		Is contributor a principal of state contractor or prospective state contractor?		
Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution	

Section B - Itemized Contributions from Individuals

Last Name Valigorsky		First Name Sara		MI K
Residential Street Address 55 Dorset Crossing		City Simsbury	State CT	Zip Code 06070
Principal Occupation General Manager		Name of Employer Maple KRG		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/10/2023	Aggregate Contributions	Amount of Contribution \$1,000.00	

Last Name Vermont		First Name Terence		MI A
Residential Street Address 155 Magnolia St		City Bridgeport	State CT	Zip Code 06610
Principal Occupation Eligibility Services Specialist		Name of Employer Dept of Social Services		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/08/2023	Aggregate Contributions	Amount of Contribution \$35.00	

Last Name Wasserman		First Name Svetlana		MI
Residential Street Address 37 Day Road		City Greenwich	State CT	Zip Code 06831
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card	Date Received 06/23/2023	Aggregate Contributions	Amount of Contribution \$25.00	

Section B - Itemized Contributions from Individuals

Last Name Wichman		First Name Anne		MI F
Residential Street Address 34 Owenoke Way		City Riverside	State CT	Zip Code 06878
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/14/2023	Aggregate Contributions	Amount of Contribution \$50.00

Last Name Williamson		First Name Kathy		MI
Residential Street Address 160 Village Lane		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/26/2023	Aggregate Contributions	Amount of Contribution \$25.00

Last Name Winfield		First Name Gary		MI
Residential Street Address 480 Winchester Avenue		City New Haven	State CT	Zip Code 06511
Principal Occupation Union staff		Name of Employer CSU AAUP		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 05/10/2023	Aggregate Contributions	Amount of Contribution \$100.00

Section B - Itemized Contributions from Individuals

Last Name Woods Weber		First Name Janee		MI
Residential Street Address 777 Prospect Ave		City West Hartford	State CT	Zip Code 06105
Principal Occupation Executive Director		Name of Employer CWEALF		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/29/2023	Aggregate Contributions	Amount of Contribution \$75.00

Last Name Woodson		First Name Roshelley		MI
Residential Street Address 157 Holly Street		City Bridgeport	State CT	Zip Code 06607
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$50.00

Last Name Young		First Name Jennifer		MI
Residential Street Address 27 East Byway		City Greenwich	State CT	Zip Code 06831
Principal Occupation State Director		Name of Employer Charter Communications		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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? No		
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/12/2023	Aggregate Contributions	Amount of Contribution \$200.00

Section B - Itemized Contributions from Individuals

Last Name Yvonne Renee Davis		First Name Yvonne Renee Davis		MI
Residential Street Address 25 Phelps Unit 2		City Windsor	State CT	Zip Code 06095
Principal Occupation Self Employed		Name of Employer Davis Communications		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/11/2023	Aggregate Contributions	Amount of Contribution \$250.00

Last Name Ziotas		First Name Angelo		MI
Residential Street Address 474 Ponus Ridge Road		City New Canaan	State CT	Zip Code 06840
Principal Occupation Trial attorney		Name of Employer Silver Golub & Teitell LLP		
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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		
Method of Contribution Credit Card		Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$200.00

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