SEEC FORM 20

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

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE					L-11	-1 5		=		
Friends of Lamond		31								
2. TREASURER NAME						JUE:				
First		МІ		Last						Suffix
Askar			Ī	Moriss	eau					
3. TREASURER ADDRESS				MILE		8_11		ZX		fre positi
Street Address			City				State		Zip Co	de
2600 Park Avenue, Apt. 4M			Bridg	geport			ст		0660	14
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only ij	Candidat	e Committee)			6.	DISTR	LICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor							(if a	pplicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)								
First		MI		Last						Suffix
Lamond				Daniel	S					
8. TYPE OF REPORT (Check One Box)									FI.	Dely
O January 10 filing	O7th day preced	ling primary	у	O7th	day preceding referendum		nitial Cont	ribu	tion or	Disbursement
April 10 filing	O30 days follow	30 days following primary			days following referendum	_	Amendmen	t to		
July 10 filing	O7th day preced	O7th day preceding election			ficit	T	ype of Rep	ort:		
October 10 filing		12th day preceding election (State Central Committees Only)			mination	_			2	<u>22</u>
OPrimary OElection	O45 days follow not held in No		n					NAOL	OCT I	EIVED I Bridgei
9. PERIOD COVERED		=,=	11					CLERK		SS
¥	Beginning Dat	:e			Ending Date			RX	ي ب	RECO
7	7/1/2023		_	thru	9/30/2023				5)RD
			_					_		" = Ut
10. CERTIFICATION						-/3-11				
I hereby certify and state, under per Disclosure Statement for the per	enalties of false st iod covered is tr	tatement, t	that al	l of the	information set forth on plete.	this Ite n	nized Can	pai	gn Fin	ance
Com Many			Erin M	lcDono	ugh		10/07/2023)23
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	I	PRINT	NAME		DATE (mm/dd/yyyy)				
							_ 7 E3		E	
A person who is j					olated any provisions of t	he camp	aign fina	nce .	statute	is —

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	
Friends of Lamond	10/10/2023 COLUMN A	COLUMN B
	This Period	Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		26,05 7.87
12. Balance on hand at the beginning of Reporting Period	81,938.50	
13. Contributions Received from Individuals (Sections A and B)	6,550.00	80,427.00
14. Receipts from Other Committees (Sections C1 and C2)	0	1,750.00
15. Other Monetary Receipts (Sections D through K)	0	1,600.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	250.00	1,350.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	6,800.00	85,127.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	88,738.50	111,184.87
19. Expenses Paid by Committee (Section P)	46,835.14	69,281.51
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	41,903.36	41,903.36
21. In-Kind Donations not Considered Contributions Received (Section L4)	o	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	О	700.00
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	o	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	o	0
25c Payments on Loan	О	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	o	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	o	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Friends of Lamond			10/10/2023				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$ 525.00				
B. Itemized Co	ntrib	outions from Indivi	duals	N E			
Last Name	F	irst				MI	
Smith	ħ	Mark					
Residential Street Address	City			State	Zip	Code	
98 Glenwood Avenue	Brid	geport		cт	06	610	
Principal Occupation		Name of Employer					
Owner		MC Smith Holdings	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONo If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? OYES ONO					Amount of Contribution 500.00		
ls this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which brain form the fo	branches	e contractor? Yes OLegislative					
If yes, list Event # of government the contract	ct is wi	Date Received		_			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Aggregate Contributions 500.00						
Last Name	Fi	irst			<u> </u>	MI	
Casson	F	Robert				J	
Residential Street Address		State	Zip (ode.			
27 Farrell Road	West	ton		СТ	068	383	
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 500.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a If yes, indicate which brain of government the contract	nch or	branches	e contractor? No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/5/2023	500.00				
Last Name	Fi	irst				MI	
Metzger	S	ania					
Residential Street Address	City			State	Zip C	ode	
2400 Johnson Avenue, 5K	Bron	X .		NY	104	163	
Principal Occupation		Name of Employer					
Attorney		Sania Metzger					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y. Amo		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a section L1? If yes, indicate which brance of government the contraction of government the contraction.	nch or	branches	C Legislative				
Method of Contribution		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/5/2023	200.00	<u></u>			
SUBT	ГОТА	L Section B — This	Page 1,050.00				
TOTAL	of a	dditional Section B P	ages 4,975.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I		IVIDUALS (Sections A umn A of Summary Page 1					

Friends of Lar	MMITTEE (Provide Comp	olese Name as Registered	with Filing Repos	itory)		TYPE OF REPORT	BXXL_WWL_R_X
Friends of Lai	TIONG					10/10/2023	
		C1. (Contribution	ons from O			PALA TRANSPORT
Name of Committee	•				Name of Trea	esurer	
Address		-	·	Is this contri	ibution associa	ted with an Oyes ONo	A mount of Contribution
				event report	ed in Section L	.12	
0:-						list Event #	
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	
ľ		1					
Name of Committee	. .	1	Į.		Name of Trea	surer	
			_				
Address				Is this contri	bution associa	ted with an Yes ONo	Amount of Contribution
				event reporte	ed in Section L If ves.	list Event #	
City		State	Zip Code	Date Recei		Aggregate Contributions	\dashv
Name of Committee					Name of Trea	surer	
Address				Is this contri	bution associat	ted with an Yes No	Amount of Contribution
				event reporte	ed in Section L	1?	
City	.	State	lacia (I Data Bassai		list Event #	
Cny		State	Zip Code	Date Recei	vea	Aggregate Contributions	
	C2.	Reimbursemen	ts or Surpl	us Distribu	tions fron	other Committees	
Name of Committee			p.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of Treas		
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	•				Amount of Receipt
	13.44	OReimbursem	ent for shared e	xpense OSu	ırplus Distribu	tion	
Description							-
Name of Committee					Name of Treas	**************************************	
					Ivanic of ficas	uiei	
Address				City			State Zip Code
Date Received	Expenditure #	Payment Type				-	Amount of Receipt
	(if applicable)	O Reimburse	ment for shared	expense O	Surplus Distrib	nution	Amount of Receipt
		- O AND MILES	- Inches for shared				_
Description							
			SURTO	TAL Section	C — This	Page 0	
			50010	I ALI SECTION	1 0 1 1118	1 age	
			TOTAL o	f additional	Section C	Pages 0	
	TOTAL OF	ALL COMMIT	TEE CONTI	RIBUTIONS	AND REC	EIPTS C	
		s C1 + C2) (Enter to					

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Reposi	itory)			TYPE OF REPORT			
Friends of Lamond	123	17274		10/10/2023				
Maria Ma). Loans	Receiv	ved this Period				No.	
Name of Lender			Source of Loan: OBank O Can	ndidate O	Individua	Other Committee	Date of Receipt	
Street Address	City		1		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)	- 17						Amount Received	
Street Address	City				State	Zip Code		
Name of Lender	1		Source of Loan OBank Can	ididate O	Individua	Other Committee	Date of Receipt	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No	
Name of Cosigner/Guarantor (if applicable)				<u>l</u>			Amount Received	
Street Address	City				State	Zip Code		
Name of Lender			Source of Loan: OBank OCan	didate O	Individua	Other Committee	Date of Receipt	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No	
Name of Cosigner/Guarantor (if applicable)				- '		,	Amount Received	
Street Address	City				State	Zip Code		
		air i g	TOTAL SECT	ION D	0			
E. Receipts from Entities other tha	n Indiv	idnals	or Other Com	mittees	/ Daforon	dum Committee	oc ONI V	
Name of Entity	in knor.	luuis .	or other com	Mittee	(Nejere	ukm Commune.	S UNLI)	
Street Address				Date Re	ceived		Amount Received	
City		State	Zip Code	Aggreg	ate Contrib	utions		
Name of Entity		_						
Street Address				Date Re	ceived		Amount Received	
City		State	Zip Code	Aggrega	ate Contrib	utions		
Name of Entity								
Street Address				Date Re	ceived		Amount Received	
City		State	Zip Code	Aggrega	ate Contrib	utions		
	J E Jo		TOTAL SECT	ION E	0			

NAME OF COMMITTEE (Pro	vide Complete Name as Regis	tered with Filing Repository)			TYP	E OF REPORT
Friends of Lamond					10/	10/2023
F. An	ount Transferred	from Affiliated I	Business	Treasury (Busin	ess Ent	ity Committees ONLY)
Date of Receipt	Is this transaction associated in Section		s <i>If yes</i> , li	st Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		s <i>If yes</i> , li	st Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section	- · · ·	s If yes, li	st Event #		Amount
Date of Receipt	ls this transaction assoc event reported in Sectio		i <i>If yes</i> , li	st Event #		Amount
			T	OTAL SECTION	N F	0
G. Amount Transf	erred from Affilia	ted Labor Union	or Other	Organization	Treas	ury (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of	Receipt
Amount	Amount				Amount	
and the second second			тот	AL SECTION	G ()
Н. 1	ersonal Funds of	the Candidate Re	eceived the	nis Period (Can	didate (Committees ONLY)
Date of Receipt	Method of payment:					Amount
	O Cash	O Personal C	heck	Credit/Debit C	Card	
Date of Receipt	Method of payment:					Amount
	O Cash	O Personal C	heck	O Credit/Debit C	ard.	
Date of Receipt	Method of payment:					Amount
	O Cash	Personal C	heck	O Credit/Debit C	ard	
Date of Receipt	Method of payment					Amount
	O Cash	O Personal C	heck	O Credit/Debit C	Card	5
	N		1	OTAL SECTIO	N H	0
		I. Anonymo	us Contr	ibutions		
amount.	Public Act 11-48, If a committee ediately remit the	receives an anon	ymous c	ontribution, the	e cam	paign treasurer shall

for deposit in the General Fund.

Revised January 2015 A.	MONETART RECEIT 15 (5	CCHORS A	<u> </u>	<u> </u>	
NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing Repository)			OF REPORT	
Friends of Lamond		-112		0/2023	
	Interest from Deposits in Authorize	d Account			TO ASS. INTERNAL
Name of Institution			Date F	Received	Amount
Street Address	City		atc	Zip Code	
	()	"	210	Zip couc	
Name of Institution			Date F	Received	Amount
Street Address	City	St	ate	Zip Code	
			_		
	TOTAL	SECTION	J	0	
K. Miscel	laneous Monetary Receipts not Consi	dered Con	ıtrib	outions	
Name	•			Date of Transaction	Amount Received
Court & House			10	Int & I	
Street Address	City		State	e Zip Code	
Description				<u> </u>	
Name				Date of Transaction	Amount Received
Street Address	City		State	zip Code	
Description	"				
Name			Ιι	Date of Transaction	
					Amount Received
Street Address	City		State	Zip Code	
Description					_
Sescription					
Name			I	Date of Transaction	Amount Received
Street Address	Les-		I State	Zip Code	
Street Address	City		State	zip code	
Description				1	_
	TOTAL SEC	TION K	0		
SUMMARY O	F OTHER MONETARY RECEIPTS	S (Sections	Dt	hrough K)	A LANGE E BOOK
Total Loans Received this Period (Section D		5 (Sections		0	
Fotal Receipts from Entities other than Indiv				0	
			+		
Total Amount Transferred from Affiliated B			+	0	
Fotal Amount Transferred from Affiliated L	abor Union or Other Organization Treasury	(Section G)	+	0	
Total Amount of Personal Funds of the Cand	lidate Received this Period (Section H)		+	0	
Total Amount of Interest from Deposits in A	uthorized Accounts (Section J)		+	0	
Total Miscellaneous Monetary Receipts not (Considered Contributions (Section K)		+	0	
	Total of Other M	Ionetary F	lece	ipts 0	
(Add Section	ns D through K) (Enter total on Line 15, Column A				

	(Provide Complete Name as Registered with Filing Repository,)	TYPE OF REPORT		THOU HOLE				
Friends of Lamond			10/10/2023						
	L1. Ever	nt Information			50 X -				
Event # Date of Event Letter 20230706 A	Description Meet and greet		56	Was this a fur	ndraising event				
Location Street Address	<u> </u>	City		State	Zip Code				
135 Clarence Street		Bridgeport		СТ	06608				
Subpart 1: (All Commit Was this event hosted at		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for an purchases made by host(s) for food, beverage and invitations.) No Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions)							
	onated by an individual of up to \$100?	and complete required to		ot Considered	Contributions				
	sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$					
Were there purchases of sign associated with this		mittees other than Exploratory Yes (If yes, go to Section L3 or on a Sign and comp	3 Purchases of Adverti		Program Book				
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$					
Event # Date of Event Letter	Description			Was this a fun OYes	ndraising event				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this event hosted at	,	Yes (If yes, go to Section L5 Associated with a Hou purchases made by host No	ise Party and complete	required inform					
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section Le and complete required i		ot Considered C	Contributions				
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Reco	eipts here,)	\$					
Subpart 2: (Party Comm. Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	mittees other than Exploratory of Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advertis		Program Book				
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rece	eipts here.)	\$					
SUBTOTAL Section	n L1-Subpart 1 (All Committees) Total Receipts fr	rom Sale of Donated Items — ?	This Page 0						
		tion L1—Subpart 3 <i>(Town Committ</i> cipts from Food Purchases — T			-				
		TOTAL of additional Section	L1 Pages 0						
		CIPTS FROM SMALL PUR In Line 16a, Column A of Summary							

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

NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposit	on)		TYPE OF REPO	RT	- 0	
Friends of Lamond					10/10/2023			
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or o	n a Sign			
Name of Purchaser						Purcha	ise Made By:	
The Finch Firm, LLC						1 -	usiness Entity	_
						Oin	dividual/Sole	Proprietorship
Street Address			City				State	Zip Code
135 Elm Street			Bridgeport				СТ	06604
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purch	ase	Amount of S	ign Purchase
07/10/2023	20230706A	250.00		250.00				
Name of Purchaser				•		Purcha	se Made By	
						OBi	usiness Entity	Other
			<u> </u>			Oin	dividua1/Sole I	Proprietorship
Street Address			City				State	Zip Code
		_						
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser						Purcha	se Made By	
						OBu	isiness Entity	Other
						Oin	dividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ISA	Amount of Si	an Purchasa
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gram : to t divis			gu i di chase
Name of Purchaser				<u>.</u>		Durcha	se Made By:	
							isiness Entity	Other
						-	dividual/Sole P	
Street Address	 -		City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	n Purchase
								9
				<u> </u>				
Name of Purchaser							se Made By	_
						_	siness Entity	Other
treet Address			0			Olno	lividual/Sole P	
nect Addiess			City				State	Zip Code
Date Received	Event #		C 411 E					
Jaie Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	n Purchase
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book —	- This Page 25	0.00	_	
	SUBTOTAL Section							
	- CODICIAL Settle	13 Total I ulci	mases of Auvertis	ing on a digil —	- I this I age U			
				lditional Sectio	102.02			
TOTAL	OF ALL PURCHASES OF		G IN A PROGRA Line 16c, Column A			0.00		

NAME OF COMMITT	EE (Provide Complete Name	e as Registered with Filing Repos	sitory)		TYPE OF REPO	ORT	<u> </u>	
Friends of Lamond					10/10/2023			_
No.	I	4. In-Kind Donation	ns Not Cons	sidered Contribu	tions			-8.2
Name of Donor								
Street Address	<u>.</u>		City				State	Zip Code
Donation Given By:	Description of Donation					Fair !	Market Va	lue of Donation
O Business Entity								
OIndividual	Date Received	Event #		Aggregate Value for	this Event	_		
O Sole Proprietorship								
Name of Donor	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		•				
Street Address			City				State	Zip Code
			, i.i.y				State	Zip Code
Donation Given By	Description of Donation					Fair N	farket Val	ue of Donation
OBusiness Entity								
OIndividual	Date Received	Event #		Aggregate Value for	this Event			
OSole Proprietorship		-						
Name of Donor	-	•		•				_
Street Address			City				State	Zip Code
			1386					
Donation Given By:	Description of Donation					Enin N	Andrea Vel	L of Donation
OBusiness Entity						rann	TASKEL YAI	ne of Dougflou
Olndividual	Date Received	Event #		Aggregate Value for	this Event			
O Sole Proprietorship	1			1,68,08,000	D. viik			
Name of Donor	<u></u>	<u></u>					_	<u> </u>
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation		l			Fair M	larket Valı	e of Donation
O Individual	Date Received	In di				_		
Sole Proprietorship	Date Received	Event #		Aggregate value for t	nis Event			
		SUI	BTOTAL Sect	ion L4 — This Page	0	'		
		тот	`AL of additio	nal Section L4 Pages	0			
тот	AL OF ALL IN-KIN	D DONATIONS NOT C						
		(Enter total on Line 21,	Column A of Si	ummary Page Totals)		· -		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)	1.02 10	TYPE OF RE	PORT	
Friends of Lamond	2		10/10/202	3	 -
L5. In-Kind Donations Not Consider	ed Contributions Associ	ated with a l	House Par	ty	
Name of Host		committee?	supporting m OYes ON omplete Itemiz	О	ne candidate or dendum L5
Street Address	City	•		State	Zip Code
Description of Donation	<u> </u>		Fair Mar	rket Value	of Donation
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host candidate	1		
Name of Host		committee?	supporting mo OYes ON omplete Itemiza	0	ne candidate or
Street Address	City	•		State	Zip Code
Description of Donation			Fair Mar	ket Value	of Donation
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this I	ost candidate			
Name of Host	1	committee?	supporting mo OYes ONe mplete Itemiza	0	e candidate or
Street Address	City	•		State	Zip Code
Description of Donation			Fair Mar	ket Value o	f Donation
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost candidate			
Name of Host		committee?		o	e candidate or
Street Address	City	1	•	State	Zip Code
Description of Donation	I		Fair Mar	ket Value o	f Donation
Event # Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost candidate			
s	SUBTOTAL Section L5 —	This Page	0		
то	OTAL of additional Section	L5 Pages	0		
TOTAL OF ALL IN-KIND DONATIONS NOT ASSOCIATED WITH A HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI		0		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Regi	istered with	Filing Repository)			TYPE	F REPORT			
Friends of Lamond						10/10/	2023			
	The service		M. In-Kind	Contri	ibutions					
Name										
Street Address				lo:				To	127.0.1	
Street Address				Cit	y			State	Zip Code	
Type of contributor Committee	Date Receive	ed	Aggregate Contribution	ons	Description of In-Kind	Contributio	n			
Individual / Sole Proprietorship Other										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		ributor or l	business he/she is ass		for a chief executive of with have a contract with Yes No			Fair Market Value of this Contributio		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of a st indicate which bran- rnment the contract i	ch or bra	actor or prospective stanches Executive	_	ΟNo			
Name								_		
Street Address				City	,			State	Zip Code	
Type of contributor; Committee	Date Received	d	Aggregate Contributio	ns	Description of In-Kind (Contributio	n	<u></u>	<u> </u>	
Olndividual / Sole Proprietorship OOther										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont		business he/she is as	sociated	e for a chief executive of with have a contract work of Yes No				Market Value Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Section L1 Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative O Legislative										
Name								*		
Street Address				City	,			State	Zip Code	
Type of contributor: Committee Individual / Sole Proprietorship Oother	Date Received	1	Aggregate Contribution	ns	Description of In-Kind (Contribution	1		-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		ributor or	business he/she is as:	sociated	for a chief executive of with have a contract w Yes No			Fair Market Value of this Contribution		
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #		contribut		ite contra	ector or prospective sta	. 8	Ö N₀			
	12 1	IN HO	SURTOT	AI Sac	tion M — This Pag			_		
	15 ((1))							_		
			TOTAL of	additio	nal Section M Page	s O		_		
TOTAL OF ALL IN-KIND CON	TRIBUTIO	ONS (E)	nter total on Line 23,	Column 2	A of Summary Page To	tals) 0				
	N. I	Refund	able Deposit to	o Tele	phone Compan	v	T-1	QE AL		
Last Name of Individual			First			J	MI [ate Deposit	Made	
			- 1							
Residential Street Address			City			State	Zip Code			
									mount of Deposit	
Name of Telephone Company	-							\dashv		
, , ,										
Street Address			City		I	State	Zıp Code	7		
TOTAL SE	CTION N	(Enter to	otal on Line 24, Colu	ımn A oj	Summary Page Total	(s) 0				

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

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Friends of Lamon		·	10/10/2023	
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
DayCampaign			09/30/2023	O Check #
		T		O Debit Card OEFT
Street Address		City		State Zip Code
112 Bloomfield A	venue	Windsor		CT 06095
Purpose of Expenditure	Description		Event #	Amount
(by code) WEB	Donation platform fee			156.60
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	1
(if applicable)	None of the below	-		
	Coordinated with reimbursement sought (joint expenditur			
	O Coordinated without reimbursement sought (in-kind contr	ribution) Organiza	ationOA OB OC OD	<u> </u>
Name of Payee			Date of Payment	Method of Payment:
Squarespace Inc			7/24/2023	O Check #O Debit Card OEFT
Street Address		City		State Zip Code
8 Clarkson Street		New York		1 1
		New Tork		NY 10014
Purpose of Expenditure (by code)	Description		Event #	Amount
(by code) WEB	Website hosting			24.46
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	viess "None of the below" is c	checked)	1
(if applicable)	None of the below		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Coordinated with reimbursement sought (joint expenditure	e) Independ	lent	
	Coordinated without reimbursement sought (in-kind contri		tion OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment
Constant Contact			7/13/2023	Check #
Street Address		I o c.		O Debit Card O EFT
	.1	City		State Zip Code
1601 Trapelo Road		Waltham		MA 02451
Purpose of Expenditure	Description		Event #	Amount
(by code) A-WEB	Email service			37.22
				37.22
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	
	None of the below	• Indepen	4	
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control to the con		ationOAOBOCOD	
Name of Payee	<u> </u>	Olganiza	Date of Payment	Method of Payment
Harland Clarke			7/28/2023	Check #
- Iditatia Clarice			772072023	O Debit Card O EFT
Street Address		City		State Zip Code
15955 LaCantera F	Parkway	San Antonio		TX 78256
Purpose of Expenditure	Description	<u> </u>	Event #	A
(by code) BNK	Checks			Amount
DIAIS	Checks			136.48
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is a	checked)]
(if appacture)	O None of the below			
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	54 59	dent	
	s	SUBTOTAL Section P —	1	
	TO	TAL of additional Sectio	on P Pages 46,480.38	
	TOTAL OF ALL EXPE	NSES PAID BY COM 19, Column A of Summary	Page Totals)	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	(ער	TYPE OF REPORT	TYPE OF REPORT			
Friends of Lamond	d		10/10/2023	10/10/2023			
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				Q Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Name of Payee (Name of	! Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
	8			O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description	'	Event #	Amount			
(by code)							
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment			Is reimbursement claimed?				
				O Yes O No			
Street Address		City	•	State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
(by code)							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City	<u> </u>	State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City	I	State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
SUBTOTAL Section Q — This Page							
	TO	OTAL of additional Section	on Q Pages 0				
	TOTAL OF ALL EXI	PENSES PAID BY CA	NDIDATE 0				
	(Enter total on Li.	ne 26, Column A of Summary	Page Totals)				

R. Expenses Incurred on Committee Credit Card Name of Issuing Institution Type of Credit Card: Visa Master Card Discover Admerican Express Othe Name of Vendor, Person or Entity Date of Transaction Street Address City State Zip Cod Purpose of Expenditure # (if applicable) Nome of the below Coordinated with reimbursement sought (in-kind contribution) Name of Vendor, Person or Entity Date of Transaction Amount City Discover Admerian Express Othe Amount Amount City State Zip Cod Coordinated without reimbursement sought (in-kind contribution) Discover Admerian Express Othe Amount City Discover Admerian Express Othe Amount City State Zip Cod Coordinated without reimbursement sought (in-kind contribution) Discover Admerian Express Othe Amount City Discover Admerian Express Othe Amount City City State Zip Cod City State Zip Cod City State Zip Cod City State Zip Cod Coordinated with embursement sought (in-kind contribution) Coordinated with reimbursement sought (in-kind contribution) Coordinated with reimbursement sought (in-kind contribution) Coordinated with reimbursement sought (in-kind contribution) Date of Transaction	NAME OF COMMIT Friends of Lamor	TEE (Provide Complete Name as Registered with Filing Reposited	ory)	10/10/2023		
Name of Vendor, Person or Entity Sure of Vendor, Person or Entity Date of Transaction City Sure Event # Amount Amount Type of Expenditure O None of the below Coordinated with rear bursternest sought (joint expenditure) City Description Event # Amount Description Event # Amount Description City Description Event # Amount Description Description City Description Event # Amount Description Description City Description Description Description City Description Description Description Description Description Description Description Type of Expenditure (lemnization in Addendam R Required unless "None of the below" is checked) Organization A B Oc O D Description Type of Expenditure (lemnization in Addendam R Required unless "None of the below" is checked) Occordinated with reimbursement sought (joint expendature) Occordinated without reimbursement sought (joint expendature) Occordinated without reimbursement sought (joint expendature) Occordinated without reimbursement sought (joint expendature) Organization A B Oc O D Description Type of Expendature Description Description Description Type of Expendature Description Desc		R. Expenses Incur	red on Committee Cr		F	
Name of Vendor, Person or Entity Date of Transaction	Name of Issuing Ins			0011	<u> </u>	1144
Street Address City State Zip Cod			O Visa O Master	Card ODiscover OAm	erican Expre	ss OOther;
Supenditure # Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below None of the b	Name of Vendor, Person	or Entity			Date of	Transaction
Purpose of Expenditure by code) Type of Expenditure Description Properties Description Properties Description Properties Description Desc	Street Address		LCin.		S	
Expenditure # Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coganization Organization Organizat			Chy		State	Zip Code
Some of Vendor, Person or Entity Description State Zap Cod		Description	· ·	Event #		Amount
treet Address City State Zop Cod		None of the below Coordinated with reimbursement sought (joint expe	nditure) Indep	pendent) Di	
urpose of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (in-kind contribution) Total of additional Section R Pages Total of ALL Expenses incurred on Coordinated Carpolic Carpol	lame of Vendor, Person	or Entity				Fransaction
Expenditure # Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Organization A B OC D Independent State Independent Organization A B OC D Independent State Independent Organization A B OC D Independent State Independent Organization A B OC D Independent Organization A B OC D	Street Address		City		State	Zip Code
State		Description		Event #		Amount
Type of Expenditure Description Event Amount		None of the below Coordinated with reimbursement sought (joint expe	nditure) O Indep	endent) D	
Type of Expenditure # Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL of additional Section R Pages O TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD O Amount Amount	ame of Vendor, Person	or Entity			Date of T	ransaction
Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section R — This Page TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD	treet Address		City		State	Zip Code
None of the below Coordinated with reimbursement sought (joint expenditure) Organization: A OB OC OD SUBTOTAL Section R — This Page TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD		Description		Event #	 	Amount
TOTAL of additional Section R Pages TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD 0		None of the below Coordinated with reimbursement sought (joint exper	nditure) Indep	endent) D	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD 0			SUBTOTAL Section R —	This Page 0		· · ·
		то	TAL of additional Section	R Pages 0		
	то					
		X3				

			ТҮРЕ О	E OF REPORT			
Friends of Lamond 10/10		10/10/	2023				
	S. Expenses Incuri	red by Committee but No	Paid During this	Period			
Name of Creditor					Date Incu	rred	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			nount Incurred	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adden None of the below Coordinated with reimbursement soul Coordinated without reimbursement	aght (joint expenditure)	below" is checked) Independent Organization:	в Ос Ор			
Name of Creditor	•				Date Incu	тed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			ount Incurred	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenoted None of the below Coordinated with reimbursement sou Coordinated without reimbursement	ght (joint expenditure)	below" is checked) Independent Organization:	oc Op			
Name of Creditor	•				Date Incur	red	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			ount Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenation None of the below Coordinated with reimbursement sour Coordinated without reimbursement sour Coordinated without reimbursement sour Coordinated without reimbursement sour Coordinated without reimbursement sources.	ght (joint expenditure)	below" is checked) Independent Organization:	OC OD			
		SUBTOTAL S	ection S-This Page	0			
		TOTAL of addition	nal Section S Pages	0			
TOTAL OF ALL E	XPENSES INCURRED BY COMM	ITTEE DURING THIS PERIC Enter total on Line 28, Column A oj		0			
	Previously	reported Expenses Unpaid and	still Outstanding	0			
		S INCURRED BY COMMITT inter total on Line 28a, Column A of		0			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TY	TYPE OF REPORT				
Friends of Lamond		3)	-	_	10/10/2023				
Harris Sales	T. Itemization of Reiml	bui	rsements and Secon	dary Pa	yees		-	1 July 1	
Last Name of Worker/Cons	sultant	Fin	st			МІ	Date of F	ayment to Vendor,	
McDonough		Er	in				7/22/	-	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant						Committee \	Worker/Consultant as	
Wavyy Photograp	·				reported in Section P: Check #1516 Debit Card				
Street Address of Vendor, I 45 Young Street	Person or Entity Paid by Committee Worker/Consultant		City West Haven				State	Zip Code 06511	
	I								
(by code) A-OTH	Photography			Event #			220.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir.	ed i	inless "None of the below" i	is checked)			ĺ		
(ij uppricaore)	None of the below Coordinated with reimbursement sought (joint expe	ndit	are) O Indepen	ndent O	0 () O D			
Last Name of Worker/Cons	ultant	Fir	st			МІ		ayment to Vendor.	
Powell		Ki	erra				7/26/2	•	
	Entity Paid by Committee Worker/Consultant					o Reimburse n Section P	Committee V	Vorker/Consultant as	
BJ's Wholesale Clu	-				⊙ Che	ck # <u>1517</u>		oit Card OEFT	
	erson or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
40 Black Rock Turn	pike		Fairfield				ст	06825	
Purpose of Expenditure (by code)	Description			Event #				Amount	
(by code) FOOD	FOOD Snacks and water for volunteers				143.26				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind)	nditu	rre) 🕜 Indepe	ndent O	O C) O			
Last Name of Worker/Cons	ultant	Fir	st			МІ	Date of Parson or	ayment to Vendor, Entity	
Powell		Ki	erra				7/28/2	•	
Name of Vendor, Person or Staples	Entity Paid by Committee Worker/Consultant	_			reported in	n Section P:	_	/orker/Consultant as	
<u> </u>	Frie Public Committee Wester (Committee	_	O:-		Che	ck # <u>1519</u>		it Card OEFT	
1201 Kings Highwa	erson or Entity Paid by Committee Worker/Consultant	1	City Fairfield				State	Zip Code 06824	
—————————	y		rainieiū				<u> </u>	00024	
Purpose of Expenditure (by code) PRNT	Description			Event #				Amount	
PRNI		V					55.13		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below									
	Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind		re) Ondeper	ndent O zation o A	O _B C				
		S	UBTOTAL Section T -	- This Pa	ge 418.	.39			
		TO	TAL of additional Secti	ion T Pag	es 0				
					20 415	30			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VO	RKERS AND CONS	ULTAN	rs 418.	.39			

Section B ADDITIONAL PAGE 1 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)		TYPE OF REPORT			
Friends of Lamond		10/10/2023				
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$ 525.00			
			•			
· · · · · · · · · · · · · · · · · · ·	zed Contri	butions from Indivi	duals			THE W
Last Name Daniel		First Nina			- [мі R
Residential Street Address		INITIA		To: -		
185 Good Hill Road	City We:	ston		State	Zip Cox 0688	
Principal Occupation Retired		Name of Employer Retired				
	ess he/she is ass	andidate for a chief executive sociated with have a contract OYes ONo		y, Am o		Contribution
	cipal of a state o	contractor or prospective stat r branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Orde	er 7/6/2023	500.00			
Last Name	I	First	' .		N	МІ
Jenner		Amy				
Residential Street Address	City			State	Zip Cod	
22 White Oak Lane	Wes	ston		СТ	06883	3
Principal Occupation Retired		Name of Employer Retired				
	ess he/she is ass	andidate for a chief executive ociated with have a contract Yes No		/, Amoi		ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 20230706A Section L1? If yes, list Event # 20230706A	which branch o		e contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	Money Orde	г 7/6/2023	1,000.00			
Last Name	I	First			M	41
Romsaint		Sabine				
Residential Street Address 105 Mapledale Avenue	City Stra	tford	8	State CT	Zip Code 06614	
Principal Occupation		Name of Employer				
Director of Social Services		Courage Counselin	g Center			
	ess he/she is asso	andidate for a chief executive ociated with have a contract Yes No		/. Amou		ontribution
Is contribution associated with an treported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Clegislative						
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Order	r 7/6/2023	100.00			
	SUBTOTA	AL Section B — This	Page 1,600.00			
	TOTAL of a	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS (Enter total		DIVIDUALS (Sections A				
· · · · · · · · · · · · · · · · · · ·						

Section B ADDITIONAL PAGE ² of ⁷

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Friends of Lamond	10/10/2023				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$525.00			
	ntributions from Indiv	iduals			
Last Name Goode	First Margaret	-	MI		
Residential Street Address 105 Clover Street	City Stratford	i	State Zip Code CT 06614		
Principal Occupation Yardperson	Name of Employer Greater Bridgeport	t Transit			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	state contractor or prospective stanch or branches	te contractor? Yes OLegislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 7/8/2023	Aggregate Contributions]		
Last Name Debrizzi	First Gary		MI S		
Residential Street Address 155 Brewster Street, 4B	City Bridgeport		State Zip Code CT 06605		
Principal Occupation Retired	Name of Employer Retired				
Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes of St400 does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes O No	e officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a lifyes, indicate which bra of government the contra		te contractor? Yes No Legislative]		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8/7/2023	Aggregate Contributions]		
Last Name Hughes	First Scott		MI		
Residential Street Address 218 Alsace Street	City Bridgeport		State Zip Code CT 06604		
Principal Occupation Librarian	Name of Employer Goodwin	FEG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative					
Method of Contribution Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order Date Received 8/11/2023 700.00					
SUBT	TOTAL Section B — This	Page 250.00			
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line is	1 INDIVIDUALS (Sections A 13, Column A of Summary Page				

Section B ADDITIONAL PAGE 3_

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Friends of Lamond	10/10/2023				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$525.00			
			-		
	entributions from Indivi	duals			
Lest Name Heath	First Nicole		MI		
Residential Street Address 522 North Street	City Greenwich	ľ	State Zip Code CT 06830		
Principal Occupation Retired	Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		e contractor? Yes No Clegislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received y Order 8/16/2023	Aggregate Contributions	-		
Last Name Bhutani	First Leslie		MI		
Residential Street Address 12 East 13th Street	City New York		State Zip Code NY 10003		
Principal Occupation Retired	Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		e contractor? O Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions 100.00	1		
Last Name Lee	First John		M		
Residential Street Address 30 Beacon Street	City Bridgeport		State Zip Code CT 06605		
Principal Occupation Financial Listener	Name of Employer John Marshall Lee				
or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality			Amount of Contribution 300.00		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative			** 		
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order Date Received 9/6/2023 500.00					
SUBTOTAL Section B — This Page 500.00					
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	MINDIVIDUALS (Sections A 13, Column A of Summary Page 1				

Section B ADDITIONAL PAGE 4__

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Friends of Lamond		10/10/2023				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 525.00				
B. Itemized Co	ntributio	ns from Indivi	duals	T CO		salia ali
Last Name	First					Mi
Smith	Tanya					
Residential Street Address	City			State		Code
234 Stonybrook Road	Fairfield			ст	068	824
Principal Occupation		e of Employer				
Faculty	Uni	iversity of Conne	ecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated	with have a contract OYes ONo	with said municipality	250.		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which brain of government the contract	nch or branch	ies	CLegislative SYes			
		Received	Aggregate Contributions	-		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		23/2023	800.00			
Last Name	First					MI
King	Laoise					
Residential Street Address	City			State	Zip C	ode.
14 East Avenue	Norwalk			ст	068	351
Principal Occupation	Name	e of Employer				
Deputy Commissioner	Stat	te of Connecticu	t			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated v			, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which bra of government the contraction of government the contraction.	nch or branch	nes	e contractor? Yes No Legislative			
Method of Contribution:			Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/2	26/2023	750.00			
Last Name	First					М
Baker	Andre					
Residential Street Address	City			State	Zip C	ode
985 Stratford Avenue	Bridgepor	t		СТ	066	07
Principal Occupation	Name	of Employer				
Funeral director	Bak	er Isaac Funeral	Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution of a lobbyist? Yes No Yes No Yes No Yes No Soo,00			Contribution			
sthis contribution associated with an vent reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches Yes If yes, indicate which branch or branches Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches Yes Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes						
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order Date Received Aggregate Contributions 9/27/2023 500.00						
SODIOTAL Section D — Tuis Tage						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						
(Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE ⁵ of ⁷

۸f	7
w	

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT					
Friends of Lamond				10/10/2023			
A. Total Contributions from Sm (See instructions for definition of Small Co			his Period ONLY OTAL SECTION A	\$525.00			
	-			_			
	B. Itemized Co	ntrib	outions from Indivi	duals	E 95	NI CHARLES A	
Last Name			irst			MI	
Koplik		į	im				
Residential Street Address		City			State	Zip Code	
251 Dogwood Lane		Stan	nford		ст	06903	
Principal Occupation			Name of Employer			<u> </u>	
Concert promoter			Live Nation Enterta	inment			
			to a candidate for a chief executive officer of a municipal is associated with have a contract with said municipality of the Said municipality of			ount of Contribution	
			a state contractor or prospective state contractor? Yes ranch or branches			, 1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order	9/27/2023	1,000.00			
Last Name		Fi	rst			MI	
McElveen		٨	Mark				
Residential Street Address		City			State	Zip Code	
537 Queen Street		Bridg	geport		ст	06606	
Principal Occupation	<u>l</u>		Name of Employer				
Construction			Eversource				
or dependent child of a lobbyist? O No de	f contribution is in excess of \$400 to loss contributor or business he/she alued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or	branches	e contractor? Second Property			
Method of Contribution			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	9/28/2023	100.00			
Last Name		Fin	rst			MI	
Stowers		R	obert				
Residential Street Address	(City			State	Zip Code	
3 Stone House Road		Shelt	ton		ст	06484	
Principal Occupation			Name of Employer				
Government administration			City of Norwalk				
or dependent child of a lobbyist? O No de	contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?				/. Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #		ch or l	branches	e contractor? Yes No Legislative			
Method of Contribution			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	9/28/2023	400.00			
	SUBT	ОТА	L Section B — This	Page 1,300.00			
	TOTAL	of ac	lditional Section B P	ages			
TOTAL OF ALL	L CONTRIBUTIONS FROM			The state of the s			
TOTAL OF ALL			umn A of Summary Page 1				

Section B ADDITIONAL PAGE 6 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		4-1	
Friends of Lamond		10/10/2023			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) SU	d this Period ONLY UBTOTAL SECTION A	\$ 525.00			
	· ·				
B. Itemized Cont	tributions from Indivi	duals			
Last Name	First			MI	
Dickson	Carmen				
Residential Street Address Ci 33 Hickory Street B	iry Bridgeport		I I	Zip Code	
Principal Occupation			СТ	06610 ————	
Retired	Name of Employer				
	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive associated with have a contract OYes ONo	e officer of a municipality with said municipality		Armount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state event reported in Section L1? No If yes, indicate which branch	te contractor or prospective state	O No		•	
If yes, list Event # of government the contract is Method of Contribution:		O Legislative	4		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney O		Aggregate Contributions			
Last Name		100.00	<u> </u>		
Heuvelman	First David			В	
Residential Street Address Cit			c [5		
	orwalk			Cip Code 06851	
Principal Occupation	Name of Employer				
Legal intern	Keller Law				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief executive associated with have a contract v	officer of a municipality, with said municipality		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state of government the contract is of government the contract is	h or branches	_ ONo			
Method of Contribution:		Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Or		75.00			
Last Name	First			МІ	
Livingston	Thomas				
Residential Street Address City	<u> </u>	· · ·	State Z	ip Code	
23 Crockett Street No	orwalk]	ст о	6853	
Principal Occupation	Name of Employer				
Chief of Staff	City of Norwalk				
	contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality				
	s this contribution associated with an vent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No No				
Method of Contribution:		Aggregate Contributions	1		
Cash Personal Check OCredit/Debit Card Payrol! Deduction OMoney Ord	der 9/29/2023	100.00			
SUBTO	TAL Section B — This I	Page 250.00			
TOTAL of	f additional Section B Pa	nges			
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, o	NDIVIDUALS (Sections A Column A of Summary Page To				

Section B ADDITIONAL PAGE 7 of 7

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT					
Friends of Lamond				10/10/2023			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) \$525.00							
				-,			
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		Fi	irst				MI
Maya		A	Alma		_		
Residential Street Address		City			State	- 1 '	Code
220 Funston Avenue		Bridg	geport		ст	06	5606
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am 50.		of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No Legislative]		
Method of Contribution:	of government the contract	CI IS WII	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit C	ard OPavroll Deduction OMoney	Order	1	200.00			
Last Name	——————————————————————————————————————		rst				Ty a
McCray			\uanitra				МІ
Residential Street Address		City			State	Zip	Code
65 Madison Avenue, 2D		Bridg	geport		ст	06	i6851
Principal Occupation			Name of Employer				
Corrections officer			ВОР				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7. Amo		of Contribution
event reported in Section L1?	res Is contributor a principal of a If yes, indicate which bra	nch or	branches	_ ONo	7		
If yes, list Event #	of government the contra	ct is wil	Date Received	Legislative Aggregate Contributions	4		
Ocash OPersonal Check OCredit/Debit Ca	ard Provide Deduction Money	Order		115.00			
Last Name	and Orayion Deduction Ovioney	Fi		113.00			MI
Lage Court		' '	104				I VII
Residential Street Address		City			State	Zip	Code
Principal Occupation	.		Name of Employer				
Chief of Staf							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which brain of government the contract	nch or t	branches	C Legislative			
Method of Contribution			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order					
	SUBT	ОТА	L Section B — This	Page 75.00			
	TOTAL	of ac	lditional Section B P	ages			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A				
		-					

Section P. ADDITIONAL PAGE 1____ of 20_

of 20

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				1	TYPE OF REPORT			
Friends of Lamo	end			1	0/10/2023			
	P. Expenses	s Paid by (Committee					
Name of Payee		_		D	ate of Payment	Method o		
Kierra Powell				7.	/7/2023	O Debi	t Card O EFT	
Street Address		City	•		-	State	Zip Code	
217 North 4th St	treet, #1	Brooklyn				NY	11211	
Purpose of Expenditure (by code)	Description			Event #			Amount	
CNSLT	Campaign management					1		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	4,500.	00					
(if applicable)	None of the below (does not involve another candidate or continuous)		,					
	Coordinated with reimbursement sought (joint expenditu	ire)	O Independ					
Name of Payee	Coordinated without reimbursement sought (in-kind con	tribution)	O Organiza		OB OC OD	Marke 1 d		
Ditto Consulting	Inc				,	Method of Payment Check #1513		
	, inc.		_		/6/2023	O Debit Card OEFT		
Street Address City					-	State	Zip Code	
428 West 23rd St	reet, #2B	New York	•			NY	10011	
Purpose of Expenditure	Description	<u> </u>		Event #			Amount	
(by code) CNSLT	Fundraising consultant		:					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us					3,283.00		
(if applicable)								
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent								
	Coordinated without reimbursement sought (in-kind contra	ribution)	_	_	ОвОсОр			
Name of Payee Date of Payment						Method of		
Red Horse Strategies 7/10/2023						O Check		
Street Address		City				State	Card CEFT Zip Code	
55 Washington S	treet	Brooklyn				NY	11201	
Purpose of Expenditure	Description	<u></u>	Т	Event #	<u></u>	 		
by code) CNSLT	Communications consultant		ľ				Amount	
						5,000.	00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u		f the below" is	checked)				
	None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditu	ommittee)	O Indonesia	lam s				
	Coordinated without reimbursement sought (in-kind cont		O Independ		OB OC OD			
Name of Payee			O O I Guillian		te of Payment	Method of I	Payment:	
JL Custom Appar	el LLC			7/	14/2023	O Check		
Street Address		City				O Debit		
350 Main Street		Bridgepoi	•			State	Zip Code	
		Бладеро				СТ	06604	
Purpose of Expenditure by code)	Description			Event #			Amount	
by code) A-OTH	T-shirts					397.50		
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
(f applicable) None of the below (does not involve another candidate or committee)								
	Coordinated with reimbursement sought (joint expenditur	re)	O Independe					
	Coordinated without reimbursement sought (in-kind contr	roution)	O Organizati	on:OA	OB OC OD			
	S S	UBTOTAL	Section P —	This Pa	ge 13,180.50			

SEEC FORM 20 Revised Jappany 2015

Section P. ADDITIONAL PAGE 2_____ of 20___

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT		117.90		
Friends of Lamon	d			10/10/2023			
	P. Expenses	Paid by Committe	e				
Name of Payee Erin McDonough				Date of Payment 7/22/2023	⊙ Chec	Method of Payment: O Check #1516 O Debit Card O EFT	
Street Address		City			State	Zip Code	
955 Main Street, #	1 507	Bridgeport			СТ	06604	
Purpose of Expenditure (by code)	Description Wavyy Photography, photography services		Event 4	a .	Amount		
Expenditure # (if applicable)							
Name of Payee Kierra Powell 7/26/2023						Payment #1517 Card OEFT	
Street Address 217 North 4th Street, #1 Brooklyn					State NY	Zip Code 11211	
Purpose of Expenditure (by code)	pose of Expenditure Code) RMB BJ's, snacks for volunteers					Amount 143.26	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D D							
Name of Payee Kierra Powell 7/26/2023					Method of Payment: O Check #1519 Debit Card O EFT		
Street Address 217 North 4th Stre	eet, #1	Brooklyn			State NY	Zip Code 11211	
Purpose of Expenditure (by code)	Description Staples, printing		Event #	,	55.13	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind con	ommittee) ure)	endent	ed) Oa Ob Oc Od			
Name of Payee Kierra Powell				Date of Payment 8/1/2023	Method of I O Check O Debit	#1520 Card O EFT	
Street Address 217 North 4th Street	eet, #1	Brooklyn			State	Zip Code 11211	
Purpose of Expenditure (by code)	Description Campaign management		Event #		5,750.0	Amount 0	
Expenditure # (tif applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
		SUBTOTAL Section P -	— This	Page 6,168.39			

Section P. ADDITIONAL PAGE 3____ of 20___

NAME OF COMMI	TYPE OF REPORT		_ S = 10 l= ly				
Friends of Lamo	10/10/2023						
	P. Expense	s Paid by Committee	e		14.		
Name of Payee				Date of Payment	Method of	•	
TD Bank				7/31/2023	O Check		
Street Address		City		I	State	Zip Code	
1000 Lafayette E		Bridgeport			СТ	06604	
Purpose of Expenditure (by code)	·		Event	#		Amount	
BNK	Statement fee				3.00		
Expenditure #	rd)	3.00					
(if applicable)	None of the below (does not involve another candidate or continuous)	ommittee)					
	Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con						
Name of Payee	O Coordinated without fellinbutsement sought (in-kind con	Organiz	zation 🔾	Date of Payment	Method of Payment:		
Kierra Powell				8/1/2023	OCheck #		
				0/1/2023	O Debit Card OEFT		
Street Address City					State	Zip Code	
217 North 4th St	reet, #1	Brooklyn			NY	11211	
Purpose of Expenditure	Description	•	Event #	#		Amount	
(by code) PETTY	PETTY (100.00	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					100.00	l	
(if applicable)							
Name of Payee Date of Payment						Payment #1521	
Michele Lindsay				8/3/2023	_	O Check #1521 Debit Card OEFT	
Street Address		City			State	Zip Code	
110 Asylum Stree	et	Bridgeport			מ	06610	
Purpose of Expenditure	Description		Event #	•	Amount		
(by code) CNSLT	Petition support						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required t	inless "Nane of the helow" i	is checke	od)	170.00	1	
(if applicable)	None of the below (does not involve another candidate or of the below).	•	ia cincent	•••	1		
	Coordinated with reimbursement sought (joint expendit	ure) O Indepe			1		
	Coordinated without reimbursement sought (in-kind con	tribution) Organiz	zation:C	A OB OC OD	<u> </u>		
Name of Payee				Date of Payment	Method of P. Check		
Denise Arrington	1			8/3/2023	O Debit (
Street Address		City			State	Zip Code	
905 Noble Avenu	ue	Bridgeport			מ	06608	
Purpose of Expenditure	Description		Event #		,	Amount	
(by code) CNSLT	Petition support				370.00		
Expenditure #	d)	370.00					
(if applicable)	*						
	None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditu	re) O Indeper			1		
	Coordinated without reimbursement sought (in-kind cont	ribution) Organiz	ation O	A OB OC OD	<u> </u>		
		SUBTOTAL Section P -	— This	Page 643.00			

SEEC FORM 20 Restord January 2013

Section P. ADDITIONAL PAGE 4____ of 20___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Friends of Lamo	nd		10/	10/2023			
	P. Expenses	Paid by Committe	e			1,188	
Name of Payee Shaquille Johnso	on	· · · · · · · · · · · · · · · · · · ·	i	of Payment /2023	Method of Ohec	k #1523	
Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
178 Washington	Avenue	Bridgeport			СТ	06604	
Purpose of Expenditure (by code) CNSLT	Description Petition support		Event #		Amount 410.00		
Expenditure # (if applicable)							
Name of Payee Jenena Addison	Method of Payment O Check #1524 O Debit Card O EFT						
Street Address		City			State	Zip Code	
50 Wood Avenue	, #1	Bridgeport			ст	06605	
Purpose of Expenditure (by code) CNSLT Description Event #						Amount	
Expenditure # (if applicable)	вОсОр						
Name of Payee Date of Payment Keniya Montas 8/3/2023						Method of Payment Check #1525 Debit Card EFT	
Street Address 1864 North Aven	ue	City Bridgeport			State CT	Zip Code 06604	
Purpose of Expenditure (by code) CNSLT	Description Petition support		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	ommittee) re)	endent _	Эв Ос Ор			
Name of Payee			Date o	of Payment	Method of I		
Laniya Bendolph			8/3/	2023	O Check		
Street Address		City	<u> </u>		State	Zip Code	
65 Madison Aven	ue	Bridgeport			СТ	06604	
Purpose of Expenditure (by code) CNSLT	ode)				340.00	Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
	S	UBTOTAL Section P -	— This Page	1,130.00			

Section P. ADDITIONAL PAGE 5____ of 20___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Friends of Lamo	nd			10/10/2023			
XIII	P. Expenses	Paid by Committee	•		12-	alen Yell	
Name of Payee Ronald Bruce				Date of Payment 8/3/2023	⊙ Chec	Method of Payment: OCheck #1531 ODebit Card OEFT	
Street Address 100 Poplar Stree	t, 3rd Floor	City Bridgeport	.,		State	Zip Code 06605	
Purpose of Expenditure (by code) CNSLT	Description Petition support	1	Event #		Amount 80.00		
Expenditure # (if applicable)							
Name of Payee Ebony Young	Method of I	:# <u>1532</u>					
Street Address 515 East Main Street City Bridgeport					State	Zip Code 06608	
Purpose of Expenditure (by code) CNSLT	Expenditure Description Event # CNSLT Petition support					Amount	
Expenditure # (if applicable)	ОВОСОВ						
Date of Payrent Deisi Najarro Date of Payment 8/3/2023					Method of Payment O Check #1533 O Debit Card O EFT		
Street Address 537 Queen Street		City Bridgeport	·		State	Zip Code 06606	
Purpose of Expenditure (by code) CNSLT	Description Petition support		Event #		180.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re) Indepen	dent) A Ов Ос Ор			
Name of Payee JL Custom Appare Street Address	el LLC			Date of Payment	Method of P	#1534 Card O EFT	
350 Main Street		City Bridgeport			State CT	Zip Code 06604	
Purpose of Expenditure (by code) PRNT	Description Event #					Amount	
Expenditure # ((f applicable)	xpenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						
	S	UBTOTAL Section P —					

Section P. ADDITIONAL PAGE 6____ of 20___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				T	TYPE OF REPORT			
Friends of Lamond 10/10/20								
	P. Expenses	Paid by	Committee		I All III			
Name of Payee				Da	te of Payment	Method of Payment:		
Staples				8/	4/2023	OCheck		
Street Address		City				O Debit State	Card OEFT	
1201 Kings High	way	Fairfield				ст	06824	
Purpose of Expenditure (by code) OFFICE	Office supplies			Event #			Amount	
Expenditure #						54.45		
Type of Expenditure " (if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization OA OB OC OD								
Name of Payee				Dat	e of Payment	Method of Payment:		
Beverly Bowen Street Address	<u></u>	To:		8/6	5/2023	O Check	Card OEFT	
		City				State	Zip Code	
80 Taft Avenue		Bridgepo	rt			ст	06606	
Purpose of Expenditure	Description	-4	I	Event #			Amount	
(by code) CNSLT	SLT Petition support							
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
(if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D								
Name of Payee Date of Payment							ayment:	
Debbie Bowen 8/6/2023						O Check #1536 O Debit Card O EFT		
Street Address		City				State	Zip Code	
64 Rosedale Stre	et	Bridgepo	rt			ст	06604	
Purpose of Expenditure	Description		E	Event#			Amount	
(by code) CNSLT	Petition support							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	ulasa KNIawa	of the Below (Line	-bk-d		75.00		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	O Independe	ent	Ов Ос Ор			
Name of Payee	***				of Payment	Method of P	ayment	
Elizabeth Robinso	on 			8/1	10/2023	O Check		
Street Address		City				State	Zip Code	
175 Norland Aver		Bridgepo				ст	06606	
Purpose of Expenditure (by code) CNSLT	Description Petition support		E	Event #			Amount	
						1,600.00)	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA OB OC OD								
	S	UBTOTAL	Section P — 7	والبلادي				
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Section P. ADDITIONAL PAGE 7____ of 20___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Friends of Lamo	nd				10/10/2023			
	P. Ex	penses	Paid by Committee	e				
Name of Payee					Date of Payment	Method of	- 1153	
Debbie Bowen					8/10/2023	ODebit Card OEFT		
Street Address			City		ı	State	Card OEFT Zip Code	
64 Rosedale Stre	et		Bridgeport			ст	06604	
Purpose of Expenditure (by code)	Description			Event	#		Amount	
CNSLT	Petition support					245.00		
Expenditure # (if applicable)		245.00						
(ц аррисате)	None of the below (does not involve another cand	lidate or cor	mmittee)					
	Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-				0-0-0-	1		
Name of Payee	O coordinated without tentioursement sought (the	-killa colla:	Organiz	ation	Date of Payment	Method of I	Payment	
Adrienne Young	er				8/10/2023	OCheck #1540		
Street Address			Estate de la constant		0, 10, 2023		O Debit Card OEFT	
			City			State	Zip Code	
195 6th Street			Bridgeport			СТ	06607	
Purpose of Expenditure	Description		<u> </u>	Event	#		Amount	
(by code) CNSLT	Petition support			1		150.00		
Expenditure #								
(if applicable)								
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent								
Coordinated without reimbursement sought (in-kind contribution) Organization A B C O D Name of Payee								
						Method of P Oheck	•	
Ebony Young					8/10/2023	O Debit (
Street Address			City			State	Zip Code	
515 East Main St	reet		Bridgeport			ст	06608	
Purpose of Expenditure	Description			Event	1	Amount		
(by code) CNSLT	Petition support							
Expenditure #	Type of Expenditure (Itemization in Addendum P Re	nuisad us	eless "None of the helow" i	s chack	od)	55.00		
(if applicable)	None of the below (does not involve another cand	-		3 CMELN	- iu/			
	Coordinated with reimbursement sought (joint	expenditur	e) O Indepe		_ :			
	Coordinated without reimbursement sought (in	-kind contr	ibution) Organiz	ation.C	A OB OC OD			
Name of Payee					Date of Payment	Method of Pa		
Anjerice Younger	t e e e e e e e e e e e e e e e e e e e				8/10/2023	O Debit C		
Street Address			City			State	Zip Code	
195 6th Street			Bridgeport			CT	06607	
Purpose of Expenditure	Description			Event #	,		mount	
(by code) CNSLT	Petition support					150.00		
(if applicable)								
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent								
	Coordinated without reimbursement sought (in-	kind contrib	oution) Organiza	ation.O	A OB OC OD			
		SU	UBTOTAL Section P -	– This	Page 600.00			

SEEC FORM 20 Revised James 2015

Section P. ADDITIONAL PAGE 8____ of 20___

Name of Payee Denise Arrington Street Address 905 Noble Avenue Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) None of the below (does not involve a Coordinated with reimbursement source) None of the below (does not involve a Coordinated with reimbursement source) Name of Payee Emmanuel Vereen Street Address 235 Grove Street	D. D. C. D. C. L.		10/10/2022				
Street Address 110 Asylum Street Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Name of Payee Denise Arrington Street Address 905 Noble Avenue Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Type of Expenditure (ltemization in Adden (by code) CNSLT Description Petition support Type of Expenditure (ltemization in Adden (logo coordinated with reimbursement so Coordinated without	D D D / 1 1	Friends of Lamond 10/10/2023					
Street Address 110 Asylum Street Purpose of Expenditure (by code) CNSLT Expenditure (if applicable) Name of Payee Denise Arrington Street Address 905 Noble Avenue Purpose of Expenditure (by code) CNSLT Expenditure (by code) CNSLT Description Petition support Description Petition support Type of Expenditure (itemization in Addentify) Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) None of the below (does not involve a Coordinated with reimbursement sou Coordinated with reimbursement sou Coordinated without reimbursement s	P. Expenses Paid	by Committee		LL on Y			
Street Address 110 Asylum Street Purpose of Expenditure (by code) CNSLT Expenditure (if applicable) None of the below (does not involve a Coordinated with reimbursement so Coordinated with reimbursement so Coordinated without reimbursement so Coordinated without reimbursement (by code) CNSLT Expenditure (by code) CNSLT Expenditure (by code) CNSLT Expenditure (if applicable) Type of Expenditure (Itemization in Adden (if applicable) None of the below (does not involve a Coordinated with reimbursement sou Coordinated with reimbursement sou Coordinated without reimbursement sou Coordinated without reimbursement sou Coordinated without reimbursement Street Address 235 Grove Street			Date of Payment		Method of Payment:		
Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Pripe of Expenditure (Itemization in Addentity Coordinated without reimbursement so Coordinated with reimbursement so Coordinated with reimbursement so Coordinated without reimbursement so Coordinated with reimbursement so Coordinated with reimbursement so Coordinated without reimbursement so Coordinated with			8/10/2023	_	OCheck #1543 ODebit Card OEFT		
Purpose of Expenditure (by code) CNSLT Expenditure (if applicable) None of the below (does not involve a Coordinated with reimbursement of Coordinated with reimbursement of Coordinated without reimbursement of Coordinated with reimbursement of Coordinated with reimbursement sour Coordinated with reimbursement sour Coordinated with reimbursement sour Coordinated without reimbursement Street Address 235 Grove Street	City			State	it Card OEFT Zip Code		
Expenditure # (if applicable) Expenditure # (if applicable) Type of Expenditure (Itemization in Adder Coordinated with reimbursement so Coordinated without reimbursement Name of Payee Denise Arrington Street Address 905 Noble Avenue Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) None of the below (does not involve a Coordinated without reimbursement sou Coordinated without reimbursement sou Coordinated without reimbursement sou Coordinated without reimbursement Street Address 235 Grove Street	Bridg	eport		ст	06610		
None of the below (does not involve a Coordinated with reimbursement so Coordinated without reimbursement Society Coordinated with reimbursement Society Coordinated without reimbursement Street Address 235 Grove Street		E	event #	120.0	Amount 120.00		
Denise Arrington Street Address 905 Noble Avenue Purpose of Expenditure (by code) CNSLT Description Petition support Expenditure # (ff applicable) None of the below (does not involve a Coordinated with reimbursement sou Coordinated without reimbursement Name of Payee Emmanuel Vereen Street Address 235 Grove Street	(if applicable) None of the below (does not involve another candidate or committee)						
Purpose of Expenditure (by code) CNSLT Petition support Expenditure # (if applicable) None of the below (does not involve a Coordinated with reimbursement sou Coordinated without reimbursement Name of Payee Emmanuel Vereen Street Address 235 Grove Street			Date of Payment	Method of	Method of Payment Check #1544		
Purpose of Expenditure (by code) CNSLT Description Petition support Expenditure # (if applicable) None of the below (does not involve a Coordinated with reimbursement soul Coordinated without reimbursement Name of Payee Emmanuel Vereen Street Address 235 Grove Street	Denise Arrington 8/10/2023						
Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable) Type of Expenditure (Itemization in Adden Coordinated with reimbursement sou Coordinated without reimbursement Name of Payee Emmanuel Vereen Street Address 235 Grove Street	City			O Debit State	Zip Code		
Expenditure # (if applicable) Type of Expenditure (Itemization in Adden One of the below (does not involve a Coordinated with reimbursement sour Coordinated without reimbursement Name of Payee Emmanuel Vereen Street Address 235 Grove Street	Bridge	eport		СТ	06608		
Expenditure # ((f applicable) None of the below (does not involve a Coordinated with reimbursement sou Coordinated without reimbursement Name of Payee Emmanuel Vereen Street Address 235 Grove Street	enditure Description Event #						
None of the below (does not involve a Coordinated with reimbursement sou Coordinated without reimbursement Name of Payee Emmanuel Vereen Street Address 235 Grove Street							
Emmanuel Vereen Street Address 235 Grove Street							
Street Address 235 Grove Street							
235 Grove Street			8/10/2023	O Check	Card OEFT		
Purpose of Evnanditure Description	City Bridge	eport		State	Zíp Code 06605		
(by code) CNSLT Petition support		Ev	vent #	430.0	Amount 430.00		
Expenditure # (if applicable) Type of Expenditure (Itemization in Adden None of the below (does not involve a Coordinated with reimbursement so Coordinated without reimbursement	another candidate or committee) ught (joint expenditure)	O Independe					
Name of Payee			Date of Payment	Method of			
Malcolm Griffin			8/10/2023	O Check			
Street Address	City		<u> </u>	State	Zip Code		
88 Lindley Street	8 Lindley Street Bridgeport				06604		
Purpose of Expenditure by code) CNSLT Description Petition support	'				Amount		
Type of Expenditure (Itemization in Addentificable) None of the below (does not involve at Coordinated with reimbursement sou							
	SUBTOT	AL Section P — T	his Page 1,285.00	11			

Section P. ADDITIONAL PAGE 9____ of 20___

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Friends of Lamo	nd			10/10/2023		
	P. Expenses	s Paid by Com	mittee		1.3	
Name of Payee				Date of Payment	Method o	
Mercedes Bowm	nan			8/10/2023		k # <u>1547</u>
Street Address		City		1	O Debi	t Card OEFT
1042A Pembrok	e Street	Bridgeport			CT	06608
Purpose of Expenditure	Description		Event	#	 	A
(by code) CNSLT	Petition support				300.00	Amount
Expenditure # (if applicable)	# Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					•
	O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) O Independent O Organization OA OB OC OD					
Name of Payee		U U	Organization	Date of Payment	Method of	Payment
Deisi Najarro				8/10/2023	O Check	k # <u>1548</u>
Street Address		City			State	Zip Code
537 Queen Street		Bridgeport	<u></u>		СТ	06606
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount
CNSLT	Petition support				560.00	n
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us	1 300.00	,			
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee)	Independent	<u> А Ов</u> О с О р		
Name of Payee				Date of Payment	Method of	
Phil Desiores				8/10/2023	O Check	
Street Address		City			State	Zip Code
358 Charles Stree	et	Bridgeport			כד	06606
Ourpose of Expenditure	Description		Event /	¥		Amount
by code) CNSLT	Petition support				340.00	1
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the	below" is check	ed)	3-10.00	,
(f applicable)	None of the below (does not involve another candidate or concommendated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind conto	re)	Independent	DA OB OC OD		
Name of Payee				Date of Payment	Method of F	Payment
Ebony Young				8/10/2023	O Check	
treet Address		City			O Debit (Card OEFT Zip Code
515 East Main Str	eet	Bridgeport			CT	06608
urpose of Expenditure	Description	•	Event #	i		Amount
cNSLT	Petition support				250.00	
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent					
	Coordinated without reimbursement sought (in-kind contr	roution) O	Organization O	A OB OC OD		
17-16-1	S S	SUBTOTAL Secti	ion P — This	Page 1,450.00		

Section P. ADDITIONAL PAGE 10 of 20

NAME OF COMMI	ITTEE (Provide Complete Name as Registered with Filing Repository	(ע	LICE EX	TYPE OF REPORT				
Friends of Lamo	ond			10/10/2023				
	P. Expenses	s Paid by	Committee	W 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and T			
Name of Payee				Date of Payment		of Payment:		
Shaquille Johnso	on			8/10/2023	1 -	eck #1551		
Street Address		City			O Deb State	oit Card OEFT		
178 Washington	ı Avenue	Bridgep	oort		CT	06604		
Purpose of Expenditure	Description		Ev	rent #				
(by code) CNSLT	Petition support			ELL W	360.0	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD					_		
Name of Payee				Date of Payment	Method o	of Payment:		
Jenena Addison				8/10/2023		ck # <u>1553</u>		
Street Address		City			O Debi	it Card OEFT Zip Code		
50 Wood Avenue		Bridgep			ст	06605		
Purpose of Expenditure (by code)	Description		Eve	ent #		Amount		
(by code) CNSLT	Petition support				300.0	10		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None	of the below" is chec	:ked)	700.0	JU .		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) are)	O Independent) Da O B O c O d				
Name of Payee				Date of Payment	Method of			
Keniya Montas				8/10/2023	Debi			
Street Address		City			State	Zip Code		
1864 North Aven	iue	Bridgep	ort		СТ	06604		
Purpose of Expenditure (by code)	Description		Even	nt#		Amount		
(by code) CNSLT	Petition support				630.0			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	unless "None	of the below" is che	rkod)	620.0	10		
(if applicable)	None of the below (does not involve another candidate or ex- Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	committee) ure)	Independent					
Name of Payee			O OIGHT	Date of Payment	Method of	Payment:		
Laniya Bendolph				8/10/2023	⊙ Chec	k # <u>155</u> 5		
Street Address		City			O Debit State	Card OEFT Zip Code		
65 Madison Aven	iue	Bridgepo	ort		СТ	06604		
Purpose of Expenditure (by code)	Description		Even	nt #		Amount		
(by code) CNSLT	Petition support				620.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or compared to the condition of the condition	ommittee) ure)	O Independent	•				
	Coordinated without reimbursement sought (in-kind contr	abution)	O Organization (OA OB OC OD				
		SUBTOTA	L Section P — Thi	is Page 1,900.00				

Section P. ADDITIONAL PAGE 11 of 20

NAME OF COMM	TTEE (Provide Complete Name as Registered with Filing Repository)		T	PE OF REPORT	==34	
Friends of Lamo	and			10)/10/2023		
	P. Expenses	Paid by C	Committee				
Name of Payee			,	Da	te of Payment	Method of	
Logan Carstens				8/	10/2023	O Debit	k # <u>1556</u> t Card O EFT
Street Address		City				State	Zip Code
27A Imperial Av	enue	Westport				ст	06880
Purpose of Expenditure (by code)	Description			Event#	· ·		Amount
CNSLT	Data support					200.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					200.00	,
(ij appricame)	None of the below (does not involve another candidate or co						
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re)	Independ				
Name of Payee	Coordinated without reinibulsement sought (in-kind cont	indunon)	Organizat		OB OC OD	Method of	Payment
Beverly Bowen					10/2023	⊙ Check	
Street Address		Lo:				O Debit	
80 Taft Avenue		City				State	Zip Code
ou rait Avenue		Bridgepor	τ			CT	06606
Purpose of Expenditure (by code)	Description	-	·	Event#	• • •		Amount
CNSLT	Petition support					255.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of	the below" is c	hecked)		255.00	,
(if applicable)	None of the below (does not involve another candidate or con-	•		,			
	Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re)	Independe	_		ĺ	
Name of Payee	Coordinated without refindursement sought (in-kind contr	ibution)	Organizati		DBOCOD of Payment	Method of I	Don
Jamie White				- 1	12/2023	Check	
				6/	12/2023	O Debit	Card OEFT
Street Address	A A	City				State	Zip Code
2385 East Main S	treet	Bridgepor	τ			CT	06610
Purpose of Expenditure by code)	Description		T	Event #			Amount
CNSLT	Petition support					760.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of	fthe below" is a	checked)		760.00	,
(if applicable)	O None of the below (does not involve another candidate or co	ommittee)		- /	7		
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)		Independ				
Name of Payee	O coordinated without reinfoursement sought (in-kind cont	HOURION)	Organizat		OB OC OD	Method of F	Danis and a
Linda Bruce				- 1	2/2023	O Check	
Street Address		Lav			2/2023	O Debit (Card OEFT
		City				State	Zip Code
174 Louisiana Av	enue	Bridgepor	t			СТ	06610
Purpose of Expenditure by code)	Description		1	Event #			Amount
CNSLT	Petition support					490.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of	the below" is c	hecked)		480.00	
(if applicable)	None of the below (does not involve another candidate or cor	•					
	Coordinated with reimbursement sought (joint expenditure		Independe	_		:	
	Coordinated without reimbursement sought (in-kind contri	iontion)	○ Organizati	on OA	OB OC OD		
	S	UBTOTAL S	Section P —	This Pag	e 1,695.00		
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Section P. ADDITIONAL PAGE 12 of 20

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY				TYPE OF REPORT			
Friends of Lamo	nd			10/10/2023			
	P. Expenses	Paid by Committe	е			RILL XIV	
Name of Payee	· · · · · · · · · · · · · · · · · · ·			Date of Payment		f Payment:	
Kentwan Goodcl	nild			8/12/2023	1 -	:k # <u>1562</u>	
Street Address		City		<u> </u>	O Debi	t Card OEFT	
180 Alpine Stree	t	Bridgeport			СТ	06610	
Purpose of Expenditure (by code)	Description Petition support		Event	#		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked))	
(if applicable)	O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization O B O D						
Name of Payee				Date of Payment	Method of		
Deirdra Goodchil	d 	Los		8/12/2023	O Check	Card OEFT	
		City			State	Zip Code	
180 Alpine Street		Bridgeport			כד	06610	
Purpose of Expenditure (by code) CNSLT	Petition support					Amount	
Expenditure #			<u> </u>		280.00)	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	nmittee)	ndent _	<i>а</i>) <u>а О в О с</u> О р			
Name of Payee	*			Date of Payment	Method of	•	
Dwight Walker				8/12/2023	O Check	Card OEFT	
Street Address 183 Livingston Pla	ace, #17	Bridgeport			State	Zip Code 06610	
Purpose of Expenditure	Description		Event #	¥		Amount	
(by code) CNSLT	Petition support				Amount 1,180.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" i	s checke	ed)]		
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) O Indeper	_	OA OB OC OD			
Name of Payee		Ų Viganiz		Date of Payment	Method of I	ayment!	
Naima West				8/12/2023	O Check	#1565	
Street Address		City			State	Zip Code	
702 Central Avenu	Je	Bridgeport			ст	06607	
Purpose of Expenditure (by code) CNSLT	Petition support		Event #			Amount	
Expenditure #			<u> </u>	_	1,140.00)	
(() applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
	S S	UBTOTAL Section P -					
						_	

Section P. ADDITIONAL PAGE 13 of 20

NAME OF COMMI	ITTEE (Provide Complete Name as Registered with Filing Repositor))	1100	TYPE OF REPORT		
Friends of Lamo	end			10/10/2023		
	P. Expenses	s Paid by Committe	ee		RIV	L. J. LV.
Name of Payee	·			Date of Payment	Method of	•
William Hooks				8/12/2023	O Check	
Street Address		City			O Debit State	Card OEFT
34 Belmont Ave	nue	Bridgeport			СТ	06605
Purpose of Expenditure (by code)	Description		Even	t #		Amount
CNSLT	Petition support				320.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					l
(if applicable)	None of the below (does not involve another candidate or continuous)			,		
	Coordinated with reimbursement sought (joint expenditu	ire) 🔘 Indepe				
Name of Payee	Coordinated without reimbursement sought (in-kind con	tribution) Organi	zation	DA OB OC OD	<u> </u>	
Nicole White				Date of Payment	Method of I	
INICOIE WITH				8/12/2023	O Debit	
Street Address		City			State	Zip Code
142 Center Stree	t, 3rd Floor	Bridgeport			СТ	06604
Ршроse of Expenditure	Description	<u></u>	Event	#		Amount
(by code) CNSLT	Petition support					, attiount
Expenditure #				<u> </u>	480.00	1
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	-	s checke	ed)		
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent						
	Coordinated without reimbursement sought (in-kind control		_	A O B O C O D		
Name of Payee				Date of Payment	Method of P	•
Tharon Smith				8/12/2023	⊙ Check	
Street Address		City		I	Debit (Card OEFT Zip Code
175 Whittier Stre	et	Bridgeport			ст	06605
Purpose of Expenditure	Description	<u> </u>	Event	<u> </u>	 -	
(by code)	Petition support		Even	<i>n</i>	(·	Amount
	recition support				400.00	ı
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below"	is check	ed)		
10.00	None of the below (does not involve another candidate or co					
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	tribution) Organi		OA OB OC OD		
Name of Payee		Olgani	zations	Date of Payment	Method of P	avment'
Milagros Garcia				8/12/2023	O Check	
Street Address		Lou		0/12/2023	O Debit C	
		City			State	Zip Code
180 Alpine Street		Bridgeport			СТ	06610
Purpose of Expenditure	Description	<u> </u>	Event	#	,	Amount
(by code) CNSLT	Petition support					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	eless "None of the helow" i	c obsoks	od)	120.00	
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent						
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiz	ation C	A OB OC OD		
	S	SUBTOTAL Section P -	— This	Page 1,320.00		
			- 3409			

Section P. ADDITIONAL PAGE 14 of 20

NAME OF COMMI	ITTEE (Provide Complete Name as Registered with Filing Reposito	nry)	8 <u>, 8 1</u>	TYPE OF REPORT		
Friends of Lamo	ond			10/10/2023		
	P. Expense	es Paid by Commit	tee		0.8	MERLI
Name of Payee				Date of Payment	I -	of Payment:
Mary Bruce				8/12/2023		eck # <u>1570</u>
Street Address		City	1		O Del State	Dit Card OEFT
323 Fairfield Ave	enue	Bridgeport			СТ	06604
Purpose of Expenditure	Description	<u> </u>	Event #			Amount
(by code) CNSLT	Petition support					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					00
Some of the below (does not involve another candidate or committee) O Coordinated with reimbursement sought (joint expenditure) O Independent						
	Coordinated without reimbursement sought (in-kind co			A OB OC OD		
Name of Payee	-			Date of Payment		f Payment:
TD Bank			:	8/12/2023	OChe	
Street Address		City			O Deb State	
1000 Lafayette B	oulevard	Bridgeport			1.	Zip Code
	Odic vara	Bridgeport			CT	06604
Purpose of Expenditure	Description	-	Event #			Amount
(by code) PETTY			- 1		1	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the helow"	" is absolved		100.0	10
(if applicable)	None of the below (does not involve another candidate or of the below)	· ·	is checkeu)	•		
	Coordinated with reimbursement sought (joint expendit	ture) 🔘 Indep	pendent			
	Coordinated without reimbursement sought (in-kind cor	ntribution) Organ	nization A	OBOCOD		
Name of Payee			Ι	Date of Payment	Method o	
Nilsa Almat			;	8/12/2023	_	k # <u>1571</u>
Street Address		City			O Debi State	Card CEFT Zip Code
1575 Iranistan Av	venue	Bridgeport			CT	06604
					<u> </u>	00004
ourpose of Expenditure by code)	Description		Event #			Amount
CNSLT	Petition support				100.0	20
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the helow	" is checked	D	100.0	10
(if applicable)	None of the below (does not involve another candidate or			,	İ	
	Coordinated with reimbursement sought (joint expendi	iture) O Inde	ependent			
	Coordinated without reimbursement sought (in-kind co	ontribution) Orga		A OB OC OD		
Name of Payee			I	Date of Payment	Method of	
Hughisha Rose			8	8/12/2023	_	k#1572
itreet Address		City			O Debit	Card OEFT
67 Cottage Street	t	Bridgeport			ст	06605
urpose of Expenditure	Description		Event #		 	Amount
by code) CNSLT	Petition support					Amount
	<u> </u>				80.00	
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required t	•	" is checked))		
	None of the below (does not involve another candidate or of		4		1	
	Coordinated with reimbursement sought (joint expendin Coordinated without reimbursement sought (in-kind con		-	00 00 00		
	-5. (U VI gain		OB OC OD	_	
				1000 00		
		SUBTOTAL Section P	— This P	age 580.00		
		SUBTOTAL Section P	— This P	age 580.00		

Section P. ADDITIONAL PAGE 15 of 20

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
ond			10/10/2023				
P. Expense	s Paid by Committe	ee	4 (418) 15				
			Date of Payment	Meth-od o			
			8/12/2023	_			
	City	_		State	t Card OEF		
Avenue	Bridgeport			ст	06604		
Description		Event	#		Amount		
Petition support							
Type of Expenditure (Itemization in Addendum P. Required unless "None of the helow" is checked)		
Coordinated without reimbursement sought (in-kind con			A OB OC OD				
	· · · · · · · · · · · · · · · · · · ·		Date of Payment	Method of			
			8/12/2023				
	City	-			Card OEFT		
Avenue 3rd Fl	1 '				1 '		
	bridgeport			-	06607		
Description		Event	4		Amount		
Petition support					_		
Type of Expenditure (Itamization in Addandum P. Paquired to	nless "None of the helow"	is abaaka		500.00)		
	-	is checke	(I)				
Coordinated with reimbursement sought (joint expenditure)							
Coordinated without reimbursement sought (in-kind cont		zation	A OBOC OD	1			
·			Date of Payment	Method of			
			8/12/2023	1 -			
	City				Card OEFT Zip Code		
nue, B11	Bridgeport			1	06610		
·	- Ornagaport				00010		
		Event #	ŀ	Amount			
Petition support		-		500.00	,		
Type of Expenditure (Itemization in Addendum P Required L	inless "None of the below"	is checke		300.00	,		
· ·	-		•				
Coordinated with reimbursement sought (joint expendite	ure) O Indep						
Coordinated without reimbursement sought (in-kind con	tribution) Organ						
			Date of Payment	Method of I			
an			8/14/2023	_			
	City			State	Zip Code		
Street	Bridgeport			la	06608		
Despision		Post of					
1 '		Event #			Amount		
Petition support				160.00			
Type of Expenditure (Itemization in Addendum P Required us	nless "None of the below" i	is checked		1			
t The state of	None of the below (does not involve another candidate or committee)						
l 🕳	mmitteej		Coordinated with reimbursement sought (joint expenditure) Independent				
None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure)	re) 🔘 Indepe			ļ			
None of the below (does not involve another candidate or co	re) 🔘 Indepe		A OB OC OD				
None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Ondepe	zation O					
None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) 🔘 Indepe	zation O					
None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Ondepe	zation O					
	P. Expense Avenue Description Petition support Type of Expenditure (Itemization in Addendum P Required at Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind condinated without reimbursement sought (in-kind condinated without reimbursement sought (in-kind condinated without reimbursement sought (joint expenditure) None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind condinated without reimbursement sought (in-kind condinated with reimbursement sought (joint expenditure) None of the below (does not involve another candidate or or Coordinated without reimbursement sought (joint expenditure) None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (joint expenditure)	P. Expenses Paid by Committe Proceedings Paid Paid	P. Expenses Paid by Committee City	P. Expenses Paid by Committee Date of Payment 8/12/2023	P. Expenses Paid by Committee Page of Psyment Page of Psyment		

Section P. ADDITIONAL PAGE 16 of 20

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	EPORT		
Friends of Lamoi	nd			10/10/2023			
	P. Expenses	Paid by Committee	e		EV, 13	M_31,5	
Name of Payee				Date of Payment	Method of		
Ebony Young				8/14/2023	1 =	k # <u>1579</u>	
Street Address		City			O Debit State	Zip Code	
515 East Main Str	reet	Bridgeport			СТ	06608	
Purpose of Expenditure (by code)	Petition support Event #					Amount 175.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA OB OC OD					ı	
Name of Payee	-			Date of Payment	Method of		
Denise Arrington		Lo:		8/14/2023	O Check	Card OEFT	
905 Noble Avenu	_	City			State	Zip Code	
905 Nobie Avenu	e	Bridgeport			ст	06608	
Purpose of Expenditure (by code)	Petition support				395.00	Amount	
Expenditure # (if applicable) Name of Payee	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	nmittee)	dent tion O A	ОВОсО р			
Anjerice Younger			l i	8/14/2023	Method of P O Check Debit (#1582	
Street Address 195 6th Street		City Bridgeport			State CT	Zip Code 06607	
Purpose of Expenditure (by code) CNSLT	Description Petition support		Event #		255.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee)	ident	AOB OC OD	233.00		
Name of Payee				Date of Payment	Method of P		
Adrienne Younge	r		- [:	8/14/2023	O Check		
Street Address		City			O Debit (Card OEFT Zip Code	
195 6th Street		Bridgeport			ст	06607	
Purpose of Expenditure by code) CNSLT	Description Petition support		Event #		165.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee) O Independ	lent	ОВ ОС ОВ			
	S	UBTOTAL Section P —	This P	Page 990.00			

Section P. ADDITIONAL PAGE 17 of 20

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Friends of Lamor	nd			10/10/2023			
	P. Expenses	s Paid by Committee	ee			, V,, 92III	
Name of Payee			1	Date of Payment	Meth od of		
David Pierre-Cha	ırles		f	8/14/2023		ck # <u>1586</u>	
Street Address		City			O Debit State	it Card OEFT	
515 East Main Str	reet	Bridgeport			CT	21p Code 06608	
Purpose of Expenditure (by code) MISC	Description Notary services		Event #		300.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD					,	
Name of Payee				Date of Payment	Method of		
Kierra Powell			8	8/14/2023	O Check	k# Card OEFT	
Street Address		City			State	Zip Code	
217 North 4th Stre	eet, #1	Brooklyn			NY	11211	
Purpose of Expenditure (by code)	Description		Event #			Amount	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or composition of Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	ommittee)	endent zation A	ОвОсОр	100.00		
Name of Payee Constant Contact	:		- 1	8/14/2023	Method of F O Check O Debit (c#	
Street Address		City			State	Zip Code	
1601 Trapelo Road	d ,	Waltham		!	MA	02451	
Purpose of Expenditure	Description	1	Event #			*	
(by code) A-WEB	Email service		155		37.22	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) ure)	endent	A OB OC OD			
Name of Payee				Date of Payment	Method of P		
Tharon Smith			8	8/15/2023	O Check	Card OEFT	
175 Whittier Street	et	City Bridgeport			State	Zip Code 06605	
Purpose of Expenditure (by code) CNSLT	Description Petition support		Event #			Amount	
Expenditure # -	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
	S	SUBTOTAL Section P —	— This Pa	age 557.22			
						<u> </u>	

Section P. ADDITIONAL PAGE 18 of 20

NAME OF COMMI	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Friends of Lamo	end			10/10/2023		
	P. Expense	s Paid by Committe	ee			
Name of Payee		 -		Date of Payment	Method of	
Caitlyn Yang				8/17/2023	(Check	
Street Address		City			O Debit State	Card OEFT Zip Code
109 Brookside D	rive	Fairfield			СТ	06824
Purpose of Expenditure	Description		Event	#		Amount
(by code) CNSLT	Data support				150.00	
Expenditure #	renditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					!
(if applicable)			is checke	ea)		
	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditu		endent			
	Coordinated without reimbursement sought (in-kind con	_ ,		A OB OC OD		
Name of Payee	······································			Date of Payment	Method of I	
Esther Panthier				8/25/2023	O Check	
Street Address		City			O Debit	Card OEFT Zip Code
840 Lindley Stree	at .	Bridgeport			1	
——————		Bridgeport			СТ	06606
Purpose of Expenditure	Description		Event	#		Amount
(by code) CNSLT	Petition support					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us	ulass "None of the helow" i	ic ahaaka	A	80.00	
(if applicable)			is checke	u)		
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent						
-	Coordinated without reimbursement sought (in-kind control	5	zation	A O B O C O D		
Name of Payee				Date of Payment	Method of P	
Squarespace Inc				8/23/2023	Check	
Street Address		City			Debit (Card
8 Clarkson Street		New York			NY	10014
	·		1-			10014
Purpose of Expenditure (by code)	Description		Event #	¥	,	Amount
WEB	Website hosting				24.46	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below"	is checke		24.40	
(if applicable)	None of the below (does not involve another candidate or co	•				
	Coordinated with reimbursement sought (joint expenditu	ire) O Indepe				
	O Coordinated without reimbursement sought (in-kind con	tribution) Organi	ization.C	A OB OC OD		
Name of Payee				Date of Payment	Method of P	
Chantel Mendez				8/25/2023	O Check	
Street Address		City			State	Zip Code
113 Shell Street		Bridgeport			ст	06605
Purpose of Expenditure	Description		Event #		,	Amount
(by code) CNSLT	Petition support					
Expenditure #	Type of Evpandings (featingsion in Add	wleng #Now= -f-4t- 1 -1 # *	in about		80.00	
Type of Expenditure * (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure)						
	Coordinated without reimbursement sought (in-kind contr			A OB OC OD		
== 8 0		SUBTOTAL Section P -	— ı nıs	rage 334.40		

Section P. ADDITIONAL PAGE 19 of 20

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository	v)	HIX US	TYPE OF REPORT	E0 1,00		
Friends of Lamo	end			10/10/2023			
	P. Expenses	s Paid by Commit	tee	X STATE OF THE STA	1,80		
Name of Payee				Date of Payment	Method of		
Elizabeth Robins	son			8/25/2023	O Chec		
Street Address		City			State	Zip Code	
175 Norland Ave	enue	Bridgeport			ст	06606	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
CNSLT	Petition support						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					3	
(if applicable)	None of the below (does not involve another candidate or c	ommittee)					
	Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind con		ependent				
Name of Payee	Coolumated without reimbursement sought (in-kind con	tribution) Orga	anization C	Date of Payment	Method of	Payment	
Efia Alcid				8/25/2023	O Check		
		_		0/23/2023	O Debit		
Street Address		City			State	Zip Code	
122 Poplar Street	t .	Bridgeport			СТ	06605	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) CNSLT	Petition support		-				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "Nane of the helaw	" is chacka	rd)	273.00)	
(if applicable)	None of the below (does not involve another candidate or co		13 CHECKE	" /	W	©.	
	Coordinated with reimbursement sought (joint expenditure) Independent						
)	Coordinated without reimbursement sought (in-kind control	ribution) Orga	nizationO	A OBOC OD			
Name of Payee				Date of Payment	Method of F		
Kierra Powell				8/31/2023	O Debit		
Street Address		City			State	Zip Code	
217 North 4th Sti	reet, #1	Brooklyn			NY	11211	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) CNSLT	Campaign management						
Expenditure #	T C	unione (thiose of the fallow	utt da salamata		5,750.0	00	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or c	•	v" is cneck	ea)	İ		
	Coordinated with reimbursement sought (joint expendits	ıre) 🔘 İnde	ependent		l		
	O Coordinated without reimbursement sought (in-kind con	tribution) Orga	anization.C	DA OB OC OD			
Name of Payee				Date of Payment	Method of P		
TD Bank				8/31/2023	O Check		
Street Address		City			State	Zip Code	
1000 Lafayette Bo	pulevard	Bridgeport			ст	06604	
Purpose of Expenditure	Description	•	Event	#		Amount	
(by code) BNK	Statement fee				1 200		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us	nless "None of the helow	" is checke	od)	3.00		
(if applicable)	O None of the below (does not involve another candidate or committee)						
	Coordinated with reimbursement sought (joint expenditure) Independent						
	Coordinated without reimbursement sought (in-kind control	ribution) Organ	nization C	A OB OC OD			
		SUBTOTAL Section I	P — This	Page 6,452.68			
						_ ,	

Section P. ADDITIONAL PAGE 20 of 20

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repositor))	TYPE OF REPORT	
Friends of Lamo	nd		10/10/2023	
	P. Expenses	Paid by Committee	e	17 24
Name of Payee			Date of Payment	Method of Payment:
Constant Contac	ct c		9/13/2023	OCheck#
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code) A-WEB	Email service			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	unless "None of the below" is	s akaakadi	37.22
(if applicable)	None of the below (does not involve another candidate or co		s cneckeu)	
	Coordinated with reimbursement sought (joint expenditu	ire) 🚺 Indeper	ndent	
	Coordinated without reimbursement sought (in-kind cont	tribution) Organiz	ation OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment: O Check #
Squarespace Inc			9/25/2023	O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description	L	Event #	Amount
(by code) WEB	Website hosting			71.1100.011
				24.46
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required us	-	checked)	
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure)		dent	
	Coordinated without reimbursement sought (in-kind control		atiorOA OBOC OD	
Name of Payee		 	Date of Payment	Method of Payment:
TD Bank			9/30/2023	OCheck #
Street Address		City		Debit Card OEFT State Zip Code
1000 Lafayette B	oulevard	Bridgeport		CT 06604
<u> </u>			Ic #	
Purpose of Expenditure (by code)	Description		Event #	Amount
BNK	Statement fee			3.00
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the below" is	s checked)	
ti aldusame)	None of the below (does not involve another candidate or c	ommittee)		**
	Coordinated with reimbursement sought (joint expenditu			
Name of Payee	O oostaliinta viillost johnostoonion sosgin (ili ana oon	Organiz	Date of Payment	Method of Payment
			Date of Fayment	O Check #
				O Debit Card OEFT
Street Address		City		State Zip Code
urpose of Expenditure	Description	<u> </u>	Event #	Amount
by code)				7
Expenditure #	Topic Committee of the Add and the B.B.	ulana (iklassa afisha halasi si t	- tooked	-
if applicable)	Type of Expenditure (Itemization in Addendum P Required us	32	спескеа)	
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus		dent	8
	Coordinated without reimbursement sought (in-kind contr	A 1	ation OA OB OC OD	
		SUBTOTAL Section P —		