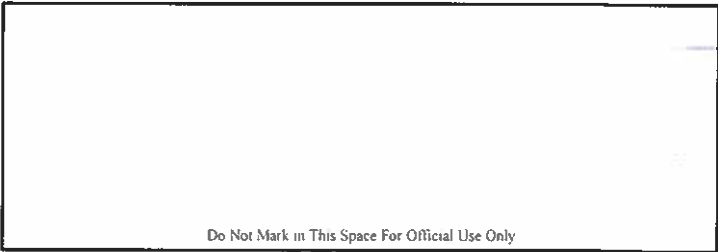


# SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

## COVER PAGE

### 1. NAME OF COMMITTEE

Friends of Lamond

### 2. TREASURER NAME

First Askar	MI	Last Morisseau	Suffix
----------------	----	-------------------	--------

### 3. TREASURER ADDRESS

Street Address 2600 Park Avenue, Apt. 4M	City Bridgeport	State CT	Zip Code 06604
---	--------------------	-------------	-------------------

### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)  
11/07/2023

### 5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

### 6. DISTRICT NUMBER

(if applicable)

### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Lamond	MI	Last Daniels	Suffix
-----------------	----	-----------------	--------

### 8. TYPE OF REPORT (Check One Box)

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

### 9. PERIOD COVERED

Beginning Date	Ending Date
7/1/2023	thru 9/30/2023

RECEIVED FOR RECORD  
BRIDGEPORT, CT.  
2023 OCT 10 A 9:19  
TOWN CLERK

### 10. CERTIFICATION

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

TREASURER OR DEPUTY TREASURER (SIGNATURE)

Erin McDonough  
PRINT NAME OF SIGNER

10/07/2023  
DATE (mm/dd/yyyy)

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

## SEEC FORM 20

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Friends of Lamond	10/10/2023	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		26,057.87
12. Balance on hand at the beginning of Reporting Period	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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	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)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	700.00
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	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)	0	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)	0	

### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$ 525.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Smith		Mark			
Residential Street Address			City		State
98 Glenwood Avenue			Bridgeport		CT
Zip Code					
06610					
Principal Occupation			Name of Employer		
Owner			MC Smith Holdings		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/1/2023	500.00	
Last Name		First		MI	
Casson		Robert		J	
Residential Street Address			City		State
27 Farrell Road			Weston		CT
Zip Code					
06883					
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/5/2023	500.00	
Last Name		First		MI	
Metzger		Sania			
Residential Street Address			City		State
2400 Johnson Avenue, 5K			Bronx		NY
Zip Code					
10463					
Principal Occupation			Name of Employer		
Attorney			Sania Metzger		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/5/2023	200.00	
<b>SUBTOTAL Section B — This Page</b>				1,050.00	
<b>TOTAL of additional Section B Pages</b>				4,975.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				6,550.00	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Friends of Lamond	10/10/2023

### C1. Contributions from Other Committees

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			

### C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				Amount of Receipt	
Description							

**SUBTOTAL Section C — This Page**

0

**TOTAL of additional Section C Pages**

0

**TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS**  
*(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)*

0

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State      Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address				Amount Received	
City		State		Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State      Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address				Amount Received	
City		State		Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State      Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address				Amount Received	
City		State		Zip Code	
<b>TOTAL SECTION D</b>				0	
<b>E. Receipts from Entities other than Individuals or Other Committees <i>(Referendum Committees ONLY)</i></b>					
Name of Entity					
Street Address			Date Received		Amount Received
City		State      Zip Code		Aggregate Contributions	
Name of Entity					
Street Address			Date Received		Amount Received
City		State      Zip Code		Aggregate Contributions	
Name of Entity					
Street Address			Date Received		Amount Received
City		State      Zip Code		Aggregate Contributions	
<b>TOTAL SECTION E</b>				0	

### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Friends of Lamond	10/10/2023

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

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Yes No	<i>If yes, list Event #</i>	Amount
		<input checked="" type="radio"/>		
		<input checked="" type="radio"/>		
		<input checked="" type="radio"/>		
		<input checked="" type="radio"/>		
<b>TOTAL SECTION F</b>				0

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

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		0

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

Date of Receipt	Method of payment:	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
<b>TOTAL SECTION H</b>		0

#### I. Anonymous Contributions

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

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Friends of Lamond	10/10/2023

## J. Interest from Deposits in Authorized Accounts

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

<b>TOTAL SECTION J</b>	0
------------------------	---

## K. Miscellaneous Monetary Receipts not Considered Contributions

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

<b>TOTAL SECTION K</b>	0
------------------------	---

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	0	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0
<b>Total of Other Monetary Receipts</b>		0
<i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>		

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Friends of Lamond			10/10/2023	
<b>L1. Event Information</b>				
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event?	
20230706	A	Meet and greet	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
135 Clarence Street		Bridgeport	CT	06608
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?			<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
			<input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
			<input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 50px;" type="text" value="\$"/>	
			<input checked="" type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input checked="" type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
			<input type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 50px;" type="text" value="\$"/>	
			<input checked="" type="radio"/> No	
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input checked="" type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?			<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
			<input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
			<input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 50px;" type="text" value="\$"/>	
			<input checked="" type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
			<input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 50px;" type="text" value="\$"/>	
			<input checked="" type="radio"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			0	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			0	
<b>TOTAL of additional Section L1 Pages</b>			0	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0	



## II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Friends of Lamond	10/10/2023

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

Name of Purchaser The Finch Firm, LLC	Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
--	---

Street Address 135 Elm Street	City Bridgeport	State CT	Zip Code 06604
----------------------------------	--------------------	-------------	-------------------

Date Received 07/10/2023	Event # 20230706A	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase
-----------------------------	----------------------	--	---	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	250.00
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	0
<b>TOTAL of additional Section L3 Pages</b>	0
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	250.00

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Friends of Lamond	10/10/2023

**L4. In-Kind Donations Not Considered Contributions**

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Date Received</td> <td style="width: 20%; padding: 2px;">Event #</td> <td style="width: 60%; padding: 2px;">Aggregate Value for this Event</td> </tr> </table>		Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Date Received</td> <td style="width: 20%; padding: 2px;">Event #</td> <td style="width: 60%; padding: 2px;">Aggregate Value for this Event</td> </tr> </table>		Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Date Received</td> <td style="width: 20%; padding: 2px;">Event #</td> <td style="width: 60%; padding: 2px;">Aggregate Value for this Event</td> </tr> </table>		Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Date Received</td> <td style="width: 20%; padding: 2px;">Event #</td> <td style="width: 60%; padding: 2px;">Aggregate value for this Event</td> </tr> </table>		Date Received	Event #	Aggregate value for this Event	
Date Received	Event #	Aggregate value for this Event			

<b>SUBTOTAL Section L4 — This Page</b>	0
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<b>TOTAL of additional Section L4 Pages</b>	0
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<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>	0
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## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>					
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host candidate			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host candidate			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host candidate			
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host candidate			
<b>SUBTOTAL Section L5 — This Page</b>				0	
<b>TOTAL of additional Section L5 Pages</b>				0	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				0	

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT			
Friends of Lamond				10/10/2023			
M. In-Kind Contributions							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>					
<b>SUBTOTAL Section M — This Page</b>							
						0	
<b>TOTAL of additional Section M Pages</b>							
						0	
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>							
						0	
N. Refundable Deposit to Telephone Company							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
<b>Amount of Deposit</b>							
Street Address				City		State	Zip Code
<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>							
						0	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Friends of Lamond			10/10/2023	
<b>P. Expenses Paid by Committee</b>				
Name of Payee DayCampaign		Date of Payment 09/30/2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address 112 Bloomfield Avenue		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) WEB	Description Donation platform fee	Event #	Amount 156.60	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Squarespace Inc		Date of Payment 7/24/2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 8 Clarkson Street		City New York	State NY	Zip Code 10014
Purpose of Expenditure (by code) WEB	Description Website hosting	Event #	Amount 24.46	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Constant Contact		Date of Payment 7/13/2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1601 Trapelo Road		City Waltham	State MA	Zip Code 02451
Purpose of Expenditure (by code) A-WEB	Description Email service	Event #	Amount 37.22	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Harland Clarke		Date of Payment 7/28/2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address 15955 LaCantera Parkway		City San Antonio	State TX	Zip Code 78256
Purpose of Expenditure (by code) BNK	Description Checks	Event #	Amount 136.48	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			354.76	
TOTAL of additional Section P Pages			46,480.38	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			<b>46,835.14</b>	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed?
					<input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>				0	
<b>TOTAL of additional Section Q Pages</b>				0	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				0	









Section B ADDITIONAL PAGE 1 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Friends of Lamond		10/10/2023	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$ 525.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Daniel		First Nina	
Residential Street Address 185 Good Hill Road		City Weston	
		State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 500.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 20230706A</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/6/2023	Aggregate Contributions 500.00
Last Name Jenner		First Amy	
Residential Street Address 22 White Oak Lane		City Weston	
		State CT	Zip Code 06883
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 1,000.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 20230706A</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/6/2023	Aggregate Contributions 1,000.00
Last Name Romsaint		First Sabine	
Residential Street Address 105 Mapledale Avenue		City Stratford	
		State CT	Zip Code 06614
Principal Occupation Director of Social Services		Name of Employer Courage Counseling Center	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 20230706A</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/6/2023	Aggregate Contributions 100.00
<b>SUBTOTAL Section B — This Page</b>		1,600.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

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	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$ 525.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Goode		First Margaret	
Residential Street Address 105 Clover Street		City Stratford	State CT
		Zip Code 06614	
Principal Occupation Yardperson		Name of Employer Greater Bridgeport Transit	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/8/2023	Aggregate Contributions 150.00
Last Name Debrizzi		First Gary	
Residential Street Address 155 Brewster Street, 4B		City Bridgeport	State CT
		Zip Code 06605	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/7/2023	Aggregate Contributions 100.00
Last Name Hughes		First Scott	
Residential Street Address 218 Alsace Street		City Bridgeport	State CT
		Zip Code 06604	
Principal Occupation Librarian		Name of Employer Goodwin	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2023	Aggregate Contributions 700.00
<b>SUBTOTAL Section B — This Page</b>		250.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

Section B ADDITIONAL PAGE 3 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$ 525.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Heath		Nicole			
Residential Street Address		City		State	Zip Code
522 North Street		Greenwich		CT	06830
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
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: <input type="radio"/> Executive <input type="radio"/> Legislative			100.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/16/2023	100.00		
Last Name		First		MI	
Bhutani		Leslie			
Residential Street Address		City		State	Zip Code
12 East 13th Street		New York		NY	10003
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
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: <input type="radio"/> Executive <input type="radio"/> Legislative			100.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/17/2023	100.00		
Last Name		First		MI	
Lee		John		M	
Residential Street Address		City		State	Zip Code
30 Beacon Street		Bridgeport		CT	06605
Principal Occupation		Name of Employer			
Financial Listener		John Marshall Lee			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
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: <input type="radio"/> Executive <input type="radio"/> Legislative			300.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/6/2023	500.00		
<b>SUBTOTAL Section B — This Page</b>				500.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

**Section B ADDITIONAL PAGE 4 of 7**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$ 525.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Smith		Tanya			
Residential Street Address		City		State	Zip Code
234 Stonybrook Road		Fairfield		CT	06824
Principal Occupation		Name of Employer			
Faculty		University of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/23/2023	800.00		
Last Name		First		MI	
King		Laoise			
Residential Street Address		City		State	Zip Code
14 East Avenue		Norwalk		CT	06851
Principal Occupation		Name of Employer			
Deputy Commissioner		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/26/2023	750.00		
Last Name		First		MI	
Baker		Andre			
Residential Street Address		City		State	Zip Code
985 Stratford Avenue		Bridgeport		CT	06607
Principal Occupation		Name of Employer			
Funeral director		Baker Isaac Funeral Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/27/2023	500.00		
<b>SUBTOTAL Section B — This Page</b>				1,000.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Friends of Lamond		10/10/2023	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$ 525.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Koplik		First Jim	MI
Residential Street Address 251 Dogwood Lane		City Stamford	State CT
		Zip Code 06903	
Principal Occupation Concert promoter		Name of Employer Live Nation Entertainment	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/27/2023	Aggregate Contributions 1,000.00
Last Name McElveen		First Mark	MI
Residential Street Address 537 Queen Street		City Bridgeport	State CT
		Zip Code 06606	
Principal Occupation Construction		Name of Employer Eversource	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/28/2023	Aggregate Contributions 100.00
Last Name Stowers		First Robert	MI
Residential Street Address 3 Stone House Road		City Shelton	State CT
		Zip Code 06484	
Principal Occupation Government administration		Name of Employer City of Norwalk	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/28/2023	Aggregate Contributions 400.00
<b>SUBTOTAL Section B — This Page</b>		1,300.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 6 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Friends of Lamond	10/10/2023
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>\$ 525.00</b>
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Dickson		First Carmen		MI	
Residential Street Address 33 Hickory Street		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2023	Aggregate Contributions 100.00		

Last Name Heuvelman		First David		MI B	
Residential Street Address 10 Buckingham Place		City Norwalk		State CT	Zip Code 06851
Principal Occupation Legal intern		Name of Employer Keller Law			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2023	Aggregate Contributions 75.00		

Last Name Livingston		First Thomas		MI	
Residential Street Address 23 Crockett Street		City Norwalk		State CT	Zip Code 06853
Principal Occupation Chief of Staff		Name of Employer City of Norwalk			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2023	Aggregate Contributions 100.00		

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

Section B ADDITIONAL PAGE 7 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Friends of Lamond		10/10/2023	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$ 525.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Maya		First Alma	
Residential Street Address 220 Funston Avenue		City Bridgeport	
		State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		<b>Amount of Contribution</b>	
		50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2023	Aggregate Contributions 200.00
Last Name McCray		First Quanitra	
Residential Street Address 65 Madison Avenue, 2D		City Bridgeport	
		State CT	Zip Code 066851
Principal Occupation Corrections officer		Name of Employer BOP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		<b>Amount of Contribution</b>	
		25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2023	Aggregate Contributions 115.00
Last Name		First	
Residential Street Address		City	
		State	Zip Code
Principal Occupation Chief of Staf		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		<b>Amount of Contribution</b>	
		75.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>		75.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Friends of Lamond			10/10/2023	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Kierra Powell		7/7/2023	<input checked="" type="radio"/> Check # 1512 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
217 North 4th Street, #1		Brooklyn	NY	11211
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Campaign management		4,500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Ditto Consulting, Inc.		7/6/2023	<input checked="" type="radio"/> Check # 1513 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
428 West 23rd Street, #2B		New York	NY	10011
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Fundraising consultant		3,283.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Red Horse Strategies		7/10/2023	<input checked="" type="radio"/> Check # 1514 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
55 Washington Street		Brooklyn	NY	11201
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Communications consultant		5,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
JL Custom Apparel LLC		7/14/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
350 Main Street		Bridgeport	CT	06604
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-OTH	T-shirts		397.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			13,180.50	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Friends of Lamond	10/10/2023

**P. Expenses Paid by Committee**

Name of Payee	Date of Payment	Method of Payment:
Erin McDonough	7/22/2023	<input checked="" type="radio"/> Check #1516 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
955 Main Street, #507	Bridgeport	CT	06604

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	Wavyy Photography, photography services		220.00

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Kierra Powell	7/26/2023	<input checked="" type="radio"/> Check #1517 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
217 North 4th Street, #1	Brooklyn	NY	11211

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	BJ's, snacks for volunteers		143.26

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Kierra Powell	7/26/2023	<input checked="" type="radio"/> Check #1519 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
217 North 4th Street, #1	Brooklyn	NY	11211

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	Staples, printing		55.13

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Kierra Powell	8/1/2023	<input checked="" type="radio"/> Check #1520 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
217 North 4th Street, #1	Brooklyn	NY	11211

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Campaign management		5,750.00

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section P — This Page</b>		<b>6,168.39</b>
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Friends of Lamond			10/10/2023	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
TD Bank		7/31/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
1000 Lafayette Boulevard		Bridgeport	CT	06604
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Statement fee		3.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Kierra Powell		8/1/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
217 North 4th Street, #1		Brooklyn	NY	11211
Purpose of Expenditure (by code)	Description	Event #	Amount	
PETTY			100.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Michele Lindsay		8/3/2023	<input checked="" type="radio"/> Check # 1521 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
110 Asylum Street		Bridgeport	CT	06610
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Petition support		170.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Denise Arrington		8/3/2023	<input checked="" type="radio"/> Check # 1522 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
905 Noble Avenue		Bridgeport	CT	06608
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Petition support		370.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			643.00	

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Friends of Lamond	10/10/2023

**P. Expenses Paid by Committee**

<b>Name of Payee</b>	<b>Date of Payment</b>	<b>Method of Payment:</b>
Shaquille Johnson	8/3/2023	<input checked="" type="radio"/> Check #1523 <input type="radio"/> Debit Card <input type="radio"/> EFT

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
178 Washington Avenue	Bridgeport	CT	06604

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
CNSLT	Petition support		410.00
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>	<b>Date of Payment</b>	<b>Method of Payment:</b>
Jenena Addison	8/3/2023	<input checked="" type="radio"/> Check #1524 <input type="radio"/> Debit Card <input type="radio"/> EFT

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
50 Wood Avenue, #1	Bridgeport	CT	06605

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
CNSLT	Petition support		60.00
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>	<b>Date of Payment</b>	<b>Method of Payment:</b>
Keniya Montas	8/3/2023	<input checked="" type="radio"/> Check #1525 <input type="radio"/> Debit Card <input type="radio"/> EFT

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
1864 North Avenue	Bridgeport	CT	06604

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
CNSLT	Petition support		320.00
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>	<b>Date of Payment</b>	<b>Method of Payment:</b>
Laniya Bendolph	8/3/2023	<input checked="" type="radio"/> Check #1526 <input type="radio"/> Debit Card <input type="radio"/> EFT

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
65 Madison Avenue	Bridgeport	CT	06604

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
CNSLT	Petition support		340.00
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section P — This Page</b>	<b>1,130.00</b>
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Friends of Lamond		10/10/2023	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Ronald Bruce		8/3/2023	<input checked="" type="radio"/> Check #1531 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
100 Poplar Street, 3rd Floor		Bridgeport	CT 06605
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		80.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Ebony Young		8/3/2023	<input checked="" type="radio"/> Check #1532 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
515 East Main Street		Bridgeport	CT 06608
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		75.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Deisi Najarro		8/3/2023	<input checked="" type="radio"/> Check #1533 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
537 Queen Street		Bridgeport	CT 06606
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		180.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
JL Custom Apparel LLC		8/4/2023	<input checked="" type="radio"/> Check #1534 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
350 Main Street		Bridgeport	CT 06604
Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	Palm cards		1,650.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section P — This Page</b>			<b>1,985.00</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Friends of Lamond		10/10/2023	
P. Expenses Paid by Committee			
Name of Payee Staples		Date of Payment 8/4/2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 1201 Kings Highway		City Fairfield	State CT Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description Office supplies	Event #	Amount 54.45
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Beverly Bowen		Date of Payment 8/6/2023	Method of Payment: <input checked="" type="radio"/> Check # 1535 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 80 Taft Avenue		City Bridgeport	State CT Zip Code 06606
Purpose of Expenditure (by code) CNSLT	Description Petition support	Event #	Amount 175.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Debbie Bowen		Date of Payment 8/6/2023	Method of Payment: <input checked="" type="radio"/> Check # 1536 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 64 Rosedale Street		City Bridgeport	State CT Zip Code 06604
Purpose of Expenditure (by code) CNSLT	Description Petition support	Event #	Amount 75.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Elizabeth Robinson		Date of Payment 8/10/2023	Method of Payment: <input checked="" type="radio"/> Check # 1538 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 175 Norland Avenue		City Bridgeport	State CT Zip Code 06606
Purpose of Expenditure (by code) CNSLT	Description Petition support	Event #	Amount 1,600.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section P — This Page</b>			<b>1,904.45</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Friends of Lamond			10/10/2023	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Debbie Bowen		8/10/2023	<input checked="" type="radio"/> Check # 1539 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
64 Rosedale Street		Bridgeport	CT	06604
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Petition support		245.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Adrienne Younger		8/10/2023	<input checked="" type="radio"/> Check # 1540 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
195 6th Street		Bridgeport	CT	06607
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Petition support		150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Ebony Young		8/10/2023	<input checked="" type="radio"/> Check # 1541 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
515 East Main Street		Bridgeport	CT	06608
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Petition support		55.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Anjerice Younger		8/10/2023	<input checked="" type="radio"/> Check # 1542 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
195 6th Street		Bridgeport	CT	06607
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Petition support		150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			600.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Friends of Lamond		10/10/2023	
P. Expenses Paid by Committee			
Name of Payee Michele Lindsay		Date of Payment 8/10/2023	Method of Payment: <input checked="" type="radio"/> Check #1543 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 110 Asylum Street		City Bridgeport	State CT Zip Code 06610
Purpose of Expenditure (by code) CNSLT	Description Petition support	Event #	Amount 120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Denise Arrington		Date of Payment 8/10/2023	Method of Payment: <input checked="" type="radio"/> Check #1544 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 905 Noble Avenue		City Bridgeport	State CT Zip Code 06608
Purpose of Expenditure (by code) CNSLT	Description Petition support	Event #	Amount 275.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Emmanuel Vereen		Date of Payment 8/10/2023	Method of Payment: <input checked="" type="radio"/> Check #1545 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 235 Grove Street		City Bridgeport	State CT Zip Code 06605
Purpose of Expenditure (by code) CNSLT	Description Petition support	Event #	Amount 430.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Malcolm Griffin		Date of Payment 8/10/2023	Method of Payment: <input checked="" type="radio"/> Check #1546 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 88 Lindley Street		City Bridgeport	State CT Zip Code 06604
Purpose of Expenditure (by code) CNSLT	Description Petition support	Event #	Amount 460.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section P — This Page</b>		<b>1,285.00</b>	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Friends of Lamond			10/10/2023		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment	
Mercedes Bowman			8/10/2023	<input checked="" type="radio"/> Check #1547 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
1042A Pembroke Street		Bridgeport		CT	06608
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment	
Deisi Najarro			8/10/2023	<input checked="" type="radio"/> Check #1548 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
537 Queen Street		Bridgeport		CT	06606
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			560.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment	
Phil Desiores			8/10/2023	<input checked="" type="radio"/> Check #1549 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
358 Charles Street		Bridgeport		CT	06606
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			340.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment	
Ebony Young			8/10/2023	<input checked="" type="radio"/> Check #1550 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
515 East Main Street		Bridgeport		CT	06608
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			<b>1,450.00</b>		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Friends of Lamond	10/10/2023

**P. Expenses Paid by Committee**

Name of Payee	Date of Payment	Method of Payment:
Shaquille Johnson	8/10/2023	<input checked="" type="radio"/> Check #1551 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
178 Washington Avenue	Bridgeport	CT	06604

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		360.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Jenena Addison	8/10/2023	<input checked="" type="radio"/> Check #1553 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
50 Wood Avenue, #1	Bridgeport	CT	06605

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		300.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Kenya Montas	8/10/2023	<input checked="" type="radio"/> Check #1554 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
1864 North Avenue	Bridgeport	CT	06604

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		620.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Laniya Bendolph	8/10/2023	<input checked="" type="radio"/> Check #1555 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
65 Madison Avenue	Bridgeport	CT	06604

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		620.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**SUBTOTAL Section P — This Page 1,900.00**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment:	
Logan Carstens			8/10/2023	<input checked="" type="radio"/> Check #1556 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
27A Imperial Avenue		Westport		CT	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)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Beverly Bowen			8/10/2023	<input checked="" type="radio"/> Check #1557 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
80 Taft Avenue		Bridgeport		CT	06606
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			255.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Jamie White			8/12/2023	<input checked="" type="radio"/> Check #1559 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
2385 East Main Street		Bridgeport		CT	06610
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			760.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Linda Bruce			8/12/2023	<input checked="" type="radio"/> Check #1560 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
174 Louisiana Avenue		Bridgeport		CT	06610
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			480.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>1,695.00</b>	

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Friends of Lamond	10/10/2023

**P. Expenses Paid by Committee**

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment</b>	
Kentwan Goodchild		8/12/2023	<input checked="" type="radio"/> Check # <u>1562</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>		<b>State</b>
180 Alpine Street		Bridgeport		CT
<b>Zip Code</b>		<b>Amount</b>		
06610		360.00		
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>		
CNSLT	Petition support			
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment</b>	
Deirdra Goodchild		8/12/2023	<input checked="" type="radio"/> Check # <u>1563</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>		<b>State</b>
180 Alpine Street		Bridgeport		CT
<b>Zip Code</b>		<b>Amount</b>		
06610		280.00		
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>		
CNSLT	Petition support			
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment</b>	
Dwight Walker		8/12/2023	<input checked="" type="radio"/> Check # <u>1564</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>		<b>State</b>
183 Livingston Place, #17		Bridgeport		CT
<b>Zip Code</b>		<b>Amount</b>		
06610		1,180.00		
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>		
CNSLT	Petition support			
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment</b>	
Naima West		8/12/2023	<input checked="" type="radio"/> Check # <u>1565</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>		<b>State</b>
702 Central Avenue		Bridgeport		CT
<b>Zip Code</b>		<b>Amount</b>		
06607		1,140.00		
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>		
CNSLT	Petition support			
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

<b>SUBTOTAL Section P -- This Page</b>	2,960.00
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment:	
William Hooks			8/12/2023	<input checked="" type="radio"/> Check #1566 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
34 Belmont Avenue		Bridgeport		CT	06605
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			320.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Nicole White			8/12/2023	<input checked="" type="radio"/> Check #1567 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
142 Center Street, 3rd Floor		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			480.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Tharon Smith			8/12/2023	<input checked="" type="radio"/> Check #1568 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
175 Whittier Street		Bridgeport		CT	06605
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			400.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Milagros Garcia			8/12/2023	<input checked="" type="radio"/> Check #1569 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
180 Alpine Street		Bridgeport		CT	06610
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				1,320.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Friends of Lamond	10/10/2023

**P. Expenses Paid by Committee**

Name of Payee	Date of Payment	Method of Payment:
Mary Bruce	8/12/2023	<input checked="" type="radio"/> Check # 1570 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
323 Fairfield Avenue	Bridgeport	CT	06604

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		300.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
TD Bank	8/12/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT

Street Address	City	State	Zip Code
1000 Lafayette Boulevard	Bridgeport	CT	06604

Purpose of Expenditure (by code)	Description	Event #	Amount
PETTY			100.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Nilsa Almat	8/12/2023	<input checked="" type="radio"/> Check # 1571 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
1575 Iranistan Avenue	Bridgeport	CT	06604

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		100.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Hughisha Rose	8/12/2023	<input checked="" type="radio"/> Check # 1572 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
67 Cottage Street	Bridgeport	CT	06605

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Petition support		80.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section P — This Page</b>	<b>580.00</b>
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Salena Bellamy			8/12/2023		<input checked="" type="radio"/> Check #1573 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
175 Washington Avenue		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Petition support				120.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Shakia Askew			8/12/2023		<input checked="" type="radio"/> Check #1574 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
438 Connecticut Avenue, 3rd Fl		Bridgeport		CT	06607
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Petition support				500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Rubie Moore			8/12/2023		<input checked="" type="radio"/> Check #1575 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
655 Palisade Avenue, B11		Bridgeport		CT	06610
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Petition support				500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Mercedes Bowman			8/14/2023		<input checked="" type="radio"/> Check #1578 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1042A Pembroke Street		Bridgeport		CT	06608
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Petition support				160.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>1,280.00</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment	
Ebony Young			8/14/2023	<input checked="" type="radio"/> Check # 1579 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
515 East Main Street		Bridgeport		CT	06608
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			175.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment	
Denise Arrington			8/14/2023	<input checked="" type="radio"/> Check # 1580 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
905 Noble Avenue		Bridgeport		CT	06608
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			395.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment	
Anjerice Younger			8/14/2023	<input checked="" type="radio"/> Check # 1582 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
195 6th Street		Bridgeport		CT	06607
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			255.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment	
Adrienne Younger			8/14/2023	<input checked="" type="radio"/> Check # 1583 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
195 6th Street		Bridgeport		CT	06607
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Petition support			165.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				990.00	



<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Friends of Lamond	10/10/2023

**P. Expenses Paid by Committee**

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>		
David Pierre-Charles		8/14/2023	<input checked="" type="radio"/> Check # <u>1586</u> <input type="radio"/> Debit Card <input type="radio"/> EFT		
<b>Street Address</b>		<b>City</b>		<b>State</b>	
515 East Main Street		Bridgeport		CT	
<b>Zip Code</b>					
06608					
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>		
MISC	Notary services		300.00		
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>		
Kierra Powell		8/14/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT		
<b>Street Address</b>		<b>City</b>		<b>State</b>	
217 North 4th Street, #1		Brooklyn		NY	
<b>Zip Code</b>					
11211					
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>		
PETTY			100.00		
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>		
Constant Contact		8/14/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT		
<b>Street Address</b>		<b>City</b>		<b>State</b>	
1601 Trapelo Road		Waltham		MA	
<b>Zip Code</b>					
02451					
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>		
A-WEB	Email service		37.22		
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>		
Tharon Smith		8/15/2023	<input checked="" type="radio"/> Check # <u>1587</u> <input type="radio"/> Debit Card <input type="radio"/> EFT		
<b>Street Address</b>		<b>City</b>		<b>State</b>	
175 Whittier Street		Bridgeport		CT	
<b>Zip Code</b>					
06605					
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>		
CNSLT	Petition support		120.00		
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				

<b>SUBTOTAL Section P — This Page</b>		557.22
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<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Friends of Lamond	10/10/2023

**P. Expenses Paid by Committee**

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
Caitlyn Yang		8/17/2023	<input checked="" type="radio"/> Check #1588 <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
109 Brookside Drive		Fairfield	CT	06824
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>	
CNSLT	Data support		150.00	
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
Esther Panthier		8/25/2023	<input checked="" type="radio"/> Check #1589 <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
840 Lindley Street		Bridgeport	CT	06606
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>	
CNSLT	Petition support		80.00	
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
Squarespace Inc		8/23/2023	<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
8 Clarkson Street		New York	NY	10014
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>	
WEB	Website hosting		24.46	
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
Chantel Mendez		8/25/2023	<input checked="" type="radio"/> Check #1590 <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
113 Shell Street		Bridgeport	CT	06605
<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>	
CNSLT	Petition support		80.00	
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			

<b>SUBTOTAL Section P — This Page</b>	334.46
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Friends of Lamond				10/10/2023	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Elizabeth Robinson			8/25/2023		<input checked="" type="radio"/> Check # 1593 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
175 Norland Avenue		Bridgeport		CT	06606
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Petition support			426.68	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Efia Alcid			8/25/2023		<input checked="" type="radio"/> Check # 1594 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
122 Poplar Street		Bridgeport		CT	06605
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Petition support			273.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Kierra Powell			8/31/2023		<input checked="" type="radio"/> Check # 1595 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
217 North 4th Street, #1		Brooklyn		NY	11211
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Campaign management			5,750.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
TD Bank			8/31/2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
1000 Lafayette Boulevard		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description		Event #	Amount	
BNK	Statement fee			3.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>6,452.68</b>	

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Friends of Lamond	10/10/2023

**P. Expenses Paid by Committee**

<b>Name of Payee</b>	<b>Date of Payment</b>	<b>Method of Payment:</b>	
Constant Contact	9/13/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
A-WEB	Email service		37.22
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>	<b>Date of Payment</b>	<b>Method of Payment:</b>	
Squarespace Inc	9/25/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
WEB	Website hosting		24.46
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>	<b>Date of Payment</b>	<b>Method of Payment:</b>	
TD Bank	9/30/2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
1000 Lafayette Boulevard	Bridgeport	CT	06604

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
BNK	Statement fee		3.00
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>	<b>Date of Payment</b>	<b>Method of Payment:</b>	
		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section P — This Page</b>	64.68
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