

# 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

<b>1. NAME OF COMMITTEE</b>			
Marilyn for Mayor			
<b>2. TREASURER NAME</b>			
First John	MI	Last Soltis	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 93 Ellsworth St. #210	City Bridgeport	State CT	Zip Code 06605
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/7/2023	<b>5. OFFICE SOUGHT</b> <small>(Complete only if Candidate Committee)</small> Mayor		<b>6. DISTRICT NUMBER</b> <small>(if applicable)</small>
<b>7. CANDIDATE NAME</b> <small>(Complete only if Candidate or Exploratory Committee)</small>			
First Marilyn	MI	Last Moore	Suffix
<b>8. TYPE OF REPORT</b> <small>(Check One Box)</small>			
<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 <small>(PACs ONLY)</small>
<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 <small>(State Central Committees Only)</small>	<input type="radio"/> Termination	_____
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date 7/1/2023		thru	Ending Date 9/30/2023
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
	John Soltis		10/10/2023
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER		DATE (mm/dd/yyyy)

RECEIVED FOR RECORD  
BRIDGEPORT, CT  
2023 OCT 10 A 8:27  
TOWN CLERK

*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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Marilyn for Mayor		
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$70,783.09	
13. Contributions Received from Individuals (Sections A and B)	\$5,360.00	\$76,143.09
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$5,360.00	\$5,360.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$76,143.09	\$76,143.09
19. Expenses Paid by Committee (Section P)	\$23,375.65	\$23,375.65
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$52,767.44	\$52,767.44
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	\$1,130.20	\$1,130.20
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$5,670.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$5,670.00	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Ramos		First Wilhelmina	
Residential Street Address 725 Palisades Ave.		City Bridgeport	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
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	
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 7/4/2023	Aggregate Contributions \$35.00
Last Name Costen		First Lynda	
Residential Street Address 4 Brown St.		City Bloomfield	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
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	
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 7/10/2023	Aggregate Contributions \$100.00
Last Name Wilson		First Susie	
Residential Street Address 351 Remington St.		City Bridgeport	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
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	
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 7/21/2023	Aggregate Contributions \$100.00
<b>SUBTOTAL Section B — This Page</b>		\$235.00	
<b>TOTAL of additional Section B Pages</b>		\$5,125.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$5,360.00	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT		
Marilyn for Mayor						October 10 filing		
<b>C1. Contributions from Other Committees</b>								
Name of Committee				Name of Treasurer				
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution		
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? <i>If yes, list Event # _____</i>			Amount of Contribution		
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? <i>If yes, list Event # _____</i>			Amount of Contribution		
City		State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>								
Name of Committee				Name of Treasurer				
Marilyn for Mayor								
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								
<b>SUBTOTAL Section C — This Page</b>								
<b>TOTAL of additional Section C Pages</b>								
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>								

# 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>
Marilyn for Mayor	October 10 filing

### D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
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	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address	City	State	Zip Code	Amount Received
Name of Lender				
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	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address	City	State	Zip Code	Amount Received

**TOTAL SECTION D**

### E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
		Aggregate Contributions	
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
		Aggregate Contributions	
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
		Aggregate Contributions	

**TOTAL SECTION E**

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Marilyn for Mayor</b>	TYPE OF REPORT <b>October 10 filing</b>
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**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

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

**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>		

**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 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>		

**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>
	October 10 filing

## J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code		
Street Address	City	State	Zip Code			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code		
Street Address	City	State	Zip Code			

### TOTAL SECTION J

## K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code		
Street Address	City	State	Zip Code			
Description						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code		
Street Address	City	State	Zip Code			
Description						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code		
Street Address	City	State	Zip Code			
Description						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code		
Street Address	City	State	Zip Code			
Description						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 30%;">City</td> <td style="width: 10%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code		
Street Address	City	State	Zip Code			
Description						

### TOTAL SECTION K

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

<b>Total Loans Received this Period (Section D)</b>		
<b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>	+	
<b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>	+	
<b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b>	+	
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>	+	
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>	+	
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>	+	
<b>Total of Other Monetary Receipts</b> <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		
Marilyn for Mayor			October 10 filing		
<b>L1. Event Information</b>					
Event #	Date of Event	Letter	Description	Was this a fundraising event?	
7/30/2023		H	Small gathering at a personal residence	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address			City	State	Zip Code
249 Chestnut Hill Rd			Norwalk	CT	06851
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?				<input checked="" type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
				<input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
				<input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text"/>	
				<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: 100px;" type="text"/>	
				<input checked="" type="radio"/> No	
Event #	Date of Event	Letter	Description	Was this a fundraising event?	
				<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address			City	State	Zip Code
<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 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 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: 100px;" type="text"/>	
				<input 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 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: 100px;" type="text"/>	
				<input type="radio"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>					
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>					
<b>TOTAL of additional Section L1 Pages</b>					
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b>					
<i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>					



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

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

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

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

Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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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
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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
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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
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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
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**SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page**

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

**TOTAL of additional Section L3 Pages**

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

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

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

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

Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity				
<input type="radio"/> Individual				
<input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity				
<input type="radio"/> Individual				
<input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity				
<input type="radio"/> Individual				
<input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity				
<input type="radio"/> Individual				
<input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	

**SUBTOTAL Section L4 — This Page**

**TOTAL of additional Section L4 Pages**

**TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS**  
*(Enter total on Line 21, Column A of Summary Page Totals)*

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Marilyn for Mayor			October 10 filing	
<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		
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>				
<b>TOTAL of additional Section L5 Pages</b>				
<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>				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	October 10 filing

**M. In-Kind Contributions**

Name \_\_\_\_\_

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No	<b>Fair Market Value of this Contribution</b>
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Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input 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
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Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No	<b>Fair Market Value of this Contribution</b>
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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
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Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No	<b>Fair Market Value of this Contribution</b>
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Is this contribution associated with an event reported listed 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>	
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<b>SUBTOTAL Section M — This Page</b>	
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<b>TOTAL of additional Section M Pages</b>	
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<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>	
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**N. Refundable Deposit to Telephone Company**

Last Name of Individual	First	MI	Date Deposit Made
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Residential Street Address	City	State	Zip Code
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Name of Telephone Company \_\_\_\_\_

Street Address	City	State	Zip Code
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<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>	
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### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				October 10 filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Gary Judkins			8/17/2023		<input checked="" type="radio"/> Check # 1053 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1033 Main Street		Stratford		CT	06015
Purpose of Expenditure (by code)	Description		Event #		Amount
A-OTH	Candid photos				\$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 <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"> <input type="radio"/> Independent  <input type="radio"/> Organization                 </span>				
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Zoom Video Communications, Inc.			7/17/2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
55 Almaden Boulevard, 6th Floor		San Jose		CA	95113
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	Zoom One Pro Monthly				\$17.01
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"> <input type="radio"/> Independent  <input type="radio"/> Organization                 </span>				
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Zoom Video Communications, Inc.			8/17/2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
55 Almaden Boulevard, 6th Floor		San Jose		CA	95113
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	Zoom One Pro Monthly				\$17.01
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"> <input type="radio"/> Independent  <input type="radio"/> Organization                 </span>				
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Zoom Video Communications, Inc.			9/18/2023		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
55 Almaden Boulevard, 6th Floor		San Jose		CA	95113
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	Zoom One Pro Monthly				\$17.01
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"> <input type="radio"/> Independent  <input type="radio"/> Organization                 </span>				
	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				\$451.03	
<b>TOTAL of additional Section P Pages</b>				\$22,924.62	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				\$23,375.65	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				October 10 filing	
<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?	
Ralph N Rich's Restaurant			3/22/2023	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
815 Main St.		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Campaign meet and greet meeting			\$771.74	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
Zazzle				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
1800 Seaport Blvd.		Redwood City		CT	94063
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-OTH	Black History Month and Valentine stickers			\$59.94	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
BJ's			7/20/2023	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
40 Black Rock Tnpk.		Fairfield		CT	06825
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food and refreshments for volunteers/staff			\$23.77	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
BJ's			7/19/2023	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
40 Black Rock Tnpk.		Fairfield		CT	06825
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food and refreshments for volunteers/staff			\$213.02	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
Catering by Greystone LLC				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
900 Wood Ave		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food and refreshments for volunteers/staff			\$37.95	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
Catering by Greystone LLC				<input checked="" type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code
900 Wood Ave		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food and refreshments for volunteers/staff			\$23.78	
<b>SUBTOTAL Section Q — This Page</b>				<b>\$1,130.20</b>	
<b>TOTAL of additional Section Q Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				<b>\$1,130.20</b>	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				October 10 filing	
<b>R. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <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 Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <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 Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <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 Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <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 R — This Page</b>					
<b>TOTAL of additional Section R Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Marilyn for Mayor				October 10 filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Stephen Wynter				9/15/2023	
Street Address		City		State	Zip Code
309 Washington Ave.		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>	
OVHD	Office space rent 7/15 -9/15			\$2,000	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<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 Creditor				Date Incurred	
CCM&CO				8/17/2023	
Street Address		City		State	Zip Code
1022 Boulevard # 329		West Hartford		CT	06119
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>	
A-OTH	Walkcards, Banners, Rally Signs, Digita			\$3,670.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<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 Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<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				
<b>SUBTOTAL Section S-This Page</b>				\$5,670.00	
<b>TOTAL of additional Section S Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>				\$5,670.00	



### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Marilyn for Mayor					October 10 filing					
T. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Consultant				First			MI		Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State		Zip Code	
Purpose of Expenditure (by code)		Description			Event #		Amount			
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum T 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"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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								
Last Name of Worker/Consultant				First			MI		Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State		Zip Code	
Purpose of Expenditure (by code)		Description			Event #		Amount			
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum T 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"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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								
Last Name of Worker/Consultant				First			MI		Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State		Zip Code	
Purpose of Expenditure (by code)		Description			Event #		Amount			
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum T 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"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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								
Last Name of Worker/Consultant				First			MI		Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State		Zip Code	
Purpose of Expenditure (by code)		Description			Event #		Amount			
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum T 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"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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 T — This Page										
TOTAL of additional Section T Pages										
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS										

Section B ADDITIONAL PAGE 1 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				October 10 filing	
<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>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Hamilton		Levonía			
Residential Street Address		City		State	Zip Code
585 Norman St. 5/B		Bridgeport		CT	06605
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			\$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/22/2023	\$100.00		
Last Name		First		MI	
Sharp		Maxine			
Residential Street Address		City		State	Zip Code
6 Sixth St.		Ansonia		CT	06401
Principal Occupation		Name of Employer			
Administrative		LBF			
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			\$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"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/1/2023	\$25.00		
Last Name		First		MI	
Dennis		Kathie		D	
Residential Street Address		City		State	Zip Code
300 Success AVE. A22		Bridgeport		CT	06610
Principal Occupation		Name of Employer			
Import, Export Coordinator		Moore Tool Company, Inc.			
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			\$35.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/2/2023	\$35.00		
<b>SUBTOTAL Section B — This Page</b>				\$160.00	
<b>TOTAL of additional Section B Pages</b>				\$5,125.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$5,360.00	

**Section B ADDITIONAL PAGE 2 of 17**

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

**B. Itemized Contributions from Individuals**

Last Name Carolina	First Sandra	MI J.
Residential Street Address 251 Truman St.	City Bridgeport	State CT
	Zip Code 06606	
Principal Occupation Retired	Name of Employer	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> \$25.00
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:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order		7/20/2023	\$25.00	

Last Name Christian	First Herb	MI
Residential Street Address 149 Evelyn Dr.	City Naugatuck	State CT
	Zip Code 06770	
Principal Occupation President	Name of Employer CEMA	

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> \$250.00
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:		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		7/20/2023	\$250.00	

Last Name Kollie	First Nickey	MI
Residential Street Address 223 Meadow St. Apt. 6	City Naugatuck	State CT
	Zip Code 06770	
Principal Occupation Director of Legislative Affairs	Name of Employer CEMA	

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:		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		7/20/2023	\$100.00	

<b>SUBTOTAL Section B — This Page</b>	<b>\$375.00</b>
<b>TOTAL of additional Section B Pages</b>	<b>\$5,125.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	<b>\$5,360.00</b>

**Section B ADDITIONAL PAGE** 3 **of** 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Marilyn for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			<b>SUBTOTAL SECTION A</b>		
			\$		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Sutton		First Sharon		MI D.	
Residential Street Address 84 stone Ridge Rd.		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Business Support Manager		Name of Employer Citizens Bank			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input 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 7/20/2023	Aggregate Contributions \$100.00		
Last Name Keefe		First Diane		MI	
Residential Street Address 249 Chestnut Hill Rd.		City Norwalk		State CT	Zip Code 06857
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # H _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
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 7/30/2023	Aggregate Contributions \$500.00		
Last Name Cosaro		First Irene		MI	
Residential Street Address 36 Borglum Rd.		City Wilton		State CT	Zip Code 06897
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # H _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
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 7/30/2023	Aggregate Contributions \$250.00		
<b>SUBTOTAL Section B — This Page</b>			\$850.00		
<b>TOTAL of additional Section B Pages</b>			\$5,125.00		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			\$5,360.00		

**Section B ADDITIONAL PAGE 4 of 17**

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

**B. Itemized Contributions from Individuals**

Last Name Forte		First Joseph		MI
Residential Street Address 226 Goldenrod Ave.		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # H _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/30/2023	Aggregate Contributions \$50.00	

Last Name Haviland		First Suzanne		MI D.
Residential Street Address 155 Standish Rd.		City Coventry	State CT	Zip Code 06238
Principal Occupation Labor Representative		Name of Employer CEA		
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 \$200.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # H _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/30/2023	Aggregate Contributions \$200.00	

Last Name Lauricella		First Diane		MI L.
Residential Street Address 21 Little Fox Ln.		City Norwalk	State CT	Zip Code 06850
Principal Occupation Environmental Health Consulting		Name of Employer Diane Lauricella Consulting		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # H _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/30/2023	Aggregate Contributions \$25.00	

<b>SUBTOTAL Section B — This Page</b>			\$275.00
<b>TOTAL of additional Section B Pages</b>			\$5,125.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			\$5,360.00

**Section B ADDITIONAL PAGE 5 of 17**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Krummel		First William	MI M.
Residential Street Address 21 Little Fox Ln.		City Norwalk	State CT
		Zip Code 06850	
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No H	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:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/30/2023	\$20.00
Amount of Contribution		\$20.00	
Last Name Auster		First Virginia	MI
Residential Street Address 41 Wolfpit Ave. #2A		City Norwalk	State CT
		Zip Code 06851	
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No H	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:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/30/2023	\$20.00
Amount of Contribution		\$20.00	
Last Name		First	MI
Residential Street Address		City	State
		Zip Code	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Amount of Contribution			
<b>SUBTOTAL Section B — This Page</b>		\$40.00	
<b>TOTAL of additional Section B Pages</b>		\$5,125.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$5,360.00	

## Section B - Itemized Contributions from Individuals

October 10 filing

Last Name <b>Aaronson</b>		First Name <b>Janet</b>		MI <b>G</b>
Residential Street Address <b>176 N. Middaugh St.</b>		City <b>Somerville</b>	State <b>NJ</b>	Zip Code <b>08876</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>08/08/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

Last Name <b>BERGER</b>		First Name <b>JOELLE</b>		MI
Residential Street Address <b>15 Murvon Court</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/24/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>

Last Name <b>Berritt</b>		First Name <b>Gail</b>		MI
Residential Street Address <b>9 Berndale Drive</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Law Office of Gail Berritt LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$200.00</b>

Last Name <b>Bunnell</b>		First Name <b>Becky</b>		MI
Residential Street Address <b>2005 Fairfield Beach Rd</b>		City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/26/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Cann</b>		First Name <b>Immacula</b>		MI
Residential Street Address <b>234 Klondike Street</b>		City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>RN-CNO</b>		Name of Employer <b>Silver Hill Hospital</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/15/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Carpenter</b>		First Name <b>Sam</b>		MI
Residential Street Address <b>42 Myrtle Avenue</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	



## Section B - Itemized Contributions from Individuals

Last Name <b>Case</b>		First Name <b>James</b>		MI
Residential Street Address <b>139 apple hill</b>		City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>
Principal Occupation <b>Phone guy/lobbyist</b>		Name of Employer <b>Frontier/CWA</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>Yes</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>09/05/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

Last Name <b>Condon</b>		First Name <b>Jane</b>		MI
Residential Street Address <b>38 Close Rd</b>		City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>
Principal Occupation <b>Comedian</b>		Name of Employer <b>Self</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/17/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

Last Name <b>Cook</b>		First Name <b>Penny</b>		MI <b>E</b>
Residential Street Address <b>325 Lafayette Street, Unit 9105</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/25/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

## Section B - Itemized Contributions from Individuals |

Last Name <b>Dathan</b>		First Name <b>Lucy</b>		MI
Residential Street Address <b>950 Silvermine Road</b>		City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>State Representative</b>		Name of Employer <b>State of Connecticut</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L17? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>08/02/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Donovan</b>		First Name <b>Christopher</b>		MI <b>G</b>
Residential Street Address <b>188 Atkins St.</b>		City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06450</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L17? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/13/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Dubin</b>		First Name <b>Tom</b>		MI
Residential Street Address <b>197 Signal Hill Rd</b>		City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L17? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/29/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Dynowski</b>		First Name <b>Samantha</b>		MI
Residential Street Address <b>25 Ardmore Road</b>		City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>
Principal Occupation <b>State Director</b>		Name of Employer <b>Sierra Club CT</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>Yes</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/26/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Evans</b>		First Name <b>Marian</b>		MI
Residential Street Address <b>649 Bethmour Road</b>		City <b>Bethany</b>	State <b>CT</b>	Zip Code <b>06524</b>
Principal Occupation <b>Professor</b>		Name of Employer <b>Southern CT State University</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/31/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Gleysteen</b>		First Name <b>Emma</b>		MI
Residential Street Address <b>165 Stonewall Lane</b>		City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>student</b>		Name of Employer <b>Wharton School of University of Pennsylvania</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/24/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Gleysteen</b>		First Name <b>Guy</b>		MI	
Residential Street Address <b>165 Stonewall Lane</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>07/24/2023</b>		Amount of Contribution <b>\$200.00</b>	

Last Name <b>Greenberg</b>		First Name <b>Jill</b>		MI <b>S</b>	
Residential Street Address <b>7 Strathmore Lane</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>07/25/2023</b>		Amount of Contribution <b>\$200.00</b>	

Last Name <b>Hogue</b>		First Name <b>Mary</b>		MI	
Residential Street Address <b>165 Stonewall Lane</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>			
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>			
Method of Contribution <b>Credit Card</b>		Date Received <b>07/24/2023</b>		Amount of Contribution <b>\$200.00</b>	

## Section B - Itemized Contributions from Individuals I

Last Name <b>Keams</b>		First Name <b>Mary</b>		MI
Residential Street Address <b>32 Pine Street</b>		City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>
Principal Occupation <b>Researcher</b>		Name of Employer <b>Magnit Global</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/18/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>

Last Name <b>Maher</b>		First Name <b>Ceci</b>		MI
Residential Street Address <b>47 Sturges Ridge Road</b>		City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897</b>
Principal Occupation <b>Ct Legislator</b>		Name of Employer <b>State of CT</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

Last Name <b>Marshall</b>		First Name <b>Gregory</b>		MI <b>H</b>
Residential Street Address <b>150 Honeywood Drive</b>		City <b>West Union</b>	State <b>SC</b>	Zip Code <b>29696</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/07/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$150.00</b>

## Section B - Itemized Contributions from Individuals I

Last Name <b>McBride</b>		First Name <b>Sean</b>		MI
Residential Street Address <b>24 Ridgevale Place</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Revenue Analyst</b>		Name of Employer <b>WC McBride Electrical</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/20/2023</b>	Aggregate Contributions <b>\$200.00</b>	Amount of Contribution <b>\$100.00</b>

Last Name <b>McKale</b>		First Name <b>Meghann</b>		MI
Residential Street Address <b>188 Range Road</b>		City <b>Southport</b>	State <b>CT</b>	Zip Code <b>06890</b>
Principal Occupation <b>stay at home parent</b>		Name of Employer <b>none</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/26/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>

Last Name <b>Michel</b>		First Name <b>David</b>		MI
Residential Street Address <b>4 Rockledge Drive</b>		City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Wholesale consultant</b>		Name of Employer <b>Eyes Of Steel</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>09/07/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

## Section B - Itemized Contributions from Individuals I

Last Name <b>Moore</b>		First Name <b>Lynne</b>		MI <b>C</b>
Residential Street Address <b>813 Foxboro Drive</b>		City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>NPS</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>

Last Name <b>Murphy</b>		First Name <b>John</b>		MI <b>P</b>
Residential Street Address <b>205 Westerly Terrace</b>		City <b>East Hartford</b>	State <b>CT</b>	Zip Code <b>06118</b>
Principal Occupation <b>Staff Representative</b>		Name of Employer <b>CT State Employees Association</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

Last Name <b>pratt</b>		First Name <b>Ann</b>		MI
Residential Street Address <b>329 B Heritage village</b>		City <b>southbury</b>	State <b>CT</b>	Zip Code <b>06488</b>
Principal Occupation <b>Non Profit Manager</b>		Name of Employer <b>Peoples Action</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/28/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>

## Section B - Itemized Contributions from Individuals I

Last Name <b>Pryde</b>		First Name <b>Linda</b>		MI <b>H</b>
Residential Street Address <b>134 Regents Park</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/24/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

Last Name <b>Rubinstein</b>		First Name <b>Pegeen</b>		MI
Residential Street Address <b>30 Dogwood Lane</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/24/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Rubinstein</b>		First Name <b>Pegeen</b>		MI
Residential Street Address <b>30 Dogwood Lane</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/30/2023</b>	Aggregate Contributions <b>\$150.00</b>	Amount of Contribution <b>\$100.00</b>	



## Section B - Itemized Contributions from Individuals I

Last Name <b>Singer</b>		First Name <b>Susan O.</b>		MI <b>O</b>
Residential Street Address <b>760 Smith Ridge Road</b>		City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>Business Owner</b>		Name of Employer <b>self</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/24/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$50.00</b>	

Last Name <b>Stone</b>		First Name <b>Judy</b>		MI
Residential Street Address <b>25 Burritts Landing So</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/24/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$25.00</b>	

Last Name <b>Volper</b>		First Name <b>Vicki</b>		MI
Residential Street Address <b>57 Old Hill Road</b>		City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>lawyer</b>		Name of Employer <b>Vicki Volper</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>	Date Received <b>07/24/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>	

## Section B - Itemized Contributions from Individuals |

Last Name <b>Welsh</b>		First Name <b>Bob</b>		MI
Residential Street Address <b>81 Wolfpit Avenue #E2</b>		City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>
Principal Occupation <b>Unemployed</b>		Name of Employer <b>Unemployed</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>07/30/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$200.00</b>

Last Name <b>Whitley</b>		First Name <b>Logan</b>		MI
Residential Street Address <b>15 Janet Cir Unit A</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Educator</b>		Name of Employer <b>CTECS</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <b>No</b>		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <b>No</b>		<b>No</b>
Is this contribution associated with an event reported in Section L1? <b>No</b>		Is contributor a principal of state contractor or prospective state contractor? <b>No</b>		
Method of Contribution <b>Credit Card</b>		Date Received <b>08/01/2023</b>	Aggregate Contributions	Amount of Contribution <b>\$100.00</b>

Showing 1 to 35 of 35 entries

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	October 10 filing

**P. Expenses Paid by Committee**

Name of Payee <b>PRIMO PIZZA</b>	Date of Payment 7/21/2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 2424 Black Rock Tpke.	City Fairfield	State CT      Zip Code 06825

Purpose of Expenditure (by code) <b>FOOD</b>	Description Meet and Greet	Event #	<b>Amount</b>  \$154.16
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"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee Chrisna Laporte	Date of Payment Aug 11, 2023	Method of Payment: <input checked="" type="radio"/> Check # 1073 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 1415 Chopsey Hill Rd.	City Bridgeport	State CT      Zip Code 06606

Purpose of Expenditure (by code) <b>CNSLT</b>	Description Social Media	Event #	<b>Amount</b>  \$1,000.00
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"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee <b>PRIMO PIZZA</b>	Date of Payment 8/9/2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 2424 Black Rock Tpke.	City Fairfield	State CT      Zip Code 06825

Purpose of Expenditure (by code) <b>FOOD</b>	Description Meet and Greet	Event #	<b>Amount</b>  \$79.40
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"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Name of Payee <b>JUST SALAD FAIRFIELD</b>	Date of Payment 8/10/2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 2267 Black Rock Tpke. Unit 15	City Fairfield	State CT      Zip Code 06825

Purpose of Expenditure (by code) <b>FOOD</b>	Description Meet and Greet	Event #	<b>Amount</b>  \$27.88
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"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

**SUBTOTAL Section P — This Page**      \$1,261.44

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

**P. Expenses Paid by Committee**

Name of Payee		Date of Payment	Method of Payment:	
BJS WHOLESALE		7/31/2023	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
40 Black Rock Tpke.		Fairfield	CT	06825

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
FOOD	Meet and Greet		
Expenditure # (if applicable)			\$56.96
Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
<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)			

Name of Payee		Date of Payment	Method of Payment:	
BJS WHOLESALE		8/1/2023	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
40 Black Rock Tpke.		Fairfield	CT	06825

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
MICS	Meet and Greet		
Expenditure # (if applicable)			\$32.97
Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
<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)			

Name of Payee		Date of Payment	Method of Payment:	
PrintableTees, LLC		8/5/2023	<input checked="" type="radio"/> Check #1014 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
180 Turn of River Rd. - Suite 13D		Stamford	CT	06905

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
A-OTH	Marilyn for Mayor T shirts		
Expenditure # (if applicable)			\$973.10
Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
<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)			

Name of Payee		Date of Payment	Method of Payment:	
Me & the Boyz		8/12/2023	<input checked="" type="radio"/> Check #1015 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
123 Main St.		Rochester, NY 14615	NY	14615

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
MISC	2 tickets - Meet and Greet		
Expenditure # (if applicable)			\$150.00
Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
<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>	<b>1,213.03</b>
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	October 10 filing

**P. Expenses Paid by Committee**

Name of Payee Ever Ready Press	Date of Payment 8/7/2023	Method of Payment: <input checked="" type="radio"/> Check #1055 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 78 Clifton Ave.	City Ansonia	State CT
		Zip Code 06401

Purpose of Expenditure (by code) A-OTH	Description 2 sided BC	Event #	Amount \$45.00
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 Ever Ready Press	Date of Payment 8/7/2023	Method of Payment: <input checked="" type="radio"/> Check #1054 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 78 Clifton Ave.	City Ansonia	State CT
		Zip Code 06401

Purpose of Expenditure (by code) A-OTH	Description 2 12x18" vehicle magnets	Event #	Amount \$55.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> 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 Staples Direct	Date of Payment Jul 25, 2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 500 Staples Drive	City Farmington	State MA
		Zip Code 01702

Purpose of Expenditure (by code) MISC	Description service contract	Event #	Amount \$31.89
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 Staples Direct	Date of Payment Jul 26, 2023	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 500 Staples Drive	City Farmington	State MA
		Zip Code 01702

Purpose of Expenditure (by code) EFV	Description Laser Jet MFP purchase	Event #	Amount \$284.76
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 \$416.65**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Marilyn for Mayor		October 10 filing	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment
Staples Direct		Jul 27, 2023	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State      Zip Code
500 Staples Drive		Farmington	MA      _____
Purpose of Expenditure (by code)	Description	Event #	Amount
	2 Toner cartridges		\$180.90
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
OFFICE	<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
Wine insiders, LLC.		Jul 13, 2023	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State      Zip Code
2355 Westwood Blvd 791		Los Angeles	____      90064
Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	Refreshments for various events		\$126.96
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
Recinotes, LLC		7/17/2023	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State      Zip Code
205 Merritt St.		Bridgeport	CT      06606
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Headshots		\$250.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment
Antonia Lombardi		Jul 2, 2023	<input checked="" type="radio"/> Check # 1048 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State      Zip Code
1006 E Broadway		Milford	CT      06460
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	Campaign Manager		\$1,337.67
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>3,604.63</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				October filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Antonia Lombardi			Jul 6, 2023		<input checked="" type="radio"/> Check #1049 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1006 E Broadway		Milford		CT	06460
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Campaign Manager				\$1,337.67
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:
Nate Gross			Jul 8, 2023		<input checked="" type="radio"/> Check #1050 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
4 Canterbury Ln.		Trumbull		CT	06611
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Field				\$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:
Nate Gross					<input checked="" type="radio"/> Check #1051 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
4 Canterbury Ln.		Trumbull			06460
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Campaign Manager				\$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:
Nika Milbrun					<input checked="" type="radio"/> Check #1052 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
4 Canterbury Ln.		Trumbull		CT	06460
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Campaign Manager				\$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>\$3,587.67</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	October filing

**P. Expenses Paid by Committee**

Name of Payee Nate Gross	Date of Payment Jul 25, 2023	Method of Payment: <input checked="" type="radio"/> Check # 1012 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 4 Canterbury Ln.	City Trumbull	State CT      Zip Code 06611

Purpose of Expenditure (by code) CNSLT	Description Field	Event #	Amount \$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 Nate Gross	Date of Payment Aug 3, 2023	Method of Payment: <input checked="" type="radio"/> Check # 1052 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 4 Canterbury Ln.	City Trumbull	State CT      Zip Code 06611

Purpose of Expenditure (by code) CNSLT	Description Field	Event #	Amount \$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 Nate Gross	Date of Payment Aug 11, 2023	Method of Payment: <input checked="" type="radio"/> Check # 1067 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 4 Canterbury Ln.	City Trumbull	State CT      Zip Code 06611

Purpose of Expenditure (by code) CNSLT	Description canvas/petition	Event #	Amount \$550.00
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 Nika Milbrun	Date of Payment Aug 3, 2023	Method of Payment: <input checked="" type="radio"/> Check # 1063 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 31 Raymond St.	City Stamford	State CT      Zip Code 06902

Purpose of Expenditure (by code) CNSLT	Description Campaign Manager 2	Event #	Amount \$1,500.00
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		

**SUBTOTAL Section P — This Page**      \$3,550.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	October filing

**P. Expenses Paid by Committee**

Name of Payee <b>Nika Milbrun</b>		Date of Payment <b>Aug 11, 2023</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>1069</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>31 Raymond St.</b>		City <b>Stamford</b>		State <b>CT</b> Zip Code <b>06902</b>

Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Campaign Manager 1</b>	Event #	<b>Amount</b>  <b>\$1,500.00</b>
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 <b>Patricia Williams</b>		Date of Payment <b>8/3/2023</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>1061</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>320 Wayne St.</b>		City <b>Bridgeport</b>		State <b>CT</b> Zip Code <b>06606</b>

Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Office Manager</b>	Event #	<b>Amount</b>  <b>\$500.00</b>
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 <b>Patricia Williams</b>		Date of Payment <b>Aug 11, 2023</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>1064</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>320 Wayne St.</b>		City <b>Bridgeport</b>		State <b>CT</b> Zip Code <b>06606</b>

Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Office Manager</b>	Event #	<b>Amount</b>  <b>\$500.00</b>
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 <b>Rhonda Taylor</b>		Date of Payment <b>Aug 3, 2023</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>1057</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>106 Granfield Ave.</b>		City <b>Bridgeport</b>		State <b>CT</b> Zip Code <b>06610</b>

Purpose of Expenditure (by code) <b>CNSLT</b>	Description <b>Canvassing/Petitioning?Outreach</b>	Event #	<b>Amount</b>  <b>\$560.00</b>
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      \$3,060.00**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				October filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Rhonda Taylor			Aug 11, 2023		<input type="radio"/> Check # <u>1072</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
106 Granfield Ave.		Bridgeport		CT	06610
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Canvasing/Petitioning/Outreach			\$680.00	
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:
Josephine Edmonds			Aug 3, 2023		<input checked="" type="radio"/> Check # <u>1059</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
20 Coleman St. C-4		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Canvasing/Petitioning/Outreach			\$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:
Josephine Edmonds			Aug 11, 2023		<input checked="" type="radio"/> Check # <u>1065</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
20 Coleman St. C-4		Bridgeport		CT	06604
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Canvasing/Petitioning/Outreach			\$830.00	
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:
Lois Younger			Aug 3, 2023		<input checked="" type="radio"/> Check # <u>1056</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
170 Regency Terr. 2nd fl.		Stratford		CT	06615
Purpose of Expenditure (by code)	Description		Event #	Amount	
CNSLT	Canvasing/Petitioning/Outreach			\$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				
<b>SUBTOTAL Section P — This Page</b>				<b>\$2,630.00</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	October filing

**P. Expenses Paid by Committee**

Name of Payee		Date of Payment	Method of Payment:	
Lois Younger		Aug 11, 2023	<input checked="" type="radio"/> Check #1068 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State
170 Regency Terr. 2nd fl.		Stratford		CT
				Zip Code
				06615

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
CNSLT	Canvasing/Petitioning/Outreach		
			\$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:	
Zjane Younger			<input checked="" type="radio"/> Check #1060 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State
176 William St.		Bridgeport		CT
				Zip Code
				06608

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
CNSLT	Canvasing/Petitioning/Outreach		
			\$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:	
Zjane Younger		Aug 11, 2023	<input checked="" type="radio"/> Check #1071 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State
176 William St.		Bridgeport		CT
				Zip Code
				06608

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
CNSLT	Canvasing/Petitioning/Outreach		
			\$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:	
Cassandra L. Sherrod			<input checked="" type="radio"/> Check #1066 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State
76 DANIEL DR		Bridgeport		CT
				Zip Code
				06606

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
CNSLT	Canvasing/Petitioning/Outreach		
			\$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		

<b>SUBTOTAL Section P — This Page</b>	<b>\$1,270.00</b>
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Marilyn for Mayor	October filing

**P. Expenses Paid by Committee**

Name of Payee	Date of Payment	Method of Payment:
TD Bank	Jul 31, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State   Zip Code
975 Madison Ave.	Bridgeport	CT   06606

Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	Maintenance Fee		\$10.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
TD Bank	Aug 31, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State   Zip Code
975 Madison Ave.	Bridgeport	CT   06606

Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	Maintenance Fee		\$10.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
TD Bank	Sep 29, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State   Zip Code
975 Madison Ave.	Bridgeport	CT   06606

Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	Maintenance Fee		\$10.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Day Campaign	Sep 30, 2023	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address	City	State   Zip Code
112 Bloomfield Ave.	Windsor	CT   06095

Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	Credit Card/Banking Transaction fees		\$151.00
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"/> 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 \$181.00**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Marilyn for Mayor				October filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Betty Chappell			Aug 3, 2023		<input checked="" type="radio"/> Check # 1058
Street Address			City		State      Zip Code
20Steven St. Apt. 312			Bridgeport		CT      06606
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Canvasing/Petitioning/Outreach				\$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:
Betty Chappell			Aug 11, 2023		<input checked="" type="radio"/> Check # 1070
Street Address			City		State      Zip Code
20Steven St. Apt. 312			Bridgeport		CT      06606
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	Canvasing/Petitioning/Outreach				\$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				
Name of Payee			Date of Payment		Method of Payment:
Marilyn Moore			Jul 19, 2023		<input checked="" type="radio"/> Check # 1010
Street Address			City		State      Zip Code
666 Cleveland Ave.			Bridgeport		CT      06604
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB	Campaign meet and greet meeting and misc. stickers				\$831.68
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:
Marilyn Moore			Aug 29, 2023		<input checked="" type="radio"/> Check # 1016
Street Address			City		State      Zip Code
666 Cleveland Ave.			Bridgeport		CT      06604
Purpose of Expenditure (by code)	Description		Event #		Amount
RMB	Food and refreshments for volunteers/staff				\$298.52
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>\$2,150.20</b>	