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

Page 1 of 17

Do Not Atark in This Space For Official Use Only

### **COVER PAGE**

1. NAME OF COMMITTEE		emiss.	gality of a	a market filled				
Marilyn for Mayor		120.000						
2. TREASURER NAME	Sec.		S. Section					
First		МІ	Last	- 10240-1-40-	VII.08 1036 (II			Suffix
John			Soltis					
3. TREASURER ADDRESS	10.00		ace and			<b>建工业</b>	7.3	
Street Address 93 Ellsworth St. #210		City Bridgeport				State		Code iO5
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG						S 2000000000000000000000000000000000000	RICT NUMBER
(mm/dd/yyyy) 11/7/2023	Mayor	III (Conjuca	rong y curren	aute Communica	The Revenue and the		(l) applicable	the agents could be recipiled
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)						
First		MI	Last	Section of the sectio	CONTROL OF STREET	No. of Physics Street, Burney, Co., St.		Suffix
Marilyn			Moo	re				
8. TYPE OF REPORT (Check One Box)			Carlo Barris			Marie 1		PER A
O January 10 filing	7th day preced	ding primary	07	th day preceding refer				r Disbursement
April 10 filing	O30 days follow	ving primary	04	5 days following refer	rendum	(PACs ONLY)  Amendment to		
July 10 filing	7th day preced	ling election	ing election O Deficit			ype of Re	port:	
October 10 filing	12th day prece		n OTermination					
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No							
9. PERIOD COVERED					77677		in a second	
	Beginning Dat	te		Ending Date	е			(v = 0)
7	//1/2023		thru -	9/30/2023		Č	7023 OCT	RECEIVE BRID
10. CERTIFICATION							0	P. T.
I hereby certify and state, under per Disclosure Statement for the per	nalties of false st iod covered is tr	tatement, th	nat all of th	e information set fo mplete.	orth on this Item	nized Car	Anpaign Fi	RT. WIORD
LO		Jo	ohn Soltis				10/10/2	023
TREASURER OR DEPUTY TREASURER	R (SIGNATURE)	PI	RINT NAME	OF SIGNER			DATE (n	nm/dd/yyyy)

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

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

### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Marilyn for Mayor	, II L O, KLI OKI	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$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)	A Chapt	histor - college conf	TYPE OF REPORT	70)E.741	
Marilyn for Mayor		•	October 10 filing	_	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$		
B. Itemized Co	ontrib	utions from Indivi	duals		
Last Name	1	<sup>rst</sup> Vilhelmina			МІ
Ramos		VIIII CII III I I	-	State	Zip Code
Residential Street Address 725 Palisades Ave.	City	geport		CT	06610
Principal Occupation		Name of Employer		<u> </u>	
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?			with said municipality	/, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or	branches _	e contractor?  OLegislative  Yes No		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/4/2023	\$35.00		
Last Name	Fit			<u> </u>	MI
Costen	Ly	ynda			L.
Residential Street Address	City	mfield		State	Zip Code 06002
4 Brown St.	БІООІ				06002
Principal Occupation  Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  Yes No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which bra of government the contra	anch or act is wit	branches th: Executive	O Legislative		
Method of Contribution:		Date Received		1	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	7/10/2023	\$100.00	<u> </u>	
Last Name	Fi	usie			E.
Wilson	<u>. L</u>	<u> </u>		Sana.	
Residential Street Address 351 Remington ST.	City Brida	eport		State	Zip Code 06610
Principal Occupation	3	Name of Employer			1000.0
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which brain of government the contract	nch or t	oranches	e contractor?  O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/21/2023	\$100.00		
SUB7	гота	L Section B — This	Page \$235.00		
TOTAL	L of ac	lditional Section B P	ages \$5,125.00		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page 1			

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

Marilyn for M		olete Name as Registered	with Filing Repos	itory)		TYPE OF REPORT		
	ayor 	7.00 2.00 2.00 E				October 10 filing		
N C in.		C1. (	Contributio	ons from O	Name of Trea			
Name of Committee	3				Name of Trea	isiner		
Address				Is this contri	ibution associated in Section L	ted with an Oyes ONo	Amount	of Contribution
				ovent report		list Event #		
City	·	State	Zip Code	Date Rece	ived	Aggregate Contributions	7	
Name of Committee			_ l		Name of Trea	surer		
					1			
Address				Tarani an			A mannet a	of Contribution
riadios				event reporte	ed in Section L	ted with an Yes ONo 11? list Event #	Amount	or Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions	┪	
Name of Committee					Name of Treas	surer		
Address				Tarak s			Arrana	60-44-4
Addiess				Is this contri	bution associated in Section L	ted with an Yes ONo	Amount o	f Contribution
					If yes, l	list Event #		
City		State	Zip Code	Date Recei	ved	Aggregate Contributions		
	C2.	Reimbursemen	ts or Surpl	us Distribu	tions fron	other Committees	Sort week in	Market Mark
Name of Committee								
Manie of Committee					Name of Treas	surer		
	ayor				Name of Treas	surer		
Marilyn for Ma	ayor			City	Name of Treas	Surer	State	Zip Code
Marilyn for Ma	ayor			City	Name of Treas	sniet	State	Zip Code
Marilyn for Ma	-	Payment Type		City	Name of Treas	sniet	.111	•
Marilyn for Ma	Expenditure #	Payment Type	ent for chared a				.111	Zip Code
Marilyn for Ma	Expenditure #	1_	ent for shared e		Name of Treas		.111	•
Marilyn for Ma	Expenditure #	1_	ent for shared e				.111	•
Marilyn for Ma Address  Date Received  Description	Expenditure #	1_	ent for shared e		urplus Distribu	tion	.111	•
Marilyn for Ma	Expenditure #	1_	ent for shared e			tion	.111	•
Marilyn for Ma Address  Date Received  Description  Name of Committee	Expenditure #	1_	ent for shared e	expense OSi	urplus Distribu	tion	Amount	t of Receipt
Marilyn for Ma Address  Date Received  Description	Expenditure #	1_	ent for shared e		urplus Distribu	tion	.111	•
Marilyn for Ma Address  Date Received  Description  Name of Committee	Expenditure # (if applicable)	1_	ent for shared e	expense OSi	urplus Distribu	tion	Amount	t of Receipt
Marilyn for Ma Address  Date Received  Description  Name of Committee	Expenditure #	1_	ent for shared e	expense OSi	urplus Distribu	tion	Amount	t of Receipt
Marilyn for Ma Address  Date Received  Description  Name of Committee	Expenditure # (if applicable)  Expenditure #	Payment Type	ent for shared e	Expense OSi	urplus Distribu	tion	Amount	of Receipt
Marilyn for Ma Address  Date Received  Description  Name of Committee	Expenditure # (if applicable)  Expenditure #	Payment Type		Expense OSi	Name of Treas	tion	Amount	of Receipt
Marilyn for Ma Address  Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)  Expenditure #	Payment Type		Expense OSi	Name of Treas	tion	Amount	of Receipt
Marilyn for Ma Address  Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)  Expenditure #	Payment Type	ment for shared	Expense OSi	Name of Treas	tion	Amount	of Receipt
Marilyn for Ma Address  Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)  Expenditure #	Payment Type	ement for shared	City  City  TAL Section	Name of Treas Surplus Distrib	tion  surer  pution	Amount	of Receipt
Marilyn for Ma Address  Date Received  Description  Name of Committee  Address  Date Received	Expenditure # (if applicable)  Expenditure # (if applicable)	Payment Type	SUBTO	City  City  TAL Section of additional	Name of Treas Surplus Distrib	tion  Surer  Dution  Page  Pages	Amount	of Receipt

	H MONE IN THE I		11 15 (500				
NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository	y) (Y				F REPORT	
Marilyn for Mayor					Octobe	er 10 filing	
	D. Loans R	Leceive	d this Period		1 1000		
Name of Lender	A HAMPIOTON HOUSE, THE PARTY OF	Se	ource of Loan:		ACTION NAMED IN	The state of the s	Date of Receipt
		'	OBank OCar	ndidate 🔘	) Individu	ual Other Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or
							Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	-
Street Address	City				State	Zip Couc	
Name of Lender		S	ource of Loan				Date of Receipt
		7	Bank Can	ndidate 🔘	) Individu		Date of Receipt
Street Address	City				State	Committee Zip Code	Is there a Cosigner or
							Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (if applicable)				<b>.</b>			Amount Received
						!	
Street Address	City				State	Zip Code	6
			**				
Name of Lender			ource of Loan: OBank OCan	ndidate 🔘	Individu		Date of Receipt
Street Address	City		-		State	Committee Zip Code	T- M Conjection
Street Mouress	Chy				Sinc	Zip Coue	Is there a Cosigner or Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (if applicable)	1						Amount Received
						<u> </u>	
Street Address	City				State	Zip Code	
TO THE PROPERTY OF THE PARTY OF		T	OTAL SECT	TON D			
			OTAL SECT	ION D			
E. Receipts from Enti	ities other than Individu	uals or	Other Com	mittees	(Refere	endum Committee	os (INI.Y)
Name of Entity	sion delict them and	Heeks V.	Other Commission	History	(Att)	Municipal Continues	S Olivery
Street Address				Date R	Received		Amount Received
City	Sta	ate	Zip Code	Aggre	gate Contri	ibutions	
Name of Entity							
Street Address				Date R	eceived		Amount Received
City	Stat	ite	Zip Code	Aggreg	gate Contril	butions	
Name of Entity							<del>,</del>
Street Address				Thata P.	eceived	Т	A and Department
ireet Address				Tygić L	Xeiven		Amount Received
City	Stat	ate	Zip Code	Aggres	gate Contril	butions	
			·	-	-		
	The same of the sa	- 10 Mari				F	
		T	OTAL SECT	IONE			

	EE (Provide Complete Name as Regi	stered with Filing	Repository)			PE OF REPORT
Marilyn for Mayor					Oct	tober 10 filing
J	F. Amount Transferred	l from Affi	liated Br	isiness Treasury (Busi	iness En	tity Committees ONLY)
Date of Receipt	Is this transaction associated in Section 15 control in Section 15		PYes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associated in Section		PYes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section	2 100 2 700 1100 2 1010 11		If yes, list Event #		Amount
Date of Receipt	Is this transaction associevent reported in Section		8Yes No	If yes, list Event #		Amount
			1,000	TOTAL SECTIO	NF	
						-
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	ransferred from Affilia	ZON THE BUSINESS OF	NAME OF THE OWNER, OF	r Other Organization		sury (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of	f Receipt
i	Amount	Amount				Amount
				TOTAL SECTION	G	
	H. Personal Funds of	the Candid	date Rec	eived this Period (Ca	ndidate (	Committees ONLY)
Date of Receipt	Method of payment:				N and I have been	Amount
	<b>O</b> Cash	O i	Personal Che	eck Credit/Debit	Card	
Date of Receipt	Method of payment:					Amount
	<b>O</b> Cash	O F	Personal Che	ck Credit/Debit	Card	
Date of Receipt	Method of payment:					Amount
	<b>O</b> Cash	<b>O</b> F	Personal Che	ck Credit/Debit	Card	
Date of Receipt	Method of payment:		VIDOLIM -			Amount
	<b>O</b> Cash	<b>O</b> P	Personal Che	ck Credit/Debit	Card	
				TOTAL SECTION	ON H	
		I. And	onymous	s 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.

SEEC FORM 20 Revinal January 2015	I. MONETARY RECEIPTS	S (Sections A	<u>K)</u>		Page 7 of 17
NAME OF COMMITTEE (Provide Complete	te Name as Registered with Filing Repository)			F REPORT	
				er 10 filing	amiliate and a second
	J. Interest from Deposits in Author		A		
Name of Institution			Date Rece	eived	Amount
Street Address	City	Stau	ate	Zip Code	
Name of Institution		I	Date Rece	sived	Amount
Street Address	City	Stat	te	Zip Code	
	то	TAL SECTION	J		
K. D	Miscellaneous Monetary Receipts not C	onsidered Con	tribut	tions	
Name			Date	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					<b></b>
Name			Date	e of Transaction	Amount Received
Street Address	City		State	Zip Code	$\dashv$
Description			ļ		
Name			Date	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u> </u>		
	TOTAL	SECTION K			
SUMMA	ARY OF OTHER MONETARY RECE	IPTS (Sections	D thi	rough K)	
Total Loans Received this Period (Sec	ection D)				
Total Receipts from Entities other tha	an Individuals or Other Committees (Section E)		+		
Total Amount Transferred from Affili	liated Business Treasury (Section F)		+		
Total Amount Transferred from Affil	liated Labor Union or Other Organization Trea	sury (Section G)	+		
Total Amount of Personal Funds of th	he Candidate Received this Period (Section H)		+		
Total Amount of Interest from Deposi	sits in Authorized Accounts (Section J)		+		
Total Miscellaneous Monetary Receip	pts not Considered Contributions (Section K)		+		
(Add	Total of Oth d Sections D through K) (Enter total on Line 15, Colu	ner Monetary R Jumn A of Summary Pa			

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

			,							
	(Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT	Walter State of						
Marilyn for Mayor			October 10 filing							
	Lı. Eve	nt Information								
Event # Date of Event Letter 7/30/2023 H	Small gathering at a personal residence			Was this a fu	indraising event					
Location: Street Address		City		State	Zip Code					
249 Chestnut Hill Rd		Norwalk CT 06851								
Subpart 1: (All Commit Was this event hosted at	•	<ul> <li>Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions         Associated with a House Party and complete required information for an purchases made by host(s) for food, beverage and invitations.)</li> </ul>								
	te goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions					
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eipts here.)							
with purchases from an i		<b>⊙</b> No		\$						
Were there purchases of sign associated with this		O Yes (If yes, go to Section L. or on a Sign and comp	Purchases of Advert		Program Book					
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$						
Event #	Description									
Date of Event Letter	Description			Was this a fur OYes	ndraising event					
Location: Street Address		City		State	Zip Code					
Subpart 1: (All Committee Was this event hosted at a	•	OYes (If yes, go to Section L.S Associated with a Hou purchases made by host	se Party and complete	e required infor						
Did this fundraiser include of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions					
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	O Yes (If yes, enter Total Rec	eipts here.)	\$						
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	mittees other than Exploratory O Yes (If yes, go to Section L3 or on a Sign and comp O No	Purchases of Advert		Program Book					
	nittees ONLY)  Yood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	sipts here.)	\$						
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fi	rom Sale of Donated Items —	This Page							
	SUBTOTAL Sect	tion L1—Subpart 3 (Town Commit eipts from Food Purchases —	tees ONLY)							
The Atlanta (Atlanta)	OURSES OF CASHINAN RECOGNISHES	TOTAL of additional Section	L1 Pages							
		CIPTS FROM SMALL PUR In Line 16a, Column A of Summary		<u> </u>						

### 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

		ame as Registered with Filing Repo	sitory)	TYPE OF R		Service IV	
Marilyn for Mayoı	r			October 1	0 filing		
Sec. 18 No. 1988 Sec. 18	L3.	Purchases of Adverti	sing in a Prog	ram Book or on a Sign	38 103		
Name of Purchaser					Purch	ase Made By:	
					OB	Business Entity	Other
					1 =	ndividual/Sole	_
Street Address			City		<b>-</b>	State	Zip Code
	. <u></u>						
Date Received	Event #	Aggregate Purcha	ses for All Events	Amount of Program Ad Pu	rchase	Amount of S	ign Purchase
Mana af Dankara							
Name of Purchaser					1 2	ase Made By	<b>O</b>
						usiness Entity	-
G					Oli	ndividual/Sole	
Street Address			City			State	Zip Code
						1	ŀ
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Pu	rchase	Amount of S	ign Purchase
							-3
Name of Purchaser	<u> </u>				Purch	ase Made By:	
					Ов	usiness Entity	Other
					Oin	dividual/Sole l	Рторгіctorship
Street Address			City			State	Zip Code
Date Received	Event #	A consente Durettee	6 All France	A married of the control of the cont	, [		
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Pu	rchase	Amount of Si	ign Purchase
Name of Purchaser		•			Purcha	ise Made By:	
					OB:	usiness Entity	Other
					1 -	dividual/Sole P	-
Street Address			City		10	State	Zip Code
						"	1 -4
						<u> </u>	<u> </u>
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad Pui	rchase	Amount of Si	gn Pürchase
	ľ	E:					
Name of Purchaser					Durcha	se Made By:	
						usiness Entity	Other
					1 =	dividual/Sole P	_
treet Address	<u></u>		City			State	Zip Code
			City			State	Zip Code
			ļ				
ate Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Pur	chase	Amount of Sig	gn Purchase
	SUBTOTAL Sec	tion L3 Total Purchases o	f Advertising in	Program Book This Page			
	AS A Chernal Section Office						
	SUBTO	FAL Section L3 Total Pur	chases of Adver	tising on a Sign — This Page			
			TOTAL of	additional Section L3 Pages			
To	OTAL OF ALL PURC	HASES OF ADVERTISE	NG IN A PROC	RAM BOOK or ON A SIGN			
				n A of Summary Page Totals)			
				, , , , , , , , , , , , , , , , , , , ,			

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

NAME OF COMMITT	EE (Provide Complete Nam	e as Registered with Filing Rep	pository)	TO CONSTRUCTION OF T	YPE OF REPORT		arren je
Marilyn for Mayor				00	tober 10 filing	· · ·	
	I	4. In-Kind Donati	ons Not Cons	sidered Contribution	ons		Market Burn
Name of Donor				-			
·							
Street Address			City		•	State	Zip Code
Donation Given By:  Business Entity	Description of Donation				1	Fair Market V	alue of Donati
Olndividual			····				
Sole Proprietorship	Date Received	Event #		Aggregate Value for th	is Event		
ame of Donor							
treet Address		·	Circ				Tell a .
11001 / 1441000			City			State	Zip Code
Sanation Circa Pro	D	· · · · · · · · · · · · · · · · · · ·					<u> </u>
Onation Given By:  Business Entity	Description of Donation				F	air Market Va	lue of Donatio
Olndividual	Date Received	Event #		Aggregate Value for thi	e Frant		
Sole Proprietorship		Z vonce		Aggregate value for thi	S Event		
ame of Donor							
treet Address			City	<del></del> .		State	Zip Code
onation Given By:	Description of Donation					air Market Va	lue of Donatio
Business Entity					'	an Maint Va	ide of Dollatio
Individual	Date Received	Event #		Aggregate Value for this	Event		
Sole Proprietorship							
ame of Donor					· · · · · · · · · · · · · · · · · · ·		
reet Address	·	k e	City			State	Zip Code
onation Given By:	Description of Donation				Fa	air Market Val	ue of Donation
Business Entity							
) Individual ) Sole Proprietorship	Date Received	Event #		Aggregate value for this	Event		
30ic Proprietoramp			_		77 -1		
	No. 12	SI	JBTOTAL Secti	ion L4 — This Page			
		TO STATE OF THE STATE OF	TOTAL TOTAL				
		то	TAL of addition	nal Section L4 Pages			
	AL OF ALL PLANTS				. <u> </u>		
тот	al of all in-kine	DONATIONS NOT ( (Enter total on Line 2)					
	and the same state of the same			3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			

· ·	(Provide Complete Name as Registered with Filing	Repository)		2.000.00	TYPE OF RE	EPORT	
Marilyn for Mayor				0	October 1	0 filing	
I	5. In-Kind Donations Not Consi	dered Contribu	tions Associated w	ith a H	ouse Par	ty	(48) (1 Sa
Name of Host			Is thi	s event su nittee?		ore than o	one candidate
Street Address		City				State	Zip Code
Description of Donation					Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value	of all Events—this host/candid	date			
Name of Host						<u> </u>	
(dia 01 1103)			comn	nittee? Ⴀ	pporting me Yes ON plete Itemize	0	ne candidate
treet Address		City	•			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value o	f all Events—this host/candid	late			
ame of Host			comm	ittee? 🔘	oporting mo Yes O No olete Itemiza	)	e candidate
reet Address		City		, yes, comp		State	Zip Code
escription of Donation					Fair Mari	cet Value o	f Donation
rent #	Aggregate Value of this Event—all hosts	Aggregate Value of	fall Events—this host/candide	ate			
une of Host			commi	ittee? 🔘	porting mor		e candidate o
eet Address		City	1	<del></del>		-	Zip Code
scription of Donation				T	Fair Mark	et Value of	Donation
ent #	Aggregate Value of this Event—all hosts	Aggregate Value of	all Events—this host/candida	te			
		SURTOTAL So	ction L5 — This Pa				
TOTAL			onal Section L5 Pag				
SSOCIATED WITH	OF ALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on		D CONTRIBUTION of Summary Page Total				

Revised January 2015			THE ATRICE INC	<i>.</i>	DII IS (Stell	_			
NAME OF COMMITTEE (Provide Complete	e Name as Re	gistered with	Filing Repository)	1		+	E OF REPORT		
Marilyn for Mayor				257,4181		Octo	ber 10 filing	<u> </u>	
			M. In-Kind Co	ont	ributions				
Name									
Street Address				10	v			<del>- ,</del>	
Succet Address				۲	City			State	Zip Code
T. 6 17 1 CO	Deta Basale	d	IA		Description of the Wind	C1		Щ	
Type of contributor: OCommittee OIndividual / Sole Proprietorship Oother	Date Receiv	vea	Aggregate Contributions		Description of In-Kind	Contribu	ition		
	16	To the state		151	6 1:6	~			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	1 4		excess of \$400 to a can business he/she is assoc					Fair	Market Value
	valued at	more than			OYes ONo			of thi	s Contribution
Is this contribution associated with an event reported in Section L1?	Yes No		utor a principal of a state indicate which branch			late conf	ractor? TYes		
If yes, list Event #			ernment the contract is w			<b>O</b> Leg	islative		
Name						•			
Street Address				C	ity			State	Zip Code
Type of contributor: Committee	Date Receiv	ed	Aggregate Contributions		Description of In-Kind	Contribu	tion		
OIndividual / Sole Proprietorship OOther									
Is contributor a lobbyist, spouse, Yes			n excess of \$400 to a can business he/she is assoc						Market Value
or dependent child of a lobbyist? O No		t more than		71010	O Yes O No	V101 3010	municipanty	01 141	s Contribution
Is this contribution associated with an event reported in Section L1?			tor a principal of a state			ate conti			
If yes, list Event #	O No		indicate which branch on mment the contract is wi		Executive	OLegi	slative ONo		
Name									
Street Address				Ci	ty			State	Zip Code
								_	
Type of contributor: OCommittee	Date Receive	×d	Aggregate Contributions		Description of In-Kind	Contribut	ion		
Olndividual / Sole Proprietorship Oother					1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes			excess of \$400 to a cano business he/she is assoc						Market Value Contribution
or dependent child of a lobbyist? O No		more than			O Yes O No			VI tuis	Contribution
Is this contribution associated with an event reported listed in Section L1?	Yes I	s contribut	or a principal of a state on a principal of a state of	conti	ractor or prospective sta	te contr			
If yes, list Event #	ا ۱۰۰۰		nment the contract is wi		Executive (	Legis	slative ONo		
			SURTOTAL	Se	ction M — This Pag	e			·
				(6/0)					
			TOTAL of add	ditio	onal Section M Page	3			
TOTAL OF ALL IN-KIND CON	TRIBUTI	ONS (E	nter total on Line 23, Col	umn	A of Summary Page To	tals)			
	N	Refund	able Deposit to T	Feld	enhone Compan	v	and the same of the	al-color-	- Sh
Last Name of Individual	140	XC1uIIu	First	U	срионе Сошран	<b>J</b>	М	Date Deposit	Mode
Cast Name of Individual			Filat				1411	Date Deposit	IVINGE
Residential Street Address	_								
Cesidential Succe Address			City			State	Zip Code	/	amount of
									Deposit
Name of Telephone Company		•	·· · · ·				•		
Street Address			City			State	Zip Code		
Vin 1981 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2 - 1/2	NEW YORK OF THE PARTY OF THE PA			DESE		200	<u></u>		
TOTAL SE	<b>CTION N</b>	(Enter to	otal on Line 24, Column	AO	of Summary Page Total	(s)			

### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Marilyn for Mayor			October 10 filing				
1000	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment		f Payment:		
Gary Judkins			8/17/2023		ck #1053		
		City		O Debi	t Card OEFT		
Street Address		1		CT	06015		
1033 Main Street	. <u></u>	Stratford			00013		
Purpose of Expenditure	Description		Event #		Amount		
(by code) A-OTH	Candid photos			\$400.	00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the helow" i	checked)	<b>-</b>			
(if applicable)		niess Mone of the vew "	спескей				
	None of the below Coordinated with reimbursement sought (joint expenditu	re) Indepe					
	Coordinated without reimbursement sought (in-kind cont	tribution) Organiz	ationOAOBOCOD				
Name of Payee			Date of Payment	Method of Chec			
Zoom Video Com	munications, Inc.		7/17/2023	O Debit			
Street Address		City	L	State	Zip Code		
55 Almaden Boule	ward 6th Floor	San Jose		CA	95113		
		34113030	· · · · · · · · · · · · · · · · · · ·	ļ			
Purpose of Expenditure	Description		Event #		Amount		
(by code) MISC	\$17.0	1					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us	nless "None of the below" is	checked)	7			
(if applicable)	None of the below	•	·				
	Coordinated with reimbursement sought (joint expenditure		ndent _				
	Coordinated without reimbursement sought (in-kind conti	ribution) Organiz	Date of Payment				
Name of Payee	Method of Chec	· ·					
Zoom Video Communications, Inc. 8/17/2023					Card OEFT		
Street Address		City		State	Zip Code		
55 Almaden Boule	evard, 6th Floor	San Jose		CA	95113		
			Event #				
Purpose of Expenditure (by code) MISC	Description		Event #		Amount		
MISC	Zoom One Pro Monthly			\$17.0	1		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	inless "None of the below"	is checked)	7			
(if applicable)	None of the below						
i	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con		_				
	O Coordinated without reimbursement sought (m-kind con	Organi	zation A O B O C O E  Date of Payment	Method of	f Daviment		
Name of Payee	t diam'ta		9/18/2023	Chec			
Zoom Video Com	munications, inc.		9/10/2023	O Debi			
Street Address		City	<del></del> -	State	Zip Code		
55 Almaden Boule	evard, 6th Floor	San Jose			95113		
Purpose of Expenditure	Description		Event #		Amount		
(by code) MISC				1			
MISC	Zoom One Pro Monthly			\$17.0	1		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" i	s checked)				
(if applicable)							
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)	<u>=</u>	_				
	O Cooldinated without feminous ement sought (m-kind com	diodicit) Organiz	ration OA OB OC OD	<u></u>			
		SUBTOTAL Section P -	— This Page   \$451.03				
	т	OTAL of additional Sect	ion P Pages \$22,924.62				
	TOTAL OF ALL EXPI	ENCEC DAID DV CO	MMPTTEE				
	(Enter total on Lin	e 19, Column A of Summai	y Page Totals) \$23,375.65				

### IV. EXPENDITURES (Sections P-T)

	TEE (Provide Complete Name as Registered with Filing Repositor	(ני		TYPE OF REPORT October 10 filing				
Marilyn for Mayor		D 1111 C		october 10 ming	SUN TERMINA			
		penses Paid by Can		ate of Payment	In mim	bursement claimed?		
	Vendor, Person or Entity who candidate paid directly)			3/22/2023	1 _			
Ralph N Rich's Res	taurant				ļ	Yes O No		
Street Address		City			State	Zip Code		
815 Main St.	59	Bridgeport			СТ	06604		
Purpose of Expenditure (by code)	Campaign neet and greet meeting		Event #		Amount \$771.74			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		D	ate of Payment	Is reim	bursement claimed?		
Zazzle					0	Yes O No		
Street Address		City			State	Zip Code		
1800 Seaport Blvd	l. 	Redwood City			СТ	94063		
Purpose of Expenditure (by code)	Description Black History Month and Valentine stickers		Event #		\$59.9	Amount 4		
	Vendor, Person or Entity who candidate paid directly)		D	ate of Payment	Is reim	bursement claimed?		
BJ's			7	//20/2023	⊙ Yes ○ No			
Street Address		City			State	Zip Code		
40 Black Rock Tnp	k.	Fairfield			_ст	06825		
Purpose of Expenditure (by code)	Description Food and refreshments for volunteers/staff		Event #		\$23.7	Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				ate of Payment	Is reim	bursement claimed?		
BJ's				7/19/2023	0	Yes O No		
Street Address City					State	Zip Code		
40 Black Rock Tnp	ok.	Fairfield			СТ	06825		
Purpose of Expenditure	Description		Event #		Amount			
(by code) FOOD	Food and refreshments for volunteers/staff				\$213.02			
Name of Payee (Name of 1	endor, Person or Entity who candidate paid directly)		D	ate of Payment	Is reim	bursement claimed?		
Catering by Greyst	one LLC		ŀ		0	Yes O No		
Street Address		City			State	Zip Code		
900 Wood Ave		Bridgeport			СТ	06604		
Purpose of Expenditure (by code)	Description Food and refreshments for volunteers/staff		Event #		\$37.95	Amount		
Name of Pavec (Name of I	endor, Person or Entity who candidate paid directly)	<del></del>	D	ate of Payment	Is reim	bursement claimed?		
Catering by Greys					<u> </u>	Yes O No		
Street Address		City			State	Zip Code		
900 Wood Ave		Bridgeport			СТ	06604		
Purpose of Expenditure (by code) FOOD	Description Food and refreshments for volunteers/staff		Event #		\$23.7	Amount 8		
		SUBTOTAL Section Q	— This P	Page \$1,130.20				
	T	OTAL of additional Sec	tion Q Pa	ges				
	TOTAL OF ALL EX (Enter total on L	PENSES PAID BY C.						

Complete Name as Registered with Filing Repo	Type of Credit Car			Compression of
R. Expenses Inci	Type of Credit Car	rd:		Town Control
	O Visa	Master Card Discover		
	4		American Express	Other:
			Date of T	ransaction
	City		State	Zip Code
<u> </u>		Event #		Amount
of the below nated with reimbursement sought (joint e	xpenditure)	Independent	с Ор	
			Date of T	ransaction
	City		State	Zip Code
		Event #	<u> </u>	Amount
of the below nated with reimbursement sought (joint e	xpenditure)	) Independent	с Ов	
			Date of T	ransaction
	City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code
		Event#		Amount
f the below nated with reimbursement sought (joint e	xpenditure)	) Independent	с Ов	
	SUBTOTAL Section	R — This Page		
		A Drawn Co		
	TOTAL of additional	Section R Pages		
	f the below nated with reimbursement sought (joint enated without reimbursement sought (in-landiture (Itemization in Addendum R Required with reimbursement sought (joint enated without reimbursement sought (in-landiture (Itemization in Addendum R Required for the below nated with reimbursement sought (in-landiture (Itemization in Addendum R Required for the below nated with reimbursement sought (joint enated with reimbursement sought)	fithe below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)  City  Cit	Indique (Itemization in Addendum R Required unless "None of the below" is checked)  Independent (in-kind contribution)  City  City  Event #  Independent (in-kind contribution)  City  City  Event #  Independent (in-kind contribution)  City  City  Independent (in-kind contribution)  Independent (in-kind contribution)	Independent  Organization in Addendum R Required unless "None of the below" is checked)  Date of T  City  State    City   State

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	THE RESERVE OF THE PERSON NAMED IN	TYPE (	OF REPORT	11/4/2		
Marilyn for Mayo	r		Octob	er 10 filing			
	S. Expenses Incurred by Com	mittee but Not Paid	During this	Period			
Name of Creditor					Date Incur	red	
Stephen Wynter					9/15/20	023	
Street Address		City			State	Zip Code	
309 Washington	Ave.	Bridgeport			СТ	06604	
Purpose of Expenditure (by code) OVHD	Description Office space rent 7/15 -9/15		Event #			ount Incurred imate or Actual)	
Expenditure # (if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization: OA OB OC OD						
Name of Creditor	FT		-		Date Incum 8/17/20		
Street Address		City			State	Zip Code	
1022 Boulevard #	329	West Hartford			СТ	06119	
Purpose of Expenditure (by code) A-OTH	Description Walkcards, Banners, Rally Signs, Digita	ers. Rally Signs. Digita					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required at None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind continuous)	Indepo		в Ос Ор	\$3,67	<b>'</b> 0.00	
Name of Creditor	100000000000000000000000000000000000000				Date Incum	ed	
0		l ch			Sans.	21- O-4-	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			ount Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continue)	Indepe		в Ос Ор			
		SUBTOTAL Section	S-This Page	\$5,670.00			
	T	OTAL of additional Sec	tion S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURE (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa					
	Previously reported Expe	enses Unpaid and still O	utstanding				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BUT e 28a, Column A of Summa		\$5,670.00			

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Repositor	y)	UNIVERSE T		TYPE OF REPORT					
Marilyn for Mayor				Oct	tober 10	filing				
	T. Itemization of Reimb	ursements a	nd Second	dary Pay	yees	Office and				
Last Name of Worker/Cons	sultant	First	<del> </del>			MI	Date of I Person o	Payment to Vendor, r Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:	_	Worker/Consultant as		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code		
Purpose of Expenditure (by code)	Description	·		Event #				Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint exper  Coordinated without reimbursement sought (in-kind	nditure)	The below" is Olindepen Olindepen	ident O	O <sub>B</sub> C	) O				
Last Name of Worker/Cons	ultant	First				MI	Date of F Person or	ayment to Vendor, r Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:	_	Worker/Consultant as		
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #				Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of)	diture)	The below" is  Indeper	ndent 🕜	O C	C • D				
Last Name of Worker/Cons	ultant	First				MI	Date of P Person or	ayment to Vendor, Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant		·			Section P:	_	Vorker/Consultant as		
Street Address of Vendor, F	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 None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of	diture)	the below" is  Independent	ndent O	O C	C • D				
		SUBTOTAL S	Section T —	- This Pag	e					
		TOTAL of addi	tional Secti	on T Page	es					
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	ORKERS AN	D CONSU	JLTANT	S					

SEEC FORM 20 Rethal James 1915

# 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				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$				
B. Itemized Co	ntril	butions from Indivi	duals		_		
Last Name	F	First			_		MI
Hamilton	ļ	Levonia					
Residential Street Address	City			- 1	State	- 1	Code
585 Norman St. 5/B	Brid	geport			ст ——	066	505 
Principal Occupation		Name of Employer					
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes ONo					\$100		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra	state c	ontractor or prospective state		Yes No			
event reported in Section L1?  If yes, list Event #  ON  If yes, indicate which bra of government the contra			OLegislative				
Method of Contribution:		Date Received	Aggregate Contribution	ons			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	r 7/22/2023	\$100.00				
Last Name	I	irst					МІ
Sharp	Maxine						
				State CT	2ip (		
6 Sixth St.	VIIS					00-	
Principal Occupation  Administrative		Name of Employer					
			6	- 174 -	T .		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  Yes No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract  O Yes  No	with said municipal	ity	Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If we list Event #  Section L1?  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches		Yes No			
If yes, list Event # of government the contra  Method of Contribution:	OL IS W	Date Received	Aggregate Contribution	ons	1		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Orde	8/1/2023	\$25.00				
Last Name		rirst			<u> </u>		MI
Dennis	-  1	Kathie					D
Residential Street Address	City			- 1	State	Zip (	
300 Success AVE. A22	Brid	geport			(T	066	510
Principal Occupation		Name of Employer					
Import, Export Coordinator		Moore Tool Compa		_			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	e officer of a munici with said municipal	ipality, ity	\$35.0		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, list Event #  Is contributor a principal of a If yes, indicate which brat of government the contraction.	nch or	branches		Yes No			
Method of Contribution:	CI IS W	Date Received	Aggregate Contribution	ons	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde:	r 8/2/2023	\$35.00				
SUBT	гот	AL Section B — This	Page \$160.00				7
TOTAL	L of a	dditional Section B F	ages \$5,125.0	0	_		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Jolumn A of Summary Page		5,360.00			

SEEC FORM 20 Revised January 2015

### Section B ADDITIONAL PAGE <sup>2</sup> of <sup>17</sup>

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4,,,			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TVDE	OF REPORT				
	g кероѕио <i>гу)</i>								
Marilyn for Mayor		,		Octo	ber 10 filing				
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)			his Period ONLY OTAL SECTION A	\$					
			•						
B. Iten	mized Co	ntrib	outions from Indivi	duals		_		· · · · · · · · · · · · · · · · · · ·	
Last Name		F	irst					МІ	
Carolina		s	Sandra					J.	
Residential Street Address		City				State	Zip	Code	
251 Truman St.		Bridg	geport			כד	06	606	
Principal Occupation	<del></del>		Name of Employer						
Retired									
or dependent child of a lobbyist? O No does contributor or bus							Amount of Cont \$25.00		
event reported in Section L1? No If yes, indicat	te which bran	ich or		_	O No				
If yes, list Event # of government	nt the contrac	t is wi	<del></del>			_			
Method of Contribution:	<u> </u>		7/20/2023		te Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on •Money	Order	rder 7/20/2023 \$25.00						
Last Name			rst					MI	
Christian	Herb								
Residential Street Address					State	Zip (			
149 Evelyn Dr.	relyn Dr. Naugatuck				<u>CT</u>	067	//0		
Principal Occupation Name of Employer									
President			CEMA						
	siness he/she i		ndidate for a chief executive ciated with have a contract O Yes O No				Amount of Contribution \$250.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a property in Section L1?  If yes, list Event #	te which brar	nch or		_	<b>⊙</b> No				
Method of Contribution:			<del>,                                     </del>	<del></del>	te Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	n Money	Order	7/20/2023	\$250.	.00	1			
Last Name	· · · · · · · · · · · · · · · · · · ·	Fi	rst					MI	
Kollie		N	lickey						
Residential Street Address		City				State	Zip C	ode	
223 Meadow St. Apt. 6		Naug	gatuck			CT	067	770	
Principal Occupation			Name of Employer						
Director of Legislative Affairs			CEMA						
	siness he/she i		ndidate for a chief executive ciated with have a contract  O Yes  No			, Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate of government	e which bran	ch or l		e contrac	<b>⊙</b> No				
Method of Contribution:			Date Received		e Contributions	1			
OCash Personal Check OCredit/Debit Card OPayroll Deduction	n OMoney	Order	7/20/2023	\$100.0	00				
	SUBT	ОТА	L Section B — This	Page	\$375.00				
	TOTAL	of ac	dditional Section B P	ages	\$5,125.00				
TOTAL OF ALL CONTRIBUTIO			IVIDUALS (Sections A umn A of Summary Page 1		\$5,360.00				

SEEC FOR VI 20 Revised January 2015

# Section B ADDITIONAL PAGE 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Marilyn for Mayor			Octol	oer 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$					
B. Itemized Co.	ntrib	outions from Indivi	duals	· · ·		·-··		
Last Name	1	irst					Mi	
Sutton	S	haron					D.	
Residential Street Address	City	<u></u>			State	1	Code	
84 stone Ridge Rd.	Bridg	geport			СТ	06	606	
Principal Occupation		Name of Employer						
Business Support Manager		Citizens Bank						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	ndidate for a chief executive ciated with have a contract OYes ONo	e officer with sai	of a municipality d municipality	\$100		f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  OExecutive OLegislative								
Method of Contribution					1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Card OPayroll Deduction OMoney Order 7/20/2023 \$100.00							
Last Name		rst					MI	
Keefe	D	Diane						
dential Street Address City Sta					State	Zip	Code	
249 Chestnut Hill Rd. Norwalk					CT	068	857	
Principal Occupation Name of Employer								
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract  Yes  No	officer with said	of a municipality d municipality	1	Amount of Contribution \$500.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # H  Section L1?  If yes, list Event # H	nch or	branches	_	<b>⊙</b> No				
Method of Contribution		1		te Contributions	1			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	7/30/2023	\$500	.00				
Last Name	Fi	ırst					MI	
Cosaro	İr	rene 						
	City				State	1	Code	
36 Borglum Rd.	Wilto				<u> </u>	06	897	
Principal Occupation Retired		Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Standard Standar	to a car is asso	ndidate for a chief executive ciated with have a contract  O Yes  No	officer with said	of a municipality d municipality	Amo \$250		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # H  Yes  Is contributor a principal of a section L1?  If yes, list Event # H	nch or	branches	_	<b>⊙</b> No				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	Date Received 7/30/2023	Aggrega \$250.	te Contributions				
SUBT	ГОТА	L Section B — This	Page	\$850.00				
		dditional Section B P		\$5,125.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page		\$5,360.00				

SEEC FORM 20 Revised Japaney 2015

## Section B ADDITIONAL PAGE 4 of 17

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Marilyn for Mayor	<u> </u>			Octo	ber 10 filing				
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)			iis Period ONLY OTAL SECTION A	\$		_			
B. Ito	emized Co	ntrib	utions from Indivi	duals	3				
Last Name		Fi				_	MI		
Forte			oseph 						
Residential Street Address  226 Goldenrod Ave.		City	jeport			State	Zip Code		
Principal Occupation		bridg	Name of Employer				06606		
Retired			Name of Employer						
		Indidate for a chief executive ciated with have a contract OYes ONo			/. Ame	ount of Contrib	ution		
event reported in Section L1? No If yes, indic	event reported in Section L1? No If yes, indicate which branch or branche				actor? Syes gislative				
Method of Contribution:		Date Received Aggregate Contributions							
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	tion OMoney	Order	der 7/30/2023 \$50.00						
Last Name		. I.	First				МІ		
Haviland		Su	Suzanne				D.		
Residential Street Address 155 Standish Rd.		City	-				Zip Code		
					СТ	06238			
Principal Occupation  Labor Representative									
	usiness he/she		I didate for a chief executive intention with have a contract Yes No				Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a lf yes, indicated with an event reported in Section L1?		nch or t	ntractor or prospective stat	_	<b>⊙</b> No	720	5.00		
Method of Contribution:	***************************************				ate Contributions	┨			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion OMoney	Order	7/30/2023	\$200	.00				
Last Name		Fire	st				MI		
Lauricella		Di	iane				L.		
Residential Street Address 21 Little Fox Ln.		City <b>Norw</b>	alk			State	Zip Code 06850		
Principal Occupation	1		Name of Employer						
Environmental Health Consulting			Diane Lauricella Co	nsultii	ng				
	usiness he/she i		didate for a chief executive iated with have a contract Yes No			\$25.0	unt of Contribu	ition	
event reported in Section L1? O No If yes, indic	principal of a state which brantent the contract	ch or b		_	ctor? OYes ONo				
Method of Contribution:			Date Received	Aggrega	te Contributions	1			
Cash Personal Check Ocredit/Debit Card Payroll Deduction	ion OMoney	Order	7/30/2023	\$25.0	0	<u> </u>	<u> </u>		
	SUBT	OTAI	L Section B — This	Page	\$275.00				
	TOTAL	of ad	ditional Section B P	ages	\$5,125.00				
TOTAL OF ALL CONTRIBUTI			VIDUALS (Sections A mn A of Summary Page 1		\$5,360.00				

SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 5 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with File	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
Marilyn for Mayor				Octo	ber 10 filing						
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$							
				_			•				
B. Ite	emized Con	trib	utions from Indivi	duals	3						
Last Name	,	Fir	st 'illiam					MI			
Krummel	10							М.			
Residential Street Address 21 Little Fox Ln.		ity Norw	alk			State	1 '	Code <b>850</b>			
Principal Occupation			Name of Employer				100				
Retired			Traine or Employer								
	business he/she is		didate for a chief executive interest with have a contract			/. Amo		of Contribution			
s this contribution associated with an vent reported in Section L1?  Yes, list Event # H  Yes 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:  OExecutive OLegislative					7 320	.00					
Method of Contribution			Date Received		ate Contributions	1					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion OMoney C	Order	7/30/2023	\$20.0	00						
Last Name		Firs	st .					MI			
Auster		Vi	rginia								
Residential Street Address	Ci	-				State CT	1 '	Code			
41 Wolfpit Ave. #2A		Norwalk					068	851 			
Principal Occupation Retired			Name of Employer								
	ousiness he/she is		didate for a chief executive attend with have a contract O Yes O No				Amount of Contribution \$20.00				
event reported in Section L1? No If yes, indic	a principal of a sta cate which branc ment the contract	h or b		_	<b>⊙</b> No						
Method of Contribution:			Date Received	Aggrega	te Contributions	1					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion Money O	rder	7/30/2023	\$20.0	00						
Last Name		Firs	t					М			
Residential Street Address	Ci	ty				State	Zip C	Code			
Principal Occupation			Name of Employer					<del></del>			
	usiness he/she is		lidate for a chief executive ated with have a contract of Yes No			Amor	unt of	Contribution			
event reported in Section L1?	principal of a star ate which branch ent the contract is	h or bi		_	ONo						
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction	ion OMoney O	rder	Date Received	Aggrega	te Contributions						
	SUBTO	TAI	Section B — This	Page	\$40.00						
	TOTAL o	of add	ditional Section B P	ages	\$5,125.00						
TOTAL OF ALL CONTRIBUTI (Enter t			VIDUALS (Sections A mn A of Summary Page T		\$5,360.00						

# Marilyn for Mayor Page 6 of 17 Section B - Itemized Contributions from Individuals I

Last Name			First Name					MI
Aaronson				lan	et			G
Residential Street Address			City			State	Zip	Code
176 N. Middaugh St.			Some	rvill	le	N.	ا ر	08876
Principal Occupation					Name of Employer			
Retired					Retired			
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee f	or a chief		
of a lobbyist?	No				y does contributor or busine: with said municipality valued		1	No
is this contribution associated with an event		Is contributor a	principal of s	tate	contractor or prospective st	ate contracto	r?	
reported in Section L17	No							No
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of		
Cradit Card		08/08/2	<b>033</b>			Contributio	n	<b>\$100</b> .00
Credit Card		00/00/2	.020					Ψ100.00
Last Name			First Name					МІ
BERGER				OF	LLE			
Residential Street Address			City			State	Zip	Code
15 Murvon Court			Westp	Οď		C-	г	06880
Principal Occupation			vvestp		Name of Employer	1 0		00000
					Retired			
Retired Is contributor a lobbyist, spouse, or dependent child	· · · · · · · · · · · · · · · · · · ·	If contribution is	in excess of	\$40	0 to a candidate committee f	or a chief		- 11
of a lobbyist?	No				y does contributor or busines with said municipality valued		1	No
Is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	ite contracto	r?	
reported in Section L1?	No						ı	No
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of		
Credit Card		07/24/2	023			Contribution	n	\$50.00
Ordan dara								
Last Name			First Name					MI
Berritt			(	ail				
Residential Street Address			City			State	Zip	Code
9 Berndale Drive			Westp	ort		CT	r	06880
Principal Occupation				_	Name of Employer			
Attorney					Law Of	ice of Ga	il Ber	ritt LLC
Is contributor a lobbyist, spouse, or dependent child					0 to a candidate committee f	or a chief		
of a lobbyist?	No				y does contributor or busines with said municipality valued a		·	No
Is this contribution associated with an event		ls contributor a	principal of st	tate	contractor or prospective sta	te contracto	r?	
reported in Section L1?	No						ı	No
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of		$\neg \neg$
Credit Card		07/28/2	023	ŀ		Contribution	1	\$200.00

Last Name			First Name					MI
Bunnell			E	3ec	:kv			
Residential Street Address			City			State	Zip Ci	ode
2005 Fairfield Beach	Ŕd		Fairfie	eld		СТ		06824
Principal Occupation					Name of Employer			
Retired					Retired	1		
is contributor a lobbyist, spouse, or dependent child		If contribution i	s in excess of	\$40	00 to a candidate committee	for a chief		
of a lobbyist?	No	executive office associated with \$5000?	r of a municij have a contr	palit act v	y does contributor or busine with said municipality valued	at more than	N	0
Is this contribution associated with an event		Is contributor a	principal of s	state	contractor or prospective st	ate contractor	?	
reported in Section L1?	No						N	O
Method of Contribution	Date F	Received		Agr	gregate Contributions	Amount of		
Credit Card	Ì	07/26/2	023			Contribution		\$50.00
Credit Card		0112012	.023	<u> </u>				Ψ00.00
Last Name			First Name				į	МІ
Cann				mn	nacula			
Residential Street Address			City			State	Zip Co	ode
234 Klondike Street			Stratfo	ord		СТ		06614
Principal Occupation		-			Name of Employer		•	
RN-CNO					Silver I	Hill Hospital		
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	0 to a candidate committee f	or a chief		
of a lobbyist?	No	executive office associated with \$5000?	r of a municig have a contri	pality act v	y does contributor or busines with said municipality valued	ss he/she at more than	N	0
Is this contribution associated with an event		Is contributor a	principal of s	tate	contractor or prospective st	ate contractor?		
reported in Section L1?	No						No	)
Method of Contribution	Date R	leceived		Ags	gregate Contributions	Amount of		
Credit Card		07/15/2	n23			Contribution		\$100.00
Credit Card		0171072	020	<i>-</i>		<u> </u>		<del>\$100.00</del>
Last Name			First Name				N	AI .
Carpenter			8	an	n			
Residential Street Address			City			State	Zip Co	de
42 Myrtle Avenue			Westp	ort		СТ		06880
Principal Occupation			******		Name of Employer			
Retired					Retired			
Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee f	or a chief		
of a lobbyist?	No				y does contributor or busines with said municipality valued		No	)
is this contribution associated with an event reported in Section L1?	No	is contributor a	principal of s	tate	contractor or prospective sta	ate contractor?	No	
	IAO						140	r
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of Contribution		
Credit Card		07/29/2	023	]				\$100.00

#### Section B - Itemized Contributions from Individuals1

Last Name			First Name	2			MI	
Case				Jan	nes			
Residential Street Address			City			State	Zip Code	
139 apple hill			Weth	ersí	field	СТ	1	06109
Principal Occupation					Name of Employer			
Phone guy/lobbyist					Frontie	r/CWA		
is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee	for a chief		
of a lobbyist?	Yes				ty does contributor or busine with said municipality valued		No	
Is this contribution associated with an event		Is contributor a	principal of	state	contractor or prospective si	ate contractor?	,	
reported in Section L1?	No						No	
Method of Contribution	Date F	Received		Agr	gregate Contributions	Amount of		
Credit Card	-1	09/05/2	0022	"	110	Contribution	œ.	400.00
Credit Card	1	09/03/2	.023	<u> </u>			<u> </u>	100.00
Last Name			First Name			**************************************	MI	
Condon				Jano	Δ		- 1	
Residential Street Address			City	JUIN	<b>G</b>	State	Zip Code	
38 Close Rd			Greer	wio	<b>.</b>	СТ	1	
Principal Occupation		-	_ Green		Name of Employer			06831
Comedian					Self			
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	f \$40	0 to a candidate committee i	or a chief		
of a lobbyist?	No	executive office	r of a munici	pality	y does contributor or busine vith said municipality valued	ss he/she	No	
is this contribution associated with an event		is contributor a	principal of	state	contractor or prospective st	ate contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amount of		
Credit Card		07/17/2	023			Contribution	<b>C</b> 1	00.00
- 10 - 20 - 20 - 20 - 20 - 20 - 20 - 20	y33-4	0,,,,,,	U STAY	_		bi Sa	41	00.00
Last Name			First Name				MI	
Cook			F	<sup>2</sup> enr	nv		Æ	
Residential Street Address			City			State	Zip Code	
325 Lafayette Street, I	Jnit 91	05	Bridge	enor	ŧ	СТ	C	6604
Principal Occupation			- Sinoge		Name of Employer	0.		000+
Retired				- 1	Retired			
s contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$400	) to a candidate committee for	or a chief		
of a lobbyist?	No	executive officer	of a municip	pality	does contributor or busines ith said municipality valued a	s he/she	No	
s this contribution associated with an event		ls contributor a p	rincipal of s	tate o	contractor or prospective sta	te contractor?		
reported in Section L1?	No	<i>S</i>					No	
Method of Contribution	Date Re	ceived		Aggr	regate Contributions	Amount of		
Credit Card		07/25/20	023			Contribution	\$10	00.00

# Marilyn for Mayor Page 9 of 17 Section B - Itemized Contributions from Individuals |

Daniel Albania			Cinco Manua					0.41
Last Name			First Name	•				MI
Dathan				Lu	Су			
Residential Street Address	·		City			State	Zip C	ode
950 Silvermine Road			New	Ca	naan	СТ		06840
Principal Occupation		•			Name of Employer			
State Representative					State o	f Connection	en it	
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess o	of \$4	00 to a candidate committee t			
of a lobbyist?	No				ity does contributor or busine: with said municipality valued		N	lo
Is this contribution associated with an event		ls contributor a	principal of	stat	e contractor or prospective st	ate contractor?	,	
reported in Section L17	No						N	0
Method of Contribution	Date I	I Received		AR	gregate Contributions	Amount of		
Cradit Card		001001	1000	٦		Contribution		<b>¢</b> E0.00
Credit Card		08/02/2	2023					\$50.00
Last Name			First Name					MI
			I	٥.	• • •		ľ	
Donovan Residential Street Address			1	Chi	ristopher	State	Tain Ca	G
			City				Zip Co	ide
188 Atkins St.			Merid	en		CT	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	06450
Principal Occupation					Name of Employer			
Retired					Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive office	r of a munici	palit	00 to a candidate committee fi by does contributor or busines with said municipality valued a	s he/she	No	ם
is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of s	state	e contractor or prospective sta	te contractor?	No	)
Method of Contribution	Date R	  eceived		Apr	gregate Contributions	Amount of		
Credit Card		07/13/2	023		50-10	Contribution	_	\$100.00
Last Name			First Name					41
			riist naine					"
Dubin				<u> </u>	1	- T-		
Residential Street Address			City			State	Zip Co	de
197 Signal Hill Rd			Wilton	<u> </u>		СТ		06897
Principal Occupation					Name of Employer			
Retired					Retired			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a municip	palit	0 to a candidate committee for y does contributor or busines: with said municipality valued a	s he/she	No	)
is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of s	tate	contractor or prospective sta	te contractor?	No	
Method of Contribution	Date Re	eceived		Agg		Amount of		
Credit Card	1	07/29/2	023			Contribution		\$100.00

Last Name			First Name	;				MI
Dynowski				Sar	mantha			
Residential Street Address		-	City			State	Zip Co	ode
25 Ardmore Road			West	На	urtford	СТ	.	06119
Principal Occupation			,		Name of Employer		,	
State Director					Sierra	Club CT		
Is contributor a lobbyist, spouse, or dependent child		If contribution	is in excess o	f \$4	00 to a candidate committee			
of a lobbyist?	Yes				ty does contributor or busine with said municipality valued		N	o
is this contribution associated with an event		is contributor a	principal of:	statı	e contractor or prospective st	ate contractor	?	
reported in Section L17	No						No	)
Method of Contribution	Date R	l leceived		Ag	gregate Contributions	Amount of		-
Credit Card		07/26/2	1022			Contribution		@E0.00
Credit Card		0112012	:023					\$50.00
Last Name			First Name				In.	/II
Evans				Mar	rian			-
Residential Street Address			City	Mai	lian	State	Zip Co	de
640 Datharaum Dand			1				-ib co.	
649 Bethmour Road Principal Occupation			Betha	ny	Name of Employer	СТ		06524
					1 ' '			
Professor is contributor a lobbyist, spouse, or dependent child		lis contribution is	- in evener of	E # AE	Southe To to a candidate committee t	m CT State	• Univ	ersity
of a lobbyist?	No	executive officer	r of a municip	palit	y does contributor or busine: with said municipality valued	ss he/she	No	<b>)</b>
Is this contribution associated with an event		Is contributor a	principal of s	state	contractor or prospective sta	ate contractor?		
reported in Section L1?	No		2				No	ı
Method of Contribution	Date Re	eceived		TAgg	gregate Contributions	Amount of		
Credit Card	<u> </u>	07/31/2	023			Contribution		\$100.00
Last Name			First Name				M	1
		ı						•
Gleysteen Residential Street Address		<del></del>	City	mr	па	State	Zip Cod	1_
			1				Eib Coo	
165 Stonewall Lane Principal Occupation			Fairfiel		Name of	CT_	<u> </u>	06824
,					Employer			
student						chool of Ur	niversit	y of
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	pality	O to a candidate congressions of does contributor or busines with said municipality valued a	s he/she	No	
s this contribution associated with an event reported in Section L1?		Is contributor a p	orincipal of st	tate :	contractor or prospective sta	te contractor?		
•	No						No	
Method of Contribution	Date Re	ceived		Agg		Amount of Contribution	-	
Credit Card		07/24/20	)23				5	\$100.00

Contribution

\$200.00

First Name Last Name Guy Gleysteen State Residential Street Address City Zip Code 06824 165 Stonewall Lane **Fairfield** CT Name of Employer Principal Occupation Retired Retired If contribution is in excess of \$400 to a candidate committee for a chief is contributor a lobbyist, spouse, or dependent child executive officer of a municipality does contributor or business he/she of a lobbyist? No associated with have a contract with said municipality valued at more than No \$5000? Is contributor a principal of state contractor or prospective state contractor? is this contribution associated with an event reported in Section L1? No No Aggregate Contributions Method of Contribution Date Received Amount of Contribution \$200.00 **Credit Card** 07/24/2023 First Name Last Name MI S Jill Greenberg State Residential Street Address Zip Code CT Westport 06880 7 Strathmore Lane Name of Employer Principal Occupation Retired Retired If contribution is in excess of \$400 to a candidate committee for a chief Is contributor a lobbyist, spouse, or dependent child executive officer of a municipality does contributor or business he/she of a lobbyist? associated with have a contract with said municipality valued at more than No No Is contributor a principal of state contractor or prospective state contractor? is this contribution associated with an event reported in Section L1? No No Amount of Method of Contribution Date Received Aggregate Contributions Contribution 07/25/2023 \$200.00 **Credit Card** Last Name First Name Mi Mary Hogue Residential Street Address City State Zip Code CT Fairfield 06824 165 Stonewall Lane Principal Occupation Name of Employer Retired Retired is contributor a lobbyist, spouse, or dependent child If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she of a lobbyist? associated with have a contract with said municipality valued at more than No No Is this contribution associated with an event Is contributor a principal of state contractor or prospective state contractor? reported in Section L1? No No Method of Contribution Date Received Aggregate Contributions Amount of

07/24/2023

Credit Card

#### Section B - Itemized Contributions from Individuals I I

Last Name		******	First Name		<del></del>		MI
Keams			1 1	Mai	rv		
Residential Street Address		<del></del>	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State	jZip Code
32 Pine Street			Trumt	Sull		СТ	06611
Principal Occupation			1 1101114	J (J )	Name of Employer		1 55511
					Magnit	Global	
Researcher Is contributor a lobbyist, spouse, or dependent child		If contribution i	s in excess o	f \$40	00 to a candidate committee f		
of a lobbylst?	No	executive office	r of a munici	palit	ty does contributor or busines with said municipality valued	is he/she	No
Is this contribution associated with an event		Is contributor a	principal of	state	e contractor or prospective sta	te contractor?	
reported in Section L1?	No	;					No
Method of Contribution	Date R	eceived		[Ag	gregate Contributions	Amount of	
Candit Cand		07/49/0	1022			Contribution	\$50.00
Credit Card		07/18/2	.023	_	<u> </u>		\$50.00
Last Name			First Name				MI
Maher				Cec	·i		
Residential Street Address			City	-	A	State	Zip Code
47 Churana Bidan Ban	.al		Wilton			СТ	06897
47 Sturges Ridge Roa Principal Occupation	u	<del></del>	AAHIOU	_	Name of Employer		00091
					1 7	CT	
Ct Legislator Is contributor a lobbyist, spouse, or dependent child		if contribution is	s in excess of	f \$40	State of Sta		
of a lobbyist?	No	executive office	r of a munici	palit	y does contributor or busines with said municipality valued	s he/she	No
is this contribution associated with an event		Is contributor a	principal of s	state	contractor or prospective sta	te contractor?	
reported in Section L1?	No						No
Method of Contribution	Date R	eceived		Agg	gregate Contributions	Amount of	
		07/30/2	022		•	Contribution	\$100.00
Credit Card		0113012	023			<u>.                                    </u>	\$100.00
Last Name			First Name				MI
Marshall			۱ ،	Gre	gory		∣н∣
Residential Street Address			City		54.7	State	Zip Code
150 Honeywood Drive			West t	lini	on	sc	29696
Principal Occupation			71031		Name of Employer	, 00	23000
Retired					Retired		
Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee for	or a chief	
of a lobbylst?	No				y does contributor or busines with said municipality valued a		No
is this contribution associated with an event reported in Section L1?		Is contributor a	principal of s	tate	contractor or prospective sta	te contractor?	
	No						No
Method of Contribution	Date Re			Agg	gregate Contributions	Amount of Contribution	
Credit Card	1	07/07/2	023	1			\$150.00

#### Section B - Itemized Contributions from Individuals |

Last Name			First Name				N	și
McBride				Sea	an			
Residential Street Address			City			State	Zip Co	de
24 Ridgevale Place			Bridge	po	ort	СТ		06610
Principal Occupation					Name of Employer	,		
Revenue Analyst					WC Mcl	Bride Elect	rical	
is contributor a lobbyist, spouse, or dependent child		If contribution i	s in excess of	\$40	00 to a candidate comprises	Ropschief		
of a lobbyist?	No	associated with \$5000?	r or a munici have a contr	act v	y does contributor or busines with said municipality valued a	s ne/sne at more than	No	
is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	te contractor?	,	
reported in Section L1?	No						No	ı
Method of Contribution	Date R	leceived		ABI	gregate Contributions	Amount of		
Credit Card		07/20/2	023	١.	200.00	Contribution		\$100.00
Cledit Cald		01/20/2	.020	1 3	200,00			<del>• 100.00</del>
Last Name			First Name				M	ŀ
McKale			l 1	/tec	ghann			
Residential Street Address			City	-		State	Zip Coo	je
188 Range Road			South	рог	t	СТ		06890
Principal Occupation					Name of Employer			
stay at home parent					none			
is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee f			
of a lobbylst?	No				y does contributor or busines with sald municipality valued a		No	•
Is this contribution associated with an event		Is contributor a	principal of s	tate	contractor or prospective sta	te contractor?	,	
reported in Section L1?	No						No	
Method of Contribution	Date 8	teceived		Agg	gregate Contributions	Amount of		
Credit Card		07/26/2	023			Contribution		\$25.00
Credit Gard		0172072	020	_				
Last Name			First Name				М	
Michel			0	)av	rid		ľ	
Residential Street Address	-		City		<del> </del>	State	Zip Cod	le
4 Rockledge Drive			Stamfo	brc		СТ		06902
Principal Occupation					Name of Employer			
Wholesale consultant					Eyes O	Steel		
is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee for	or a chief		
of a lobbyist?	No	executive officer associated with \$5000?	r of a municip have a contra	act v	y does contributor or busines with said municipality valued a	s ne/sne it more than	No	
is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date R	eceived		Agg		Amount of		
Credit Card		09/07/2	023			Contribution	:	100.00

#### Section B - Itemized Contributions from Individuals | |

Last Name		_	First Name					MI
Last Name			i i sc ivanic				ľ	_
Moore			<del></del>	Lyn	ne	le	<del></del>	<u>.c</u>
Residential Street Address			City			State	Zip Co	de
813 Foxboro Drive			Norwa	alk		CT	1	06851
Principal Occupation					Name of Employer			
Educator					NPS			
Is contributor a lobbyist, spouse, or dependent child		If contribution i	s in excess of	f \$40	00 to a candidate committee (	or a chief		
of a lobbylst?	No				ty does contributor or busines with said municipality valued		N	0
Is this contribution associated with an event		ls contributor a	principal of	state	contractor or prospective sta	te contractor	?	
reported in Section L17	No						No	)
Method of Contribution	Date R	l eceived		Agi	gregate Contributions	Amount of		
				٦		Contribution		805.00
Credit Card	<u> </u>	07/30/2	023					\$25.00
			I=					
Last Name			First Name				ľ	ΛI
Murphy			<u>.</u>	loh	<u>n</u>			Р
Residential Street Address			City			State	Zip Co	de
205 Westerly Terrace			East H	ład	tford	СТ		06118
Principal Occupation			,		Name of	<del></del> -		
Stoff Degrees antotive					Employer CT Stat	e Employe	<b></b>	
Staff Representative Is contributor a lobbyist, spouse, or dependent child	·	If containution is	in avence of	£40	। O to a candidate co <b>periting</b>	e Employe	105	
of a lobbyist?	No	executive office	r of a municij	pality	y does contributor or busines with said municipality valued	s he/she	No	•
Is this contribution associated with an event		Is contributor a	principal of s	tate	contractor or prospective sta	te contractor?	,	
reported in Section L1?	No						No	)
Method of Contribution	Date Re	ceived		Agg	gregate Contributions	Amount of		
····		07/00/0	000	-	- <b>-</b>	Contribution		¢400.00
Credit Card	<u> </u>	07/30/2	023	<u> </u>		L		\$100.00
Last Name			First Name				M	Ar I
							ľ	
pratt				\nn	<u> </u>	State	17:- Ca	
Residential Street Address			City				Zip Cod	ne l
329 B Heritage village			southb	χuη	<u> </u>	СТ	<u> </u>	06488
Principal Occupation					Name of Employer			
Non Profit Manager					Peoples	Action		
Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee for	or a chief		
of a lobbyist?	No				y does contributor or busines with said municipality valued a		No	)
Is this contribution associated with an event		ls contributor a p	principal of s	tate	contractor or prospective sta	te contractor?		
reported in Section L1?	No						No	
Method of Contribution	Date Re	ceived		Agg	regate Contributions	Amount of		
Credit Card		07/28/2	กวร			Contribution		\$50.00
CIECUIL COILU	L	0112012	<b>440</b>	ı				<b>400.00</b>

#### Section B - Itemized Contributions from Individuals | |

Last Name			First Name					MI
Pryde			1 (	Line	da			Н
Residential Street Address			City			State	Zip C	ode
134 Regents Park			West	oort	<u>t</u>	СТ	.	06880
Principal Occupation			,		Name of Employer		•	
Retired					Retired	1		
Is contributor a lobbyist, spouse, or dependent child					00 to a candidate committee	for a chief		
of a lobbyist?	No				ty does contributor or busine: with said municipality valued		N	10
is this contribution associated with an event		Is contributor a	principal of	state	contractor or prospective st	ate contractor	?	
reported in Section L1?	No	Ж					N	lo
Method of Contribution	Date R	leceived		Aga	gregate Contributions	Amount of		
Credit Card		07/24/2	การ			Contribution		\$100.00
Credit Card		0112412	.023	!				\$100.00
Last Name			First Name					MI
Rubinstein				200	een			
Residential Street Address			City	og	0011	State	Zip Co	ode
20 Degwood Lene			Westp	·~+		СТ	1	06000
30 Dogwood Lane Principal Occupation			T AAGSth		Name of Employer	1 01		06880
				- 1	, ,			
Retired Is contributor a lobbyist, spouse, or dependent child		if contribution is	in excess of	F¢an	Retired  O to a candidate committee f	or a chief		
of a lobbyist?	No	executive office	r of a municij	palit	y does contributor or busines with said municipality valued	s he/she	N	0
Is this contribution associated with an event		Is contributor a	principal of s	state	contractor or prospective sta	te contractor	,	
reported in Section L1?	No						N	0
Method of Contribution	Date R	eceived		Age	gregate Contributions	Amount of		
Credit Card	1	07/24/2	023			Contribution		\$50.00
Orean Cara		0112-112	020	1				Ψ00.00
Last Name			First Name					MI
Rubinstein			F	ea	een			
Residential Street Address			City	-3		State	Zip Co	ode
30 Dogwood Lane			Westp	ort		СТ		06880
Principal Occupation			77000		Name of Employer	,	<del></del>	00000
Retired					Retired			
Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$400	0 to a candidate committee for	or a chief		
of a lobbylst?	No				y does contributor or busines with said municipality valued a		No	D
is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of si	tate	contractor or prospective sta	te contractor?	No	>
Method of Contribution	Date Re	eceived		Agg	regate Contributions	Amount of		
		07/30/20		"		Contribution		\$100.00
Credit Card	1	U1/3U/Z	UZ3	(	\$150.00			TOO.UU

### Section B - Itemized Contributions from Individuals I

Last Name			First Name				M	ı
Singer			s	us	an O.			0
Residential Street Address		<del></del>	City			State	Zip Cod	le
760 Smith Ridge Road			New C	an	aan	CT		06840
Principal Occupation					Name of Employer			
Business Owner					self			
Is contributor a lobbyist, spouse, or dependent child		If contribution is	s in excess of	\$40	0 to a candidate committee f	or a chief		
of a lobbyist?	No	executive office associated with \$5000?	r of a municip have a contra	oalit act v	y does contributor or busines with said municipality valued a	s ne/sne it more than	No	
is this contribution associated with an event		Is contributor a	principal of s	tate	contractor or prospective sta	te contractor	?	
reported in Section L1?	No						No	
Method of Contribution	Date Re	eceived	<del></del>	Agg	gregate Contributions	Amount of		
Credit Card		07/24/2	023			Contribution		\$50.00
Credit Card	l	Onzaz	<u>020</u>					<b>V</b>
Last Name			First Name				МІ	
Stone			J	ud	V			
Residential Street Address			City			State	Zip Cod	e
25 Burritts Landing So			Westp	ort		СТ		06880
Principal Occupation					Name of Employer			
Retired					Retired			
Is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee for	or a chief		
of a lobbyist?	No	lexecutive officer associated with \$5000?	r of a municip have a contra	act v	y does contributor or busines with said municipality valued a	s ne/sne it more than	No	
Is this contribution associated with an event		Is contributor a	principal of s	tate	contractor or prospective sta	te contractor?	)	
reported in Section L1?	No						No	
Method of Contribution	Date Re	eceived		Agg	regate Contributions	Amount of	-	
Credit Card		07/24/2	023			Contribution		\$25.00
Credit Card	<del></del>	011241E	020					<b>V</b>
Last Name			First Name				MI	
Volper			V	'ick				
Residential Street Address			City			State	Zip Cod	e ]
57 Old Hill Road			Westp	ort		CT		06880
Principal Occupation				_	Name of Employer			
lawyer					Vicki Vo			
is contributor a lobbyist, spouse, or dependent child		If contribution is	in excess of	\$40	0 to a candidate committee for y does contributor or busines	r a chief		
of a lobbyist?	No	associated with \$5000?	r ot a municip have a contra	ect v	y does contributor or busines with said municipality valued a	t more than	No	
is this contribution associated with an event		ls contributor a	principal of s	tate	contractor or prospective sta	te contractor?		ĺ
reported in Section L1?	No						No	
Method of Contribution	Date Re			Agg	regate Contributions	Amount of Contribution		100.00
Credit Card		07/24/2	023				3	100.00

### Section B - Itemized Contributions from Individuals

Last Name			First Name					MI	ı
Welsh			8	Bob	<u> </u>				
Residential Street Address			City		×	Si	tate	Zîp Cod	e
81 Wolfpit Avenue #E	2		Norwa	lk			CT		06851
Principal Occupation					Name of Employer				
Unemployed					Unemp				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	r of a municip	alit	it) to a candidate committee y does contributor or busine with said municipality valued	ss he/s	she	No	
Is this contribution associated with an event reported in Section L1?	No	is contributor a	principal of s	tate	contractor or prospective st	ate co	ntractor?	No	
Method of Contribution	Date R	eceived		Age	gregate Contributions		unt of ribution		
Credit Card		07/30/2	023			Conu	nbuuon		200.00
Last Name			First-Name					МІ	
Whitley			L	og	an				
Residential Street Address			City			St	tate	Zip Code	e
15 Janet Cir Unit A			Bridge				СТ		06606
Principal Occupation					Name of Employer				
Educator					CTECS				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	executive officer	of a municip	ality	0 to a candidate committee f y does contributor or busine: vith said municipality valued	ss he/s	ihe	No	
Is this contribution associated with an event reported in Section L1?	No	Is contributor a	principal of st	ate	contractor or prospective st	ate cor	ntractor?	No	
Method of Contribution	Date R	eceived		Agg	regate Contributions	Amou	unt of ribution		
Credit Card		08/01/2	023			[	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	100.00

Showing 1 to 35 of 35 entries

## Section P. ADDITIONAL PAGE 1\_\_\_\_ of 11\_\_\_

r			October 10 filing	7	
			ľ		
P. Expense	es Paid by Commit	ttee		Talker 1	19 W 8
			Date of Payment		of Payment:
			7/21/2023	Chec	ck #
	Last			O Debit	
	ļ ·			State	Zip Code
	Fairfield			СТ	06825
Description		Even	at #		Amount
Meet and Greet				Assa.	_
Type of Expenditure (Itemization in Addendum P Required	unless "None of the belo	w" is chec		\$154.1	16
6. (3)	-27	<b>30</b> 05000	,eu,		
O Coordinated with reimbursement sought (joint expendit	iture) O Inde	lependent			
		•		D	
			Date of Payment	Method of	
			Aug 11, 2023	Check	
	Total				
- 1				l	Zip Code
Rd.	Bridgeport			ן כד	06606
Description		Even	ıt#	<del>+</del>	Amount
Social Media					81
				\$1,000	ე.00
		," is check	ed)		
		1 -4			
•	5.77	_	`		
O COOTORILLO WILLIAM TO THE TOTAL TO THE TOT	ittoutton) Olga	mization			Desire enti-
				Check	- //C
			8/9/2023	1 -	
	City			State	Zip Code
oke.	Fairfield			СТ	06825
Description		Event	ı#		Amount
Meet and Greet				1	
- An in damin-ston in Addandon D Danning	"At	" ' -t-		\$79.40	)
	-	v" is check	(ed)		
None of the below (does not involve another candidate or of Coordinated with reimbursement sought (injut expendi		dent			
	•		Or Or Or	_	
		Allean	Date of Payment	Method of P	Pavment
IEI U				O Check	•
			0/10/2023	O Debit (	Card OEFT
	City			State	Zip Code
oke. Unit 15	Fairfield			СТ	06825
Description		Event	ı#		Amount
Meet and Greet					Amount
				\$27.88	
	-	" is checke	ed)		
		4			
			). On Oc Or		
Deportunite vinient ranic martin and a	Troution) Urgan	NIZATION	10000000		
	SUBTOTAL Section F	P — This	Page \$1,261.44		
	Type of Expenditure (Itemization in Addendum P Required Coordinated with reimbursement sought (joint expendit Coordinated with reimbursement sought (in-kind con Social Media  Type of Expenditure (Itemization in Addendum P Required a None of the below (does not involve another candidate or coordinated without reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (joint expendit Coordinated with reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated with re	Description   Meet and Greet	Description   Meet and Greet	Date of Psyment 7/21/2023	Date of Payment 7/21/2023   Method of Care   Care

## Section P. ADDITIONAL PAGE 2\_\_\_\_ of 11\_\_\_

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT	The state of the s
		<u>/                                    </u>		
Marilyn for May	or		October 10 filing	<del></del>
	P. Expenses	s Paid by Committe	e	
Name of Payee BJS WHOLESALE			Date of Payment 7/31/2023	Method of Payment: O Check # O Debit Card OEFT
Street Address 40 Black Rock Tp	oke.	City Fairfield		State Zip Code CT 06825
Purpose of Expenditure (by code) FOOD	Description  Meet and Greet		Event #	Amount \$56.96
Expenditure # (if applicable)  Name of Payee	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)  Indepe	ndent	D
BJS WHOLESALE Street Address		Ic	8/1/2023	Method of Payment O Check # O Debit Card OEFT
40 Black Rock Tp	ke.	Fairfield		State Zip Code CT 06825
Purpose of Expenditure (by code) MICS	Description Meet and Greet		Event #	Amount \$32.97
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee) re) Indeper	·	
Name of Payee PrintableTees, LL	.c		Date of Payment 8/5/2023	Method of Payment:  Check #1014  Debit Card  DEFT
Street Address 180 Turn of River	Rd Suite 13D	Stamford		State Zip Code CT 06905
Purpose of Expenditure (by code) A-OTH	Description Marilyn for Mayor T shirts		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ure)	,	\$973.10
Name of Payee Me & the Boyz			Date of Payment 8/12/2023	Method of Payment:  O Check #1015  Debit Card  O EFT
Street Address 123 Main St.		City Rochester, NY 14615		State Zip Code NY 14615
Purpose of Expenditure by code) MISC	Description 2 tickets - Meet and Greet		Event #	Amount \$150.00
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contri	mmittee)	,	
	S	UBTOTAL Section P —	- This Page 1,213.03	<del></del>

# Section P. ADDITIONAL PAGE 3\_\_\_\_ of 11\_\_\_

	TTEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPOR	RT A SALID ME LEVILLE EN LEVILLE	
Marilyn for Mayo	or		October 10 fil	ing	
	P.	Expenses Paid by Com	nittee		
Name of Payee Ever Ready Press			Date of Payment 8/7/2023	Method of Payment O Check #1055 O Debit Card OE	
Street Address 78 Clifton Ave.		City Ansonia		State Zip Code CT 06401	
Purpose of Expenditure (by code)	Description 2 sided BC	I	Event #		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum  None of the below (does not involve anoth Coordinated with reimbursement sought Coordinated without reimbursement sou	\$45.00 DD			
Name of Payee Ever Ready Press			Organization OA OB OC O Date of Payment 8/7/2023	Method of Payment: Check #1054 Debit Card EF	
Street Address 78 Clifton Ave.		City Ansonia	<b> </b>	State Zip Code CT 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  None of the below (does not involve anothe Coordinated with reimbursement sought Coordinated without reimbursement sough	ra candidate or committee) (joint expenditure)	low" is checked)  Independent  Inganization O A O B O C	) D	
lame of Payee			Date of Payment	Method of Payment:	
itaples Direct			Jul 25, 2023	O Check #O Debit Card OEF	
treet Address 500 Staples Drive		City Farmington			
urpose of Expenditure by code) MISC	Description Service contract		Event #	Amount \$31.89	
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum  None of the below (does not involve anothe Coordinated with reimbursement sought Coordinated without reimbursement sou	er candidate or committee) (joint expenditure)	Independent Organization OA OB OC		
lame of Payee	***		Date of Payment	Method of Payment	
taples Direct			Jul 26, 2023	O Check #O Debit Card OEF	
Street Address 500 Staples Drive		City Farmington	<u> </u>	State Zip Code  MA 01702	
rpose of Expenditure y code) EFV	Description Laser Jet MFP purchase	<u></u>	Event #	Amount \$284.76	
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum  None of the below (does not involve another Coordinated with reimbursement sought Coordinated without reimbursement sough	r candidate or committee) (joint expenditure)	ow" is checked)  Independent rganization OA OB OC		

## Section P. ADDITIONAL PAGE 4\_\_\_\_ of 11\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			ТҮРЕ О	TYPE OF REPORT		
Marilyn for Mayo	or		Octobe	er 10 filing		
	P. Expense	es Paid by Committe	ee	provide the		
Name of Payee			Date of Pa	ayment	Method of Payment	
Staples Direct			Jul 27,	2023	Check #	
Street Address		City			State Zip Code	
500 Staples Drive	2	Farmington			MA Zip Code	
Purpose of Expenditure (by code)	Description 2 Toner cartridges	I	Event #		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below"	is checked)		\$180.90	
(if applicable) OFFICE	None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continue).	r committee) liture)	•	Oc Op		
Name of Payee			Date of Pay		Method of Payment:	
Wine insiders, LLC	С.		Jul 13, 2	2023	OCheck #	
Street Address		City			O Debit Card OEI	
2355 Westwood E	Blvd 791	Los Angeles			State Zip Code 90064	
Purpose of Expenditure (by code)	Description		Event #		Amount	
(by code) FOOD	Refreshments for various events				\$126.96	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	unless "None of the below" i	is checked)		7.200	
	None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind conto	ture) O Indeper	endent zationOAOB(	Ο α Ο ο		
Name of Payee			Date of Pay		Method of Payment:	
Recinotes, LLC			7/17/20	)23	Check # Debit Card OEF	
Street Address 205 Metritt St.		Bridgeport			State Zip Code CT 06606	
Purpose of Expenditure	Description		Event #		Amount	
(by code) MISC	Headshots					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	unless "None of the below"	is checked)		\$250.00	
(if applicable)	None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	committee) iture)		Oc Op		
Name of Payee			Date of Pay		Method of Payment:	
Antonia Lombardi	li .		Jul 2, 20	)23	O Check #1048	
Street Address		City			O Debit Card OEF State Zip Code	
1006 E Broadway		Milford			CT 06460	
Purpose of Expenditure	Description		Event #		Amount	
(by code) CNSLT	Campaign Manager				\$1,337.67	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	committee) ture)		Ос Ов	\$1,557.07	
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ture) O Indeper	zation OA OB			

# Section P. ADDITIONAL PAGE 5\_\_\_\_ of 11\_\_\_

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	EASH TOTAL	
Marilyn for Mayo	or		October filing		
	P. Expenses	Paid by Committee	e den la distribution	Walley Miles III	Z
Name of Payee Antonia Lombar	di		Date of Payment Jul 6, 2023	Method of Payment O Check #104 O Debit Card	9 Oeft
Street Address 1006 E Broadway	у	City Milford		State Zip Co	
Purpose of Expenditure (by code) CNSLT	Description Campaign Manager		Event #	Amou:	nt
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) re)	ndent extion OA OB OC OD	, [_	
Name of Payee Nate Gross Street Address	···	City	Jul 8, 2023	Method of Payment Check #1050 Debit Card State Zip Co	OEFT
4 Canterbury Ln.		Trumbull		CT 0661	
Purpose of Expenditure (by code) CNSLT	Description Field		Event #	Amoun \$750.00	ıŧ
Expenditure # (if applicable)  Name of Payce	Type of Expenditure (Itemization in Addendum P Required und  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)		Method of Payment	
Nate Gross			,	© Check #1051	
Street Address 4 Canterbury Ln.		Trumbuli		State Zip Coo	
Purpose of Expenditure (by code) CNSLT	Description Campaign Manager		Event #	Amoun \$750.00	t
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) re)			
Name of Payee Nika Milbrun			Date of Payment	Method of Payment: Check #1052 Debit Card	OEFT
Street Address 4 Canterbury Ln.		City Trumbull		State Zip Cod CT 06460	de
Purpose of Expenditure (by code) CNSLT	Description Campaign Manager		Event #	Amoun(	t
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or com  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contril	mmittee)	•		
	S	UBTOTAL Section P —	- This Page \$3,587.67		
			<del></del>		

# Section P. ADDITIONAL PAGE 6 of 11

	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				150%	SELECTION OF SELECTION
Marilyn for Mayo	or			October filing		
The English	P. Expense	es Paid by Commi	ittee	6 10 CAR 2 3 AM		
Name of Payee Nate Gross	Monarchies Contrata de la	•		Date of Payment Jul 25, 2023		of Payment: ck #1012 it Card OEFT
Street Address		City		1	State	Zip Code
4 Canterbury Ln.	•	Trumbull			CT	06611
Purpose of Expenditure (by code) CNSLT	e Description Event #			\$750.0	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD					
Name of Payee	•			Date of Payment	Method of	• 690
Nate Gross				Aug 3, 2023	O Chec	k# <u>1052</u> t Card <b>O</b> EFT
Street Address		City		<u> </u>	State	Zip Code
4 Canterbury Ln.		Trumbull			СТ	06611
Purpose of Expenditure	Description		Even	t#		Amount
(by code) CNSLT	Field				\$750.0	00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contordinated without reimbursement sought (in-kind	committee) ure) O Ind	lependent	A OBOC OD		
Name of Payee				Date of Payment	Method of Check	
Nate Gross					I folk hear	
		Los		Aug 11, 2023	Debit	Card OEFT
Street Address 4 Canterbury Ln.		City Trumbull		Aug 11, 2023	1 -	
Street Address 4 Canterbury Ln.	Description		Event		O Debit State	Card OEFT Zip Code
Street Address 4 Canterbury Ln.	•		Event		State CT	Card OEFT Zip Code 06611 Amount
Street Address 4 Canterbury Ln. Purpose of Expenditure (by code) CNSLT Expenditure #	Description	unless "None of the belocommittee) iture)		# ted)	State CT \$550.0	Card OEFT Zip Code 06611 Amount
4 Canterbury Ln. Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)	Description  canvas/petition  Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	unless "None of the belocommittee) iture)	ow" is check	# ted)	State CT \$550.0	Card OEFT Zip Code 06611 Amount 00
Street Address 4 Canterbury Ln. Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee  Nika Milbrun	Description  canvas/petition  Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	unless "None of the belocommittee) iture) Intribution) Or	ow" is check	# Red)	State CT \$550.0	Card OEFT Zip Code 06611  Amount 00
A Canterbury Ln.  Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee  Nika Milbrun	Description  canvas/petition  Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	Trumbull  unless "None of the belo committee) iture) In intribution) Or	ow" is check	#  ted)  OA OB OC OI  Date of Payment	State CT \$550.0	Card OEFT Zip Code 06611  Amount 00
4 Canterbury Ln.  Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Nika Milbrun  Street Address	Description  canvas/petition  Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	unless "None of the belocommittee) iture) Intribution) Or	ow" is check	#  ted)  OA OB OC OI  Date of Payment	\$550.0  Method of O Check	Card OEFT Zip Code 06611  Amount 00  Payment: (#1063 Card OEFT
A Canterbury Ln.  Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Nika Milbrun  Street Address 31 Raymond St.	Description  canvas/petition  Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure)	Trumbull  unless "None of the belo committee) iture) In intribution) Or	ow" is check	#  Ned)  OA OB OC OI  Date of Payment  Aug 3, 2023	State CT \$550.0  Method of Check Debit State	Card OEFT Zip Code 06611  Amount 00  Payment: (#1063 Card OEFT Zip Code 06902
A Canterbury Ln. Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Nika Milbrun  Street Address 31 Raymond St.  Purpose of Expenditure	Description  Canvas/petition  Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind co	Trumbull  unless "None of the belo committee) iture) In intribution) Or	ow" is check dependent ganization	#  Ned)  OA OB OC OI  Date of Payment  Aug 3, 2023	State CT \$550.0  Method of O Check O Debit State CT	Card OEFT Zip Code 06611  Amount 00  Payment: (#1063 Card OEFT Zip Code 06902  Amount
A Canterbury Ln.  Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee Nika Milbrun  Street Address 31 Raymond St.  Purpose of Expenditure (by code)	Description  Canvas/petition  Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditude)  Coordinated without reimbursement sought (in-kind co	Trumbull  unless "None of the below committee) ture) Individual In	dependent ganization.  Event	#  DA OB OC OI Date of Payment Aug 3, 2023	State CT \$550.0  Method of Check Debit State CT  \$1,500.0	Card OEFT Zip Code 06611  Amount 00  Payment: (#1063 Card OEFT Zip Code 06902  Amount

## Section P. ADDITIONAL PAGE 7\_\_\_\_ of 11\_\_\_

Patricia Williams  Street Address 320 Wayne St.  City Bridgeport  City Bridgeport  Event # Debit Card OEF Code Code Code Code Manager  Type of Expenditure (*Itemization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (in-kind contribution)  Name of Payee Patricia Williams  Street Address 320 Wayne St.  Patricia Williams  Stree	NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository	) = = = = = = = = = = = = = = = = = = =	19003	TYPE OF REPORT	200 B	(4)39007011S	
Description   Description   Description   Description   Starmford   Starmfor	Marilyn for Mayo	or			October filing			
Nite Allibrum   Steet Aldress   Start Ford   Start   Start Ford   Start   Amount   Start   S		P. Expenses	Paid by Committ	tee		. Swits	X ROLL	
Start Address 3) Raymond St.  Papeos of Expenditure (Py code) CNSLT  Expenditure # (Py special content of the property of the period without reimbursement sought (ne-load countribution) Name of Payee Patricia Williams  Sincer Address 300 Waynes St.  Papeos of Expenditure # (Py special williams)  Type of Expenditure (Py special williams)  Type of Expenditure (Py special williams)  Type of Expenditure # (Py special williams)	Nika Milbrun			Date of Payment		Ocheck #1069		
Continued   Continued without reimbursement sought (in the section   Continued without reimbursement   Continued without reimbursement   Continued   Conti		X-	·			1	Zip Code	
Type of Expenditure # (if specialists   Type of Expenditure   Ty	(hy code)	`		Event	#			
Patricia Williams  Street Address 320 Wayne St.  City State  City State City Code CNSLT  Description Office Manager  Street Address  320 Wayne St.  Description Office Manager  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Occordinated with reimbursement sought (in-kind contribution)  Name of Payee Patricia Williams  Name of Payee Patricia Williams  Sireet Address 320 Wayne St.  City State City Code Coordinated without reimbursement sought (ionit expenditure) Office Manager City Code) CNSLT  City State City Coordinated with reimbursement sought (in-kind contribution) City Coordinated City City City City City Coordinated City City City City City City City City	(if applicable)  None of the below (does not involve another candida Coordinated with reimbursement sought (joint exp		ommittee) ure)	pendent	A OB OC OD			
320 Wayne St.  Bridgeport  CT 06606  Purpose of Expenditure (by code) CNSLT  Compliance of Expenditure (by code) CNSLT  Condinated without reimbursement sought (includes not involve another candidate or committee) Coordinated without reimbursement sought (includes not involve another candidate or committee) Coordinated without reimbursement sought (includes not involve another candidate or committee) Coordinated without reimbursement sought (includes not involve another candidate or committee) Coordinated without reimbursement sought (includes not involve another candidate or committee) Coordinated without reimbursement sought (includes not involve another candidate or committee) Coordinated without reimbursement sought (includes not involve another candidate or committee) City State Zip Code Office Manager  City Bridgeport  City State Zip Code Office Manager  Expenditure # (if applicable) Office Manager  Expenditure # (if applicable) Office Manager  Coordinated with reimbursement sought (includes not involve another candidate or committee) Organization A B Oc Op  Name of Payee  Rhonda Taylor  Street Address  City Bridgeport  City Bridgeport  City Bridgeport  Metibod of Payment  Sound Office Manager  Sound Office Payment  Coordinated without reimbursement sought (include contribution)  Coordinated without reimbursement sought (includes not involve another candidate or committee)  Coordinated without reimbursement sought (includes not involve another candidate or committee)  Coordinated without reimbursement sought (includes not involve another candidate or committee)  Coordinated without reimbursement sought (includes not involve another candidate or committee)  Coordinated without reimbursement sought (includes not involve another candidate or committee)  Coordinated without reimbursement sought (includes not involve a	Patricia Williams		I City			Check	k # <u>1061</u> t Card <b>O</b> EFT	
Cordinated with present the period of Expenditure # (I) applicables   City   Coordinated without reimbursement sought (in-kind contribution)   Coordinated without reimbursement sought (in-kind contribution)   Coordinated without reimbursement sought (in-kind contribution)   City   City   Coordinated without reimbursement sought (in-kind contribution)   Coordinated without reimbursement sought (in-kind contribution)   City   City   City   City   Coordinated without reimbursement sought (in-kind contribution)   City			1			1	1 -	
Type of Expenditure   (Itemization in Addendum P Required unless "None of the below" is checked)   Organization A B C D D	Purpose of Expenditure (by code) CNSLT	<u>'</u>		Event #		4500		
Patricia Williams  Street Address  320 Wayne St.  Bridgeport  Description Office Manager  Expenditure # If applicable)  Name of Payee  Rhonda Taylor  Street Address  106 Granfield Ave.  Purpose of Expenditure  Coordinated with reimbursement sought (io-kind contribution)  Date of Payment Aug 3, 2023  Method of		None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure	mmittee) re) Indepe	endent	•		50	
320 Wayne St.  Bridgeport    Description   Description   Stocked)   Stocked    Patricia Williams				·	• Check	k# <u>1064</u> Card <b>O</b> EFT		
CNSLT   Office Manager   Special Constitute   Spe						State	1	
Expenditure # (// applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee Rhonda Taylor  Street Address  106 Granfield Ave.  Purpose of Expenditure by code) CNSLT  Canvasing/Petitioning?Outreach  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  O None of the below (does not involve another candidate or committee) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B O C O D  Method of Payment O Check #1057 O Debit Card O EFT State	Purpose of Expenditure (by code) CNSLT	1		Event #		\$5007		
Rhonda Taylor  Street Address  106 Granfield Ave.  Purpose of Expenditure (by code) CNSLT  Canvasing/Petitioning?Outreach  Expenditure # (if applicable) O None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Aug 3, 2023  Check #1057  Debit Card OEFT  State Zip Code  CT 06610  Amount  \$560.00		None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu	ommittee)	endent		, \$500.X		
State Zip Code  106 Granfield Ave.  Purpose of Expenditure by code) CNSLT  Canvasing/Petitioning?Outreach  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  State Zip Code  CT 06610  Amount  \$560.00	•				•	O Check	¢#1057	
CNSLT  Canvasing/Petitioning?Outreach  Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD		2.	1			1	Zip Code	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization OA OB OC OD	(by code)	,		Event #		410		
SUBTOTAL Section P — This Page \$3,060.00		None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure	mmittee)	endent				
		s	UBTOTAL Section P	— This i	Page \$3,060.00	<u></u>		

# Section P. ADDITIONAL PAGE 8 of 11

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repositor	ער		TYPE OF REPORT		enderson set	
Marilyn for Mayo	or		ŀ	October filing			
	P. Expense	s Paid by Committe	æ			THE WEST THE	
Name of Payee Rhonda Taylor			- 1	Date of Payment Aug 11, 2023	Method of Payment Check #1072 Debit Card		
Street Address 106 Granfield Av	re.	Bridgeport			State	2ip Code 06610	
Purpose of Expenditure (by code) CNSLT	Description Canvasing/Petitioning/Outreach	Outreach Event #			Amount \$680.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization  OB  OC  D						
Name of Payee Josephine Edmo	nds		D	Nate of Payment Aug 3, 2023	Method of Payment: Check #1059 Debit Card DEF		
Street Address 20 Coleman St. C	-4	City Bridgeport			State	Zip Code 06604	
Purpose of Expenditure (by code) CNSLT	Description Canvasing/Petitioning/Outreach		Event #		Amount \$560.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	ommittee) ure)	ndent	ОвОсОр			
Name of Payee Josephine Edmo	nds		D	Aug 11, 2023	Method of Check	k # <u>1065</u> Card <b>O</b> EFT	
Street Address 20 Coleman St. C	<b>-4</b> · ·	Bridgeport			State CT	Zip Code 06604	
Purpose of Expenditure (by code) CNSLT	Description Canvasing/Petitioning/Outreach		Event #		\$830.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	committee) ture) Indepe	endent	ОВ ОС ОД			
Name of Payee Lois Younger				ate of Payment Aug 3, 2023	Method of Check	k # <u>1056</u>	
Street Address 170 Regency Terr	r. 2nd fl.	City Stratford			State	Zip Code 06615	
Purpose of Expenditure by code) CNSLT	Description Canvasing/Petitioning/Outreach		Event #		\$560.0	Amount	
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or concluded with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control	ommittee) ure)	ndent	Ов Ос Ор	, 4300.0		
		SUBTOTAL Section P -	— This Pa	\$2,630.00			

## Section P. ADDITIONAL PAGE 9\_\_\_\_ of 11\_\_\_

	ITTEE (Provide Complete Name as Registered with Filing Repo	osnory)		TYPE OF REPORT		May 100 100 100 100 100 100 100 100 100 10
Marilyn for May	or			October filing		
	P. Expe	nses Paid by Comm	aittee	Ser in payers in	W. A.	
Name of Payee Lois Younger				Date of Payment Aug 11, 2023	Method of Payment:  Ocheck #1068  Obebit Card	
Street Address 170 Regency Te	rr. 2nd fl.	City Stratford	'		State	Zip Code 06615
Purpose of Expenditure (by code) CNSLT	Canvasing/Petitioning/Outreach	- 1	Even	1#	\$400.	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA  B  OC  D					
Name of Payee Zjane Younger Street Address		Cin		Date of Payment	O Debi	k # <u>1060</u> t Card <b>O</b> EF1
176 William St.		Bridgeport			State	Zip Code 06608
Purpose of Expenditure (by code) CNSLT	Description Canvasing/Petitioning/Outreach		Event	#	\$320.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind	e or committee)	dependent_	AOBOCOD		
Name of Payee				Date of Payment	Method of	Payment:
				Aug 11, 2023	Chec	k# <u>1071</u>
Street Address		City Bridgeport		Aug 11, 2023	<b>⊙</b> Chec	k# <u>1071</u>
Street Address 176 William St.	Description Canvasing/Petitioning/Outreach		Event	<u></u>	O Check Debit State CT	k #1071 Card OEFT Zip Code 06608 Amount
Treet Address 176 William St. Purpose of Expenditure by code) CNSLT Expenditure #	1 .	red unless "None of the belle or committee) enditure)	low" is check	# ed)	© Chec  Debit State  CT  \$400.	k #1071 Card OEFT Zip Code 06608 Amount
Street Address 176 William St. Purpose of Expenditure by code) CNSLT Expenditure # if applicable)	Canvasing/Petitioning/Outreach  Type of Expenditure (Itemization in Addendum P Require  None of the below (does not involve another candidate Coordinated with reimbursement sought (joint experiment sought) Coordinated without reimbursement sought (in-king	red unless "None of the belle or committee) enditure)	low" is check	#	© Chec  Debit State  CT  \$400.	k #1071 Card OEFT Zip Code 06608 Amount 00
Treet Address 176 William St.  Purpose of Expenditure by code) CNSLT  Expenditure # if applicable)  Name of Payee  Cassandra L. She  treet Address	Canvasing/Petitioning/Outreach  Type of Expenditure (Itemization in Addendum P Require  None of the below (does not involve another candidate Coordinated with reimbursement sought (joint experiment sought) Coordinated without reimbursement sought (in-king	red unless "None of the belle or committee) enditure)	low" is check	# ed) DA OB OC OD	© Chec © Debit State CT \$400.	k #1071 Card OEFT Zip Code 06608 Amount 00
Treet Address T76 William St. Types of Expenditure	Canvasing/Petitioning/Outreach  Type of Expenditure (Itemization in Addendum P Require  None of the below (does not involve another candidate Coordinated with reimbursement sought (joint experiment sought) Coordinated without reimbursement sought (in-king	Bridgeport  red unless "None of the belief or committee) enditure) d contribution)  City	low" is check	#  PA OB OC OD  Date of Payment	© Check Debit State CT  \$400.  Method of Check Debit State CT	k #1071 Card OEFT Zip Code 06608  Amount  OO  Payment: k #1066 Card OEFT Zip Code 06606  Amount
Zjane Younger Street Address 176 William St. Purpose of Expenditure by code) CNSLT Expenditure # if applicable) Name of Payee Cassandra L. She Street Address 76 DANIEL DR Purpose of Expenditure by code) CNSLT Expenditure # if applicable)	Canvasing/Petitioning/Outreach  Type of Expenditure (Itemization in Addendum P Requision of Expenditure (Itemization in Addendum P Requision None of the below (does not involve another candidate Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind rrod	Bridgeport  red unless "None of the below of the below of the below or committee) and unless "None of the below or committee) and iture)  Bridgeport  City  Bridgeport  Indiana Indian	low" is checkendependent rganization.  Event	#  OA OB OC OD  Date of Payment	© Check Debit State CT  \$400.  Method of Check Debit State	k #1071 Card OEFT Zip Code 06608  Amount  OO  Payment: k #1066 Card OEFT Zip Code 06606  Amount

# Section P. ADDITIONAL PAGE 10 of 11

Marilyn for Mayor  P. Expenses Paid by Committee  Name of Physe  TD Bank  Seret Address  975 Madison Ave.  Expenditure Bink  Maintenance Fee  Expenditure Bink  Note of Physeter  City  975 Madison Ave.  Expenditure Bink  Maintenance Fee  Expenditure Bink  Note of Physeter  City  975 Madison Ave.  Expenditure Bink  Maintenance Fee  Expenditure Bink  Note of Physeter  City  975 Madison Ave.  Expenditure Bink  Maintenance Fee  Expenditure Bink  Note of Physeter  Dear of Expenditure Bink  Note of Physeter  Note of Physeter  Note of Physeter  Note of Physeter  Dear of Expenditure Bink  Note of Physeter  Note of Physe	NAME OF COLUMN	TITTEE OF LIGHT AND LIGHT BEING			TEMPS OF BERORE			
P. Expenses Paid by Committee  Name of Physe TD Bank  Seet Address 975 Madison Ave.  Pages of Expenditure (Provide) BNK  Name of Physe Type of Expenditure (None of the below (does not involve another candidate or committee) Coordinated without reinhursement sought (non-topolatene) TD Bank  Store Address 975 Madison Ave.  Cordinated without reinhursement sought (non-topolatene) Coordinated without reinhursement sought (non-topolatene) Top Bank  Store Address 975 Madison Ave.  Cry 975 Madison Ave.  Cry 975 Madison Ave.  Store Address 975 Madison Ave.  Store Address  Type of Expenditure (Hemitzation in Addendum P Required unicar "None of the below" is checked) (Provide) BNK  Maintenance Fee  Store Address  Type of Expenditure (Hemitzation in Addendum P Required unicar "None of the below" is checked) (Provide) BNK  Maintenance Fee  Store Address  Type of Expenditure (Hemitzation in Addendum P Required unicar "None of the below" is checked) (Proposed Expenditure) (Provide) BNK  Maintenance Fee  Store Address  Type of Expenditure (Hemitzation in Addendum P Required unicar "None of the below" is checked) (Proposed Expenditure) (Provide) BNK  Store Address  Type of Expenditure (Hemitzation in Addendum P Required unicar "None of the below" is checked) (Proposed Expenditure) (			<u> </u>		TYPE OF REPORT			
Description	Marilyn for May	or			October filing			
TD Bank Sizer Address 975 Madison Ave. Purpose of Expenditure (by code) Bink Sizer Address 975 Madison Ave.    Purpose of Expenditure   Proper of Expe		P. Expense	s Paid by Committe	ee				
Size Address 975 Madison Ave. Purpose of Expenditure 8 (Fryword Expenditure 16 (Fryword) Name of Physe TD Bank	Name of Payee				Date of Payment	Method o	f Payment:	
State   Zip Code   975 Madison Ave.   Description   Event #   Amount   State   Zip Code   Geode   Bridgeport     State   Zip Code   Geode   Bridgeport     State   Zip Code   Geode					Jul 31, 2023			
Pageos of Expenditure (by cocid) BNK    Description   Maintenance Fee	Street Address		City					
Maintenance Fee   Since   Amount   Sin	975 Madison Av	e.	Bridgeport			CT	06606	
Signaturition   Segmentation   Type of Expenditure   Segmentation   Addendum   Prequired unless "Nome of the below" is checked)   Organization   A   B   C   Organization	(hy code)	Description		Event	#		Amount	
Expenditure # (flyephonidus)   Type of Expenditure (Intertization in Addendum P Required unless "None of the below" is checked)   Organization OA OB OC OD	BNK	Maintenance Fee				\$10.00	n	
Name of Payee TD Bank Sirect Address		None of the below (does not involve another candidate or coordinated with reimbursement sought (joint expenditude)	committee) ure)  Indep	endent			•	
Street Address   Stre	Name of Payee	Coordinated without reimoursement sought (in-kind con	tribution) Organi	zation		120-0-1-6		
Street Address 975 Madison Ave. Purpose of Expenditure (by code) BNK  Expenditure # (f) applicable)  Purpose of Expenditure # (f) applicable)  Name of Payee  Expenditure # (f) applicable)  Description (by code) BNK  Expenditure # (f) applicable)  Name of Payee  Type of Expenditure (by code) BNK  Description (by code) BNK  Description (coordinated with reimbursement sought (in-kind contribution)  Name of Payee  TD Bank  Description (coordinated without reimbursement sought (in-kind contribution)  Description (coordinated without reimbursement sought (in-kind contribution)  Description (coordinated without reimbursement sought (in-kind contribution)  Description (coordinated with reimbursement sought (in-kind contribution)  Description (coordinated with reimbursement sought (in-kind contribution)  Description (coordinated with reimbursement sought (in-kind contribution)  Name of Payee  Description (coordinated with reimbursement sought (in-kind contribution)  Name of Payee  Day Campaign  Name of Payee  Order Payee	-				•	Check	k#	
Purpose of Expenditure (by code) BNK  Expenditure # (by code) BNK  Expendi	Street Address		City					
Type of Expenditure #   Type of Expenditure   Hemization in Addendum P Required unless "None of the below" is checked)   S10.00	975 Madison Ave	<b>2</b> .	Bridgeport			СТ	06606	
Expenditure # (ff applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution)  Name of Payee  TD Bank  Street Address  975 Madison Ave.  City Bridgeport  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee  Date of Payment Sep 30, 2023  State City Windsor  Furpose of Expenditure Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Coordinated with reimbursement sought	Purpose of Expenditure	Description		Event a	<b>#</b>		Amount	
None of the below (does not involve another candidate or committee)   Organization   Organizat		Maintenance Fee				\$10.00	0	
Date of Payment   Sep 29, 2023   Method of Payment   Sep 29, 2023   October		None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu	ommittee)	ndent				
Street Address  Description  Name of Payee  Day Campaign  Name of Payee  Day Campaign  Street Address  City  Bridgeport  City  Bridgeport  Description  Maintenance Fee  Expenditure # (If applicable)  None of the below (does not involve another candidate or committee)  Coordinated without reimbursement sought (in-kind contribution)  Date of Payment  Sep 30, 2023  Method of Payment  Sep 30, 2023  Method of Payment  Sep 30, 2023  Method of Payment  Otheck #  Debtit Card OEFT  Amount  Street Address  City  Windsor  Description  Credit Card/Banking Transaction fees  Expenditure # (If applicable)  None of the below (does not involve another candidate or committee)  Ocordinated with reimbursement sought (in-kind contribution)  Name of Payee  Date of Payment  Ocheck #  Debtit Card OEFT  Amount  State Zip Code  CT 06095  Purpose of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Ocordinated with reimbursement sought (in-kind contribution)  Organization OA OB OC OD  None of the below (does not involve another candidate or committee)  Ocordinated with reimbursement sought (in-kind contribution)  Organization OA OB OC OD	Name of Payee					1 -	· .	
Prupose of Expenditure (lycode) BNK    Description   Street Address   City   Windsor					Sep 29, 2023	1 -		
Superior   BNK   Maintenance Fee   Store   S		<b>2.</b>	1 '			l	1	
Expenditure # (// applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution)  Name of Payee  Day Campaign  Street Address  112 Bloomfield Ave.  City  Windsor  Credit Card/Banking Transaction fees  Expenditure # (// applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without	Purpose of Expenditure	Description	Event				Amount	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (iont expenditure) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee  Date of Payment Sep 30, 2023  Method of Payment Sep 30, 2023  Ocheck # Opebit Card Obetic Card	BNK BNK	Maintenance Fee				\$10.00	•	
Street Address  Street Address  112 Bloomfield Ave.  City  Windsor  CT  O6095  Purpose of Expenditure (by code) BNK  Expenditure # (if applicable)  One of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Sep 30, 2023  Check #  Description CT  O6095  Amount  State  Zip Code CT  O6095  Amount  State  Zip Code CT  O6095  Amount  State  Credit Card/Banking Transaction fees  Expenditure # (ltemization in Addendum P Required unless "None of the below" is checked) One of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Organization OA  OB  OCheck #  Description CT  O6095		None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendite	committee) ure)   Indepe	endent		310.00		
Street Address  112 Bloomfield Ave.  City  Windsor  CT  06095  Purpose of Expenditure by code)  BNK  Credit Card/Banking Transaction fees  Expenditure # (if applicable)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (ion-kind contribution)  Organization OA  OB  OC  OC  OC  OC  OC  OC  OC  OC  OC	Name of Payee	···			Date of Payment	_	•	
State Zip Code  City  Windsor  City  State Zip Code  CT 06095  Purpose of Expenditure (by code)  BNK  Credit Card/Banking Transaction fees  Expenditure # (if applicable)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (ion-kind contribution)  Organization OA OB OC OD	Day Campaign				Sep 30, 2023			
Purpose of Expenditure (by code) BNK  Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  CT 06095  Amount \$151.00	Street Address		City					
Credit Card/Banking Transaction fees  Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Amount  \$151.00	112 Bloomfield A	ve.	1			l	-	
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD	hy code)	1 '		Event #		11-12		
		None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure)	ommittee) re)	ndent		4131.00		
		S		- C 1	NAME OF TAXABLE PARTY.			
			<u> </u>				<del></del>	

### Section P. ADDITIONAL PAGE 11 of 11

NAME OF COM	MITTEE (Provide Complete Name as Registered with Filing Reposit	(ory)		TYPE OF REPORT	1000	
Marilyn for Ma	yor			October filing	The facility	
	P. Expens	ses Paid by Commit	tee			
Name of Payee		continue by Commit		Date of Payment	Mathad	o C Down
Betty Chappell				Aug 3, 2023	<b>⊙</b> Ch	of Payment:
Street Address		City		<u> </u>	State	bit Card OEF
20Steven St. Ap	ot. 312	Bridgeport			СТ	06606
Purpose of Expenditur (by code) CNSLT	Canvasing/Petitioning/Outreach		Even	1#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	r committee) liture)	pendent	ed)	\$560	.00
Name of Payce				Date of Payment		of Payment:
Betty Chappell				Aug 11, 2023	_	ck #1070
Street Address		City			State	Zip Code
20Steven St. Apt		Bridgeport			СТ	06606
Purpose of Expenditure (by code) CNSLT	Description Canvasing/Petitioning/Outreach		Event	#		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required 1				\$460.	.00
Name of Payee Marilyn Moore	None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continuous)	ure) 🔘 Indepe	zationO	A OBOC OD Date of Payment Jul 19, 2023	_	k # <u>1010</u>
treet Address 666 Cleveland A	ve.	City  Bridgeport			State CT	Zip Code
urpose of Expenditure	Provide	bridgeport			CT	06604
y code) RMB	Description  Campaign meet and greet meeting and miss	c. stickers	Event #			Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	committee) ture)	endent	A OB OC OD	\$831.	68
ame of Payee	<del></del>			Date of Payment	Method of	
larilyn Moore			],	Aug 29, 2023	O Check	
reet Address		City			O Debit	
66 Cleveland Av	e.	Bridgeport			State	Zip Code 06604
rpose of Expenditure y code)	Description	<del></del>	Event #		<del> </del>	Amount
penditure #	Food and refreshments for volunteers/staff				\$298.52	2
penarare # applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) re)  Indeper	ident	OB Oc OD		
	S	SUBTOTAL Section P -	- 1700E	- 201		
		A CONTRACTOR OF THE PROPERTY O		(1)		