SEEC FORM 20

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

TOWN/CITY CLERK DERBY, CT

2023 JUL 10 AM II: 12

Do Not Mark in This Space For Official Use Only

Page 1 of 17

COVER PAGE ou J. Comple

	COVE	R PAGE Gove J. Serving	
1. NAME OF COMMITTEE		maro J. Carofaló, M	
LD 23			
2. TREASURER NAME			
First Christine	\mathbb{R}^{M}	Blaskewic	Suffix
3. TREASURER ADDRESS			
Street Address 55 Devloy	Neck Rd. City	Derby	State Zip Code O6418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	if Candidate Comm itte e)	6. DISTRICT NUMBER
(mm/dd/yyyy) 11 07 2033	Mayor of	- City of Der	(if applicable)
7. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Committee) MI	Last	Suffix
Kichard	P.	Dziekan	Sunix
8. TYPE OF REPORT (Check One Box)			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement (PACs ONLY)
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendment to
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Bate	Ending Date	
	0400 2023	thru 07 09 20	<u>3</u> 3
10. CERTIFICATION			
I hereby certify and state, under per Disclosure Statement for the per		all of the information set forth on this and complete.	s Itemized Campaign Finance
TREASURER OR DEPUTY TREASURE	blasley's Oh R (SIGNATURE) PRIN	INSTINER BIOSICE	DATH (mm/dd/yyyy)
A person who is	found to have knowingly and wi	Ilfully violated any provisions of the	campaign finance statutes

faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\Diamond
12. Balance on hand at the beginning of Reporting Period	3430.10	
13. Contributions Received from Individuals (Sections A and B)	\bigcirc	\Diamond
14. Receipts from Other Committees (Sections C1 and C2)	D	
15. Other Monetary Receipts (Sections D through K)	Ò	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	Ø,	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	Q	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\otimes	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	8	
19. Expenses Paid by Committee (Section P)	8	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3430.10	
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)	MA	202
25. Loan Balance	<u> </u>	TITC 6
25a. + Loans Received (Section D)	A C	
25b. + Interest and Penalties on Loan	ĒQ	
25c Payments on Loan	2	· 2 点
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF GOLD STREET	<u> </u>	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	s (1)
		\
B. Itemized Con	ntributions from Indivi	duals
Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second of government the contract of government the government the government of government o		te contractor?
Method of Contribution:	Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	
Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event # Is contributor a principal of a section L1? If yes, list Event #		te contractor?
Method of Contribution:	Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		
Last Name	First	
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # Of government the contraction of government the contraction of government the contraction.		No
Method of Contribution:	Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	
SUBT	OTAL Section B — This	Page
TOTAL	of additional Section B	Pages
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (Sections . 13, Column A of Summary Page	

NAME OF COM	IMITTEE (Provide Comp	lete Name as Registered	with Filing Repos	itory)		TYPE	OF REPORT		
			74		a	•,,,			
Name of Committee		CI. (ontributio	ons from O	Name of T				
Address				In this contri	hution acco	ointed swith an III		Amount	of Contribution
				event reporte	ed in Section		Yes □No	Amount	or Contribution
City		State	Zip Code	Date Recei		Aggregate Con	4-1141		
		State	Zip Code	Date Recei	.ved	Aggregate Con	urioutions		
Name of Committee					Name of T	reasurer	1 1111121 11 311121		
Address				Is this contri	bution assoc	ciated with an	Yes No	Amount o	f Contribution
				event reporte	d in Section If ye	n L1? es, list Event#			
City		State	Zip Code	Date Recei		Aggregate Con			
Name of Committee					Name of Ti	reasurer			
Address				To this sout i	<u> </u>	:	7 3.1	Amount	f Contribution
				event reporte	d in Section			Amount	Contribution
City		State	Zip Code	Date Recei		s, list Event #			
,		State	Zip Code	Date Recei	veu	Aggregate Con	uroutions		
	C2.]	Reimbursemen	ts or Surpl	us Distribu	tions fro	om other Con	nmittees		
Name of Committee					Name of Ti	reasurer	\$ J	7823	
							No. of the second	نت <u>د</u>	Q
Address				City			= 'F	State	Zip Code.
				i.				0	198
Date Received	Expenditure # (if applicable)	Payment Type					3/00	Amoun	t of Receipt
		☐ Reimbursem	ent for shared e	expense Su	ırplus Distri	bution	ار ا	man Elife. Artistropi un eliferopi	
Description								Annonia Elisa In	Z
							eji .	N	F . 4
Name of Committee					Name of Tr	reasurer			
					:				
Address				City	- 			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type						Amount	t of Receipt
		☐ Reimburse	ement for shared	d expense	Surplus Dis	tribution			1
Description									
			CIIDTO	NTAT Co-45	, C m	Sta Do			
			SUBTO	TAL Section	1 C — 11	nis Page			
			TOTAL	of additional	Section (C Pages			
		FALL COMMIT							
	(Section	ns C1 + C2) (Enter t	total on Line 14	, Column A of S	Summary P	age Totals)			

NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Repository)		TYPE OF	REPORT	
	D. Loans Re	ceived this Perio	od.		
Name of Lender		Source of Loan:	Candidate 🔲 Individua	1 Other Committee	Date of Receipt
treet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
ame of Cosigner/Guarantor (if applicable)	•				Amount Received
Street Address	City		State	Zip Code	
fame of Lender		Source of Loan:	'andidate ☐ Individua	Other Committee	Date of Receipt
reet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
ame of Cosigner/Guarantor (if applicable)					Amount Received
treet Address	City		State	Zip Code	
ame of Lender		Source of Loan:	andidate Individua	Other Committee	Date of Receipt
reet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan. Yes No
ame of Cosigner/Guarantor (if applicable)			•	•	Amount Received
treet Address	City		State	Zip Code	
		TOTAL SEC	TION D		<u> </u>
E. Receipts from Entiti	es other than Individu	als or Other Co	mmittees (Referen	dum Committe	es ONLY)
me of Entity				5 4	2 23 78
eet Address	<u> </u>		Date Received	京作	Amount Received
у	Stat	e Zip Code	Aggregate Contrib		
me of Entity	Mark (1.18)				
eet Address			Date Received		Amount Received
у	Stat	e Zip Code	Aggregate Contrib	utions	
		1	Į.		l
me of Entity					
ame of Entity reet Address		•	Date Received		Amount Received

NAME OF COMMITT	ΓΕΕ (Provide Complete Name as Regis	tered with Filing 1	Repository)	•	ТУРЕО	F REPORT	
	F. Amount Transferred	from Affi	liated Bı	usiness Treasury (1	Business Entity	Committees ONLY)	
Date of Receipt	Is this transaction assoc event reported in Section	iated with an	☐ Ycs ☐ No	If yes, list Event #	Section 1995 The Sectio	Amount	
Date of Receipt	Is this transaction assoc event reported in Section		☐ Yes ☐ No	If yes, list Event #		Amount	
Date of Receipt	Is this transaction assoc event reported in Sectio		☐ Yes ☐ No	If yes, list Event #		Amount	
Date of Receipt	Is this transaction assoc event reported in Sectio		☐ Yes ☐ No	If yes, list Event#		Amount	
	1			TOTAL SECT	ΓΙΟΝ F		
G. Amount T	Transferred from Affilia	ted Labor	Union o	r Other Organizat	tion Treasur	y (Organization Committees (ONLY)
Date of Receipt		Date of Receipt			Date of Rec		TOTAL VISITA NAVALOUTE TERRETA
	Amount		A	mount		Amount	
				TOTAL SECTION	ON G		
	H. Personal Funds of	the Candi	date Rec	eived this Period	(Candidate Cor	nmittees ONLY)	
Date of Receipt	Method of payment:				1	Amount	5-9
	☐ Cash		Personal Che	eck	Debit Card		
Date of Receipt	Method of payment:					Amount	
	☐ Cash		Personal Che	eck	ebit Card		920
Date of Receipt	Method of payment:					Amount	3
	☐ Cash		Personal Che	eck 🗖 Credit/D	ebit Card	N	<i>3</i> ***
Date of Receipt	Method of payment:					Amount	
	☐ Cash		Personal Che	cck	ebit Card		
				TOTAL SEC	TION H		
and the control of the section of th			Commission of the Commission o				
		l. An	onymou	s Contributions			
	Per Public Act 11-48	Anonyme	ous Cont	wihartiana marro	lamaan ha d		

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

I. MONETAI	RY RECEIPTS	(Sections A—K

Revised January 2015	1. WONE TARY RECEIPTS (Sections A—A)		1 age 7 01 17
NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with Filing Repository)	TYPE O	F REPORT	
	T T.			
Name of Institution	J. Interest from Deposits in Authoriz	zed Accounts Date Rece	eived T	Amount
name of monument		Date Rece		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Rece	ived	Amount
Street Address	City	State	Zip Code	
	TOTA	L SECTION J		
	K. Miscellaneous Monetary Receipts not Cons		•	
Name	K. Wiscenaneous Wionetary Receipts not Cons		e of Transaction	Amount Received
				Amount Received
Street Address	City	State	Zip Code	
Description				
			32	<u> </u>
Name		Date	e of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		•		
Name		Date	e of Transaction	Amount Received
				Amount Received
Street Address	City	State	Zip Code	
Description				\dashv
Name		Date	e of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTAL SE	CTION		
	SUMMARY OF OTHER MONETARY RECEIP	IS (Sections D thi	rough K)	
Total Loans Received this I	Period (Section D)			
Total Receipts from Entitie	s other than Individuals or Other Committees (Section E)	+		
Total Amount Transferred	from Affiliated Business Treasury (Section F)	+		
Total Amount Transferred	from Affiliated Labor Union or Other Organization Treasur	ry (Section G) +		
Total Amount of Personal I	Funds of the Candidate Received this Period (Section H)	+		
Fotal Amount of Interest fr	rom Deposits in Authorized Accounts (Section J)	+		<u></u>
	tary Receipts not Considered Contributions (Section K)	+		
	,			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provi	de Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	T 1 F	t Information			
		t information			
Event # Desc Date of Event Letter	ription			Was this a fur ☐ Yes	ndraising event?
Location: Street Address		City	,	State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a pers	sonal residence?	☐ Yes (If yes, go to Section Lessociated with a Houpurchases made by hose	ise Party and complete	required infor	
	ods or services donated by a business entity by an individual of up to \$100?	☐ Yes (If yes, go to Section Land complete required in No		ot Considered (Contributions
Was this fundraiser a tag sale, with purchases from an individual	auction, or other sale of donated items lual of up to \$100?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Committees Were there purchases of adver sign associated with this fundr	s, Municipal Candidates and Political Comn tising space in a program book or on a aiser?	nittees other than Exploratory Yes (If yes, go to Section L3 or on a Sign and comp No	Purchases of Adverti	sing Space in a	Program Book
Subpart 3: (Town Committee Did your committee sell food of gathering held within the state	or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Reco	eipts here.)		A MOUNT
Event # Describer Describe	ription			of the said of the said	idraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a pers	onal residence?	☐ Yes (If yes, go to Section L5 Associated with a Hou purchases made by host ☐ No	se Party and complete	required inform	
	ods or services donated by a business entity by an individual of up to \$100?	Yes (If yes, go to Section Lean and complete required in No		ot Considered (Contributions
Was this fundraiser a tag sale, with purchases from an individ	auction, or other sale of donated items dual of up to \$100?	☐ Yes (If yes, enter Total Reco		\$	
Subpart 2: (Party Committees Were there purchases of advert sign associated with this fundra	, Municipal Candidates and Political Commissing space in a program book or on a aiser?	ittees other than Exploratory of Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advertis		Program Book
Subpart 3: (Town Committees) Did your committee sell food o gathering held within the state	or beverage at a fair or similar mass	☐ Yes (<i>If yes</i> , enter Total Rece ☐ No	ipts here.) ——→	\$	
SUBTOTAL Section L1-	-Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — T	This Page		
		on L1—Subpart 3 (Town Commits pts from Food Purchases — T			
		TOTAL of additional Section	L1 Pages		
		IPTS FROM SMALL PUR Line 16a, Column A of Summary			

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposite	ory)	(T)	PE OF REPOR	T		
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or on				
Name of Purchaser							e Made By:	
							siness Entity	Other
Charle Address			Ta			∐Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	am Ad Purchas	se .	Amount of Si	gn Purchase
Name of Purchaser					· ·	<u> </u>	- M- J- D	
Name of Furchaser							e Made By: siness Entity	☐ Other
					E		ividual/Sole P	
Street Address			City			_ mu	State	Zip Code
- x			<u> </u>			.,		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	am Ad Purchas	se 2	Amount of Sig	gn Purchase
Name of Purchaser		l		<u> </u>		Purchas	e Made By:	
						☐ Bus	siness Entity	☐ Other
en de la companya de	1.15 A					☐ Ind	ividual/Sole P	roprietorship
Street Address			City		L		State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Progra	am Ad Durchas	50	Amount of Si	n Durchese
Date Received	B, one "	riggiogute i dichases	TOT THE EVENTS	Amount of Flogra	аш да гитеца	2	Amount of 91	gn Furchase
						ŀ		
Name of Purchaser					2 A A A A A A A A A A A A A A A A A A A	200	e Made By	
							siness Entity	☐ Other
					<u></u>	ĹŪ (Ēd	ividual/ <mark>Sol</mark> e P	
Street Address			City		9	· ~ &	State	Zip Code ()
						الاست. الاست. الاست.	-	122
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Progra			Amount of Sig	n Purchase
					- Sad	. L	444000 9 0	
N				l				
Name of Purchaser							e Made By:	C Other
							siness Entity ividual/Sole P	Other
Street Address			City	•		<u> </u>	State	Zip Code
							J	a.p out
		1						
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Progra	am Ad Purchas	se 2	Amount of Sig	gn Purchase
		<u> </u>						
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book — T	This Page			
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign — T	This Page			
			TOTAL of a	dditional Section	L3 Pages			
TOTAI	OF ALL PURCHASES O							
		(Enter total on	Line 10c, Column	A of Summary Pag	ge Lotals)			

NAME OF COMMITTI	EE (Provide Complete Name	as Registered with Filing Repo	ssitory)	TYPE OF E	REPORT		
	L	4. In-Kind Donatio	ons Not Cons	idered Contributions			
Name of Donor				Adored Contributions			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
lame of Donor							
Street Address			City			State 3	Zip Code
Donation Given By: Business Entity	Description of Donation					Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor						D N	
treet Address			City		·	State	Zip Code
Donation Given By: Business Entity	Description of Donation				Fair	Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
ame of Donor				····			
treet Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation				Fair 1	I Market Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
		SU	JBTOTAL Sect	ion L4 — This Page	•		
		Тө	TAL of additio	nal Section L4 Pages			
тот	'AL OF ALL IN-KINI	DONATIONS NOT (Enter total on Line 2)					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repos	itory)	<u> </u>	TYPE OF RE	PORT	
L5. I	n-Kind Donations Not Consider	ed Contributions Associa	ated with a I	House Part		
Name of Host			Is this event so	supporting m □ Yes □ N	ore than o	ne candidate or
			If yes, co	mplete Itemiza		
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	nost/candidate	<u>.</u>		
Name of Host			committee?	supporting me Yes Nomplete Itemiz	0, ==	ne candidate or
Street Address		City	19 963, 00		State	Zip Code 7
Description of Donation					r ket Value う 蓋	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	nost/candidate		Special Specia	
Name of Host			committee?	□ Yes □ N	0	ne candidate or
Street Address		City	If yes, co	mplete Itemiza	State	Zip Code
		City			Biate	Esp code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host			committee?		0	ne candidate or
Street Address		City	1 2,500,00		State	Zip Code
Description of Donation				Fair Mar	<u> </u> ket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
		SUBTOTAL Section L5 —	This Page			
		OTAL of additional Section				
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	CONSIDERED CONTRI				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered w	ith Filing Repository)	TYPE OF REPOR	T			
		M 1- V:1 C					
Name		M. In-Kind Con	atributions				
Street Address			City	State Zip Code			
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
☐ Individual / Sole Proprietorship ☐ Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor	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?					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yo	ibutor a principal of a state of state					
Name		, , , , , , , , , , , , , , , , , , ,					
Street Address			City	Stafe Zip Code			
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
☐ Individual / Sole Proprietorship ☐ Other			, ye	W			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is does contributor valued at more t	or business he/she is associa	idate for a chief executive officer of a municipal ated with have a contract with said municipality Yes No	lity, Fair Market Value of this Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If ye	butor a principal of a state c s, indicate which branch or vernment the contract is wit	branches	□Yes □No			
Name							
Street Address			City	State Zip Code			
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution	-			
☐ Individual / Sole Proprietorship ☐ Other	TC '1 '1 '1 '1 '1 '1 '1 '1 '1 '1 '1 '1 '1 '1 '1 '1 '1	50400	11.6 11.6				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contribution is does contributor valued at more the	or business he/she is associa	idate for a chief executive officer of a municipal ated with have a contract with said municipality Yes No	dity, Fair Market Value of this Contribution			
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	ported listed in Section L1?						
		SUBTOTAL	Section M — This Page				
		TOTAL of add	itional Section M Pages				
TOTAL OF ALL IN-KIND CON	TRIBUTIONS	(Enter total on Line 23, Colu	mn A of Summary Page Totals)				
	N. Refu	ndable Deposit to T	elephone Company				
Last Name of Individual		First	MI	Date Deposit Made			
Residential Street Address		City	State Zip Code	Amount of Deposit			
Name of Telephone Company							
Street Address		City	State Zip Code				
TOTAL SE	CTION N (Ente	er total on Line 24. Column	A of Summary Page Totals)	-			

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IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Revised January 2015	IV. EAFENDII	UKES (Sections	P—1)	Page 13 01 1/
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	1 Table 1 Tabl	TYPE OF REPORT	
3.5	P Eynenses	Paid by Committee		
Name of Payee	T. Expenses	1 ard by Committee	Date of Payment	Mathad of Daymont
Traine of Layer			Date of Payment	Method of Payment: Check #
				☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
P	In-		Гъ и	<u> </u>
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is a	checked)	
(if applicable)	□ None of the below	**************************************	oncontany	
	☐ Coordinated with reimbursement sought (joint expenditure		lent	
	☐ Coordinated without reimbursement sought (in-kind contri	ibution) Organizat	tion: OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
				Check #
Street Address		City		Debit Card EFT State Zip Code
			WWW C	3 3 3 1
			5/8	8 50
Purpose of Expenditure	Description		Event#	Amount <
(by code)			Event#	/ 5 39% l
r#				_ < < 2
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is c	checked)	
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	☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contril	·	22	<u> </u>
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Purpose of Expenditure	Description		Event #	
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(і) аррисиоле)	☐ None of the below			
	Coordinated with reimbursement sought (joint expenditur	-		
	☐ Coordinated without reimbursement sought (in-kind contr	ibution)	tion: OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
				☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		Debit Card EFT State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
(by code)				
Expenditure #	The control of the state of the	* (27 Cd L.L. 62.	* * *\	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required und	less "None of the below" is c	:hecked)	
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	Coordinated with reimbursement sought (in-kind contril		tion: OA OB OC OD	
		Organizati		
	S	UBTOTAL Section P —	This Page	
	TO	TAL of additional Section	n P Pages	
	TOTAL OF ALL EXPE	NSES PAID BY COM	MITTEE	
	(Enter total on Line	19, Column A of Summary I	Page Totals)	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repos	itory)		TYPE OF REPORT	11.56	
Name of Payee (Name of I	Q. Campaign E	Expenses Paid by Cano	lidate		I	
Ivanie of Fayee (Ivume of V	ениог, хетот от ътину wno canadame раш штесну)			Date of Payment	Is reimi	oursement claimed? Yes
Street Address		City		1	State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		1	Date of Payment	Is reimb	oursement claimed?
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of V	Yendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	oursement claimed? Yes
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		•	Date of Payment		oursement claimed?
Street Address		City		3/4	State	Zip Code
Purpose of Expenditure (by code)	Description		Event	211111111111111111111111111111111111111		Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		.1	Date of Payment	No.	rursement claimed?
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (<i>Name of V</i>	endor, Person or Entity who candidate paid directly)			Date of Payment		oursement claimed?
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
		SUBTOTAL Section Q -	– This	s Page		1000000
		TOTAL of additional Secti				
		XPENSES PAID BY CA Line 26, Column A of Summar				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	(ער	TYPE OF REPORT		
		ed on Committee Cro	edit Card		
Name of Issuing Institution	tution	Type of Credit Card: Uisa Master (Card Discover Americ	an Expres	s 🔲 Other:
Name of Vendor, Person o	r Entity			Date of 7	Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expen	diture)			
Name of Vendor, Person o	r Entity			Date of T	Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expen	diture)			
Name of Vendor, Person or	Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of	diture) 🔲 Indepe			To. 2023
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TO	FAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CRED ne 27, Column A of Summary			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	<u>)</u>	TYPE OF REPORT				
	S. Expenses Incurred by Com	mittee but Not Paid	 During this Period				
Name of Creditor				Date Incur	ed		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepo	is checked) endent ization: OAOBOCOD				
Name of Creditor				Date Incurr	ed		
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 and None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continuous)	☐ Indepe					
Name of Creditor				Date Incurre	ed		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		ount Incurred mate or Actual)		
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		SUBTOTAL Section S	S-This Page	3			
		OTAL of additional Sec	tion S Pages	ξ ï .	process C market property		
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa		jo_			
	Previously reported Exp	enses Unpaid and still O	utstanding				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BUT te 28a, Column A of Summa					

NAME OF COMMITT		38 (30		SEKOREK MASE				Albani men samanan darah mengan melala
NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	ry)		TY	PE OF RE	PORT		
	T. Itemization of Reim	bu	rsements and Second	dary Pa	vees			
Last Name of Worker/Con		-	rst		y cos	МІ	Date of Person of	Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant					o Reimburse n Section P:	Committee `	Worker/Consultant as
Charact Addison - CXI - day	Davis				☐ Che	ck #		bit Card
Sireet Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed i	unless "None of the below" is	s checked)		•		
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Last Name of Worker/Cons	ultant	Fir				МІ	Date of I Person of	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Payment to reported in	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)								
Last Name of Worker/Cons	ultant	Fir	st			MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				reported in	Section P:		Vorker/Consultant as
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City		☐ Chec	k#	State	zip Code
D	D							
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 expendence) Coordinated without reimbursement sought (in-kind of	ditu	re) 🔲 Independ	dent	ов о	NAME I COO D		MAMOL SANAGE
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	/ O :	RKERS AND CONSU	LTANT	S	(<u>)</u>	7.4.7	
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