SEEC FORM 20

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

Received

APR 1 0 2023

Derby, CT Town Clerk's Office

Page 1 of 17

2023 APR 10 PM 2: 57

Do Not Mark in This Space For Official Use Only

		COVE	R PAGE		y	
1. NAME OF COMMITTEE						
KD 83						
2. TREASURER NAME						Lorge
First Christine		MI R.	Blask	RDICZ	·	Suffix
3. TREASURER ADDRESS Street Address		City			Gt-to	Zip Code
55 Derby N	eck 'K	d.	Derlay		State	06418
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGH	IT (Complete only i	f Candidate Committee)			6. DISTRICT NUMBER (if applicable)
11 07 2023	Mayor	<u> 0+</u>	City of	Derby		
7. CANDIDATE NAME (Complete only if C			Test			To. 65
Richard	18	\mathcal{F}	Last DZI	ekan		Suffix
8. TYPE OF REPORT (Check One Box)			-			
☐ January 10 filing	☐ 7th day preceding	ng primary	☐ 7th day preceding	ng referendum		ibution or Disbursement
April 10 filing	☐ 30 days following	ng primary	☐ 45 days following	ng referendum	(PACs ONLY) ☐ Amendment	to
☐ July 10 filing	☐ 7th day preceding	ng election	☐ Deficit		Type of Repo	
☐ October 10 filing	☐ 12th day preced		☐ Termination			
☐ 24 Hour Independent Expenditure O Primary O Election	□ 45 days following not held in Nove	ing election				
9. PERIOD COVERED						
	Beginning Date	3 .	Endi	ng Date		
	01/01	12023	thru OH	109/20	123	
<u>-</u>	0110.	Torac		1 1 1		
10. CERTIFICATION					n 200	
I hereby certify and state, under per Disclosure Statement for the per				n set forth on this	s Itemized Cam	paign Finance
\bigcap_{Λ}	.104 00,02011	we, we can	ina compilei.			
Uhrista, V.	Darlein		hinting T	R.Blask	2111/12	4/10/2022
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PRIN	T NAME OF SIGNER	I . WW. Y	200100	DATE (mm/dd/yyyy)
A person who is	found to have kno	wingly and wi	llfully violated any j	provisions of the	campaign finai	nce 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	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\bigcirc	
13. Contributions Received from Individuals (Sections A and B)	2200.00	
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)	1250,00	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3450.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P) Banking Fees	19,90	
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)		
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)		
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)		2023 APR 10 PM 3

I. MONETARY RECEIPTS (Sections A—K)

Towns on coal parametr	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REI	PORT
KD 20	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
(See min.menon) to adjunction of comments of the control of the co	
B. Itemized Contributions from Individuals	Tra Tra
Marino First Vincent	MI
Residential Street Address 830 Baybern Lone City Orange	State Zip Code O6477
Principal Occupation Name of Employer MSZ Att	orneys
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 middle contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ Yes ▼No
Method of Contribution: Cash	ibutions
Last Name Cohen Barry First	MI
232 Morgan Lane City West Haven	State Zip Code OUS 16
Principal Occupation Name of Employer	
If contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000? Yes Yes You Yes Yes You Yes Yes You Yes Yes You Yes You Yes	
s this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Executive Legislative	Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contr	ibutions
	B ,
20 Pond View Ln. City Marlborough	State Zip Code OG447
Principal Occupation Name of Employer EVENSOUN	
If contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Volume 4 does contributor or business he/she is associated with have a contract with said munivalued at more than \$5,000? Yes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
Method of Contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ QQQ QQQ Aggregate Contr	ributions
SUBTOTAL Section B — This Page	
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	2823 APR 10 PM 3€

I. MONETARY RECEIPTS (Sections A—K)

	ITTEE (Provide Complete N	Name as Registered w	ith Filing Reposi	itory)		TYPE OF REPORT			
KD3	(3		\$ 900 (4 Shipping 9 00 Ship Princip Superior by 1 1 1 1 1	25 District (A)		Fund	raiser		
		C1. C	ontributio	ns from Otl					
Name of Committee					Name of Treasu	ırer			
Address				Is this contribu	in Section L1	d with an ☐ Yes ☐ No? st Event #	Amount of Contribution		
City		State	Zip Code	Date Receive		Aggregate Contributions			
Name of Committee					Name of Treasu	ırer			
Address				Is this contribu	in Section L1	d with an ☐ Yes ☐ No?	Amount of	Contribution	
City		State	Zip Code	Date Receive		Aggregate Contributions			
Name of Committee					Name of Treasu	rer	· ·		
Address				Is this contribu	in Section L1?	d with an	Amount of	Contribution	
City		State	Zip Code	Date Receive		Aggregate Contributions			
	C2. Rei	mbursement	s or Surpl	us Distribut	ions from	other Committees			
Name of Committee					Name of Treasu	rer			
Address				City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type Reimburseme	nt for shared ex	xpense Sur	olus Distributi	on	Amount	of Receipt	
Description									
Name of Committee					Name of Treasur	rer			
Address				City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type Reimbursen	nent for shared	expense	ırplus Distribu	ution	Amount	of Receipt	
Description									
				TAL Section				·	
	ECT 13			f additional S					
	TOTAL OF AI (Sections C	LL COMMITT 1 + C2) (Enter to							
							0000 ADI	JIA DM KE	

NAME OF COMMITTEE (Provide Complete Name as Regi.	stered with Filing Reposit	oryj		TYPE OF	REPORT	
	D. Loans	Received	this Period	•		
Name of Lender		1	irce of Loan: Bank 🔲 Candid	late 🗌 Individual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender	, . !		ırce of Loan: Bank 🔲 Candid	ate Individual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	· · · · · · · · · · · · · · · · · · ·					Amount Received
Street Address	City			State	Zip Code	
Name of Lender	I		urce of Loan: Bank 🔲 Candid	late	☐ Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
		T	OTAL SECTIO	N D		
E. Receipts from Entities o	ther than Indiv	iduals or	Other Commi	ittees (Referen	dum Committe	es ONLY)
Street Address				Date Received		Amount Received
			la a			
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity						
Street Address				Date Received		Amount Received
City	State Zip Code				utions	
Name of Entity			•	•		
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
		!	L	L		

2023 APR 10 PM 3:57

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Pro	vide Complete Name as Regis	tered with Filing I	Repository)			ТҮРЕ	OF REPORT	
F. An	ount Transferred	from Affil	iated Bu	siness Treas	ury (Busine	ess Enti	ty Committees ONLY)	
Date of Receipt	Is this transaction assoc event reported in Section	iated with an	☐ 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	
Date of Receipt	Is this transaction associevent reported in Section		☐ Yes ☐ No	If yes, list Event	#		Amount	
				TOTAL	SECTION	F		
	1.0 Print		7 .					
G. Amount I ransf	erred from Affilia	Date of Receipt	Union or	Other Org	anization	Treasu Date of R	Ary (Organization Committees ONLY)	
							-	
Amount		Amount				Amount		
				TOTAL S	ECTION G	;		
	Personal Funds of	the Candio	late Rece	eived this Pe	riod (Cana	lidate C	ommittees ONLY)	
Date of Receipt	Method of payment:	□ P	ersonal Chec	ek 🔲 (Credit/Debit Ca	ard	Amount	
Date of Receipt	Method of payment:		1.61				Amount	
Date of Receipt	Cash Method of payment:	⊔ P	ersonal Chec	CK LI (Credit/Debit Ca	ard	Amount	
•	☐ Cash	□ P	ersonal Chec	sk □ (Credit/Debit Ca	ard	Amount	
Date of Receipt	Method of payment:						Amount	
	☐ Cash	□ P	ersonal Chec	sk 🗆 (Credit/Debit Ca	ard		
				ТОТА	L SECTIO	NΗ		
		I. And	onymous	Contribution	ons			
Per I	Public Act 11-48,	Anonymo	us Contr	ibutions ma	y no long	er be	deposited in <i>any</i>	

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 tevised January 2015	1. MONETARY RECEIPTS	(Sections A—K)		Page 7 of 17
NAME OF COMMITTEE (Provide Complete N	lame as Registered with Filing Repository)	TYPE OF	REPORT	
	J. Interest from Deposits in Author	ized Accounts		
ame of Institution		Date Receiv	/ed	Amount
treet Address	City	State	Zip Code	
ame of Institution	<u> </u>	Date Receiv	/ed	Amount
reet Address	City	State	Zip Code	
	TOT	AL SECTION J		an managan man
	iscellaneous Monetary Receipts not Co			
lame		Date	of Transaction	Amount Received
treet Address	City	State	Zip Code	
escription				
lame		Date of	of Transaction	Amount Received
reet Address	City	State	Zip Code	
escription				
lame		Date	of Transaction	Amount Received
treet Address	City	State	Zip Code	
escription	<u>'</u>	1		
ame		Date	of Transaction	Amount Received
treet Address	City	State	Zip Code	
escription			, L	
	TOTAL S	ECTION K		
SUMMAI	RY OF OTHER MONETARY RECEI	PTS (Sections D thro	ough K)	
otal Loans Received this Period (Sect				
	n Individuals or Other Committees (Section E)	+		
otal Amount Transferred from Affilia	•	+		
	ated Labor Union or Other Organization Treas	-		
	e Candidate Received this Period (Section H)	+		<u></u>
Total Amount of Interest from Deposit		+		
i otai mintenameous mionetaly Receipt	s not Considered Contributions (Section K)	+	1	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
and the state of t	TIPE OF REFORM		
	nt Information		
Event # Date of Event 2 28 2022 Fundruiser		Was this a fi	andraising event? □ No
Date of Event Letter Fun draiser Location: Street Address. 830 Bayloerry Lane	Orange	State	2ip Code 06477
Subpart 1: (All Committées) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations n Associated with a House Party and complete purchases made by host(s) for food, beverage a	e required info	ormation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations nand complete required information.)	ot Considered	l Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			a Program Book
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)	\$	
Event # Description Date of Event Letter		Was this a ft □ Yes	ındraising event? □ No
Location: Street Address	City	State	Zip Code
Subpart 1: (All Committees)		I	
Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Donations in Associated with a House Party and complete purchases made by host(s) for food, beverage a No	required info	rmation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations in and complete required information.) ☐ No	ot Considered	l Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertior or on a Sign and complete required informa No		a Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr			
SUBTOTAL Sect	ion L1—Subpart 3 (Town Committees ONLY) sipts from Food Purchases — This Page		
	TOTAL of additional Section L1 Pages		
TOTAL OF ALL RECE	IPTS FROM SMALL PURCHASES	9093	APR 10 PM

(Enter total on Line 16a, Column A of Summary Page Totals)

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 I	Registered with Filing Repository)	TYPE OF REPO	RT
L3. Purc	hases of Advertising in a Progi	ram Book or on a Sign	
) LLC - exating account	Purchase Made By: Business Entity Other Individual/Sole Proprietorship
		nge	State Zip Code O 64M
Date Received Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	
Manno, Zabel, Sc	J	C operating occount	Purchase Made By: Rusiness Entity Other Individual/Sole Proprietorship
Street Address 657 Ovange C	enter Rd. City Org	age	State Zip Code O & 4777
Date Received [2] 22 23 Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	se Amount of Sign Purchase
Name of Purchaser (657 Ovange	Center Rd.,	LLC	Purchase Made By: Business Entity Other Individual/Sole Proprietorship
Street Address \$30 Bay be	erry Lane City Or	ange	State Zip Code OC4TT
Date Received 2 2 2 2 Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	Amount of Sign Purchase
Name of Purchaser F Pepe Co	nstruction		Purchase Made By: Business Entity Other Individual/Sole Proprietorship
36 Commerc	e St. City Do	erby	State Zip Code O6418
Date Received Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	Amount of Sign Purchase
Name of Purchaser AWAJOUPPU	Butter Communi	cations (CO)	Purchase Made By: Business Entity Other Individual/Sole Proprietorship
Street Address 232 Morgan Lane	n City We	st Haven	State
Date Received Event #	Aggregate Purchases for All Events	Amount of Program Ad Purcha	Amount of Sign Purchase
SUBTOTAL Section	L3 Total Purchases of Advertising in	Program Book — This Page	
SUBTOTAL	Section L3 Total Purchases of Adver	tising on a Sign — This Page	
	TOTAL of	additional Section L3 Pages	
TOTAL OF ALL PURCHAS	ES OF ADVERTISING IN A PROG (Enter total on Line 16c, Colum		2023 APR 10 PM 3:5

NAME OF COMMITTE	EE (Provide Complete Name as Reg	ristered with Filing Reposito	(יָתִי	TYPE OF	REPORT			
CD =)3			Iti	indrai	Sel		
	L4. In	-Kind Donations	s Not Consid	lered Contributions				
Name of Donor		MAIDE				7207052893797944473942		
i Wayey	ADDITION OF THE	SULTIME						
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair	Fair Market Value of Do		
☐ Business Entity ☐ Individual								
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
Name of Donor								
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation	
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for this Event				
☐ Sole Proprietorship								
Name of Donor								
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation	
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for this Event				
☐ Sole Proprietorship								
Name of Donor		•						
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair	l Market Va	lue of Donation	
☐ Business Entity							Domition	
☐ Individual	Date Received	Event #		Aggregate value for this Event			,	
☐ Sole Proprietorship								
		OFTE	FOTAL C. #		<u> </u>			
		SUB	TOTAL Section	n L4 — This Page				
		ТОТА	L of additions	il Section L4 Pages	· · · · · · · · · · · · · · · · · · ·			
				877				
ТОТ	AL OF ALL IN-KIND DO							
	(En	ter total on Line 21, C	olumn A of Sur	nmary Page Totals)				

SARC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
KD 23	Fundraiser			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$			
B. Itemized Contributions from Indi	viduals			
Last Name CORDORES Klarides First Them	îS	MI		
Residential Street Address (QG GOVEYWERS Way City Mad) Sor		tate Zip Code		
Principal Occupation A HOYNEY Name of Employer MSZ	Attorney	S		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with lave a contributor or business he/she is a second	nct with said municipality	Amount of Contribution		
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective sevent reported in Section I.12	tate contractor?	1,000.		
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 1226636	00 0			
Last Name First		MI		
Residential Street Address City	Sc	tate Zip Code		
Principal Occupation Name of Employer				
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 executed does contributor or business he/she is associated with have a contributor or business he/she is a second or	act with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event # Is contributor a principal of a state contractor or prospective of government the contract is with: Execution If yes, list Event #	state contractor?			
Method of Contribution: Date Received	Aggregate Contributions			
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order		l va		
Last Name First		MI		
Residential Street Address City	S	State Zip Code		
Principal Occupation Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contribution of the specific production of the specific production is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contribution of the specific production is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contribution of the specific production is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contribution of the specific production is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she is a s	act with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective of If yes, indicate which branch or branches of government the contract is with:	_ No			
Method of Contribution: Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	22.75 F-4-03			
SUBTOTAL Section B — TI	nis Page			
TOTAL of additional Section 1	3 Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section		2023 APR 10 PM		
(Enter total on Line 13, Column A of Summary Pa				

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II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Re	epository)			TYPE OF RE	PORT			
	5. In-Kind Donations Not Consid	lered (Contributions Associa	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	MARKET STATE OF THE PROPERTY OF THE PARTY OF				
Name of Host				Is this event s committee?			ne candidate or		
				If yes, complete Itemization in Addendum L5					
Street Address			City			State	Zip Code		
Description of Donation					Fair Mar	ket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate					
Name of Host				To this arrest a		61			
rame of riost					supporting more than one candidate or ☐ Yes ☐ No				
			T.,	If yes, con	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	LAG	gregate Value of all Events—this h	ost/ogodidato					
event#	Aggregate value of this Event—an nosts	Ag	gregate value of all Events—ints n	osi/canaiaaie					
Name of Host				Is this event s	unnorting me	re than or	ne candidate or		
				committee?			ic candidate of		
Street Address			Lo:	If yes, cor	mplete Itemiza				
Street Address			City			State	Zip Code		
Description of Donation									
Description of Donation					Fair Mar	ket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate					
			<i>G G</i>						
Name of Host							ne candidate or		
				committee? [londum T.5		
Street Address			City	If yes, con	nplete Itemiza	State	Zip Code		
Description of Donation					Fair Mar	ket Value (f Donation		
•					ran man	Ket value (n Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate					
		CITE	TOTAL Section L5 —	This Page					
		ם⊍פ	TO TAL SCHOOL D	I ms I age					
		TOTA	L of additional Section	L5 Pages					
				_					
TOTAL (ASSOCIATED WITH	OF ALL IN-KIND DONATIONS N I A HOUSE PARTY (Enter total or		ONSIDERED CONTRI 12, Column A of Summary						
			-,	787 4011115/					

III. NONMONETARY RECEIPTS (Sections M—O)

				RT	
		M. In-Kind Con	tributions		
Name					
Street Address			City	State	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind Contribution]
☐ Individual / Sole Proprietorship ☐ Other		68400			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		business he/she is associate	ate for a chief executive officer of a municiped with have a contract with said municipalit	y Fair	Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ No ☐ If yes	outor a principal of a state co , indicate which branch or ernment the contract is with		□Yes □ No	
Name					
Street Address			City	State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is i does contributor o valued at more tha	r business he/she is associat	date for a chief executive officer of a municited with have a contract with said municipality Yes No		Market Value S Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes,	utor a principal of a state co indicate which branch or le ernment the contract is with		□Yes □No	
Name					
Street Address			City	State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		r business he/she is associat	late for a chief executive officer of a municiped with have a contract with said municipali Yes No	· - ·	Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ No If yes,	itor a principal of a state con indicate which branch or terment the contract is with		☐ Yes ☐ No	
	I		Section M — This Page		
			tional Section M Pages		
TOTAL OF ALL IN-KIND CON	TRIBUTIONS (Enter total on Line 23, Colun	nn A of Summary Page Totals)		
Last Name of Individual	N. Refun	dable Deposit to Te	elephone Company	II Date Deposi	t Mada
ast Name of Individual		Filst	IV	Date Deposi	t Made
Residential Street Address		City	State Zip Cod	e .	Amount of Deposit
Name of Telephone Company					
Street Address		City	State Zip Cod		PR 10 PM J

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposito	rry)	TYPE OF REPORT	•
	P. Expens	es Paid by Commit	tee	
Name of Payee		•	Date of Payment	Method of Payment:
·				☐ Check #
				☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description	_	Event #	Amount
(by code)				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required	l unless "None of the below	o" is checked)	
(i) application	☐ None of the below			
	☐ Coordinated with reimbursement sought (joint expend		ependent	
	☐ Coordinated without reimbursement sought (in-kind co	ontribution)	anization: OAOBOCO	D
Name of Payee			Date of Payment	Method of Payment:
				☐ Check #
				☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
urpose of Expenditure	Description		Event #	Amount
by code)				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below	" is checked)	
if applicable)	☐ None of the below			
	Coordinated with reimbursement sought (joint expendi		pendent	
	Coordinated without reimbursement sought (in-kind co		nization: OAOBOCO	D
lame of Payee			Date of Payment	Method of Payment:
				☐ Check #
				☐ Debit Card ☐ EFT
treet Address		City		State Zip Code
urpose of Expenditure	Description		Event #	Amount
oy code)				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	d unless "None of the below	w" is checked)	
if applicable)	☐ None of the below	······································	· · · · · · · · · · · · · · · · · · ·	
	☐ Coordinated with reimbursement sought (joint expend	diture)	ependent	
	☐ Coordinated without reimbursement sought (in-kind c		anization: OAOBOCO	n l
ame of Payee			Date of Payment	Method of Payment:
				☐ Check #
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treet Address		City		State Zip Code
urpose of Expenditure	Description		Event #	Amount
y code)	* -			Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required	l unless "None of the below	v" is checked)	
, approximate)	☐ None of the below			
	☐ Coordinated with reimbursement sought (joint expend☐ Coordinated without reimbursement sought (in-kind or		ependent	
			anization: OA OB OC O	<u>u</u>
223		SUBTOTAL Section	r — Inis Page	
		ГОТAL of additional S	ection P Pages	
	TOTAL OF ALL EXI	DENCES DAID DV C	OMMITTEE	
		TENSES FAID DI C		2023 APR 10 PM

IV. EXPENDITURES (Sections P—T)

NAME OF COMMI	ITEE (Provide Complete Nat	ne as Registered with Filing Repositor	<u>\</u>		TYPE OF REPORT	ſ	
		Q. Campaign Exp	penses Paid by Can	didat	e		
Name of Payee (Name of	Vendor, Person or Entity who	candidate paid directly)	· · · · · · · · · · · · · · · · · · ·		Date of Payment	Is rein	nbursement claimed
							Yes 🔲 No
Street Address			City			State	Zip Code
Purpose of Expenditure	Description			Even	t #		Amount
by code)							
Name of Payee (Name of	Vendor, Person or Entity who	candidate paid directly)			Date of Payment	Is rein	bursement claimed
							Yes No
treet Address			City				
						State	Zip Code
······································	The control of the co						
urpose of Expenditure by code)	Description			Even	t #		Amount
lame of Payee (Name of	Vendor, Person or Entity who o	candidate paid directly)			Date of Payment	Is rein	bursement claimed?
							Yes 🔲 No
treet Address			City			State	Zip Code
urpose of Expenditure	Description			Event	:#		Amount
y code)							
ame of Payee (Name of	 Vendor, Person or Entity who c	candidate paid directly)		<u> </u>	Date of Payment	Is roin	bursement claimed?
	·	• • •					
reet Address			I City				Yes No
			City			State	Zip Code
rpose of Expenditure y code)	Description			Event	#		Amount
ame of Payee (Name of)	Vendor, Person or Entity who c	andidate paid directly)			Date of Payment	Is reim	bursement claimed?
							Yes 🔲 No
reet Address			City			State	Zip Code
rpose of Expenditure	Description			Event	#		Amount
code)							
ame of Pavee (Name of V	 Vendor, Person or Entity who co	andidate naid directly)			Date of Payment		. 11 10
, , ,	,				Date of Tayment		oursement claimed?
eet Address			Lav				Yes 🗌 No
T Address			City			State	Zip Code
				,			
rpose of Expenditure code)	Description			Event	#		Amount
			SUBTOTAL Section Q -	TL:	Paga		
		5	ODFOTAL SECTION () -	— r nis	rage		
		ТО	TAL of additional Secti	on O l	Pages		
		TOTAL OF ALL EXP	ENSES PAID BY CA e 26, Column A of Summar			2023	APR 10 PM
M TO SAN TO THE PORT OF SECURITY SECURI			v =v, vvimim /i vj vimimu	K H H K K	a villa) [

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT				
	R. Expenses Incurre	d on Committee	e Credit	t Card				
Name of Issuing Insti	-	Type of Credit Card						
		□ Visa □ M	laster Card	☐ Discover ☐ America	n Express	Other:		
Name of Vendor, Person of	or Entity				Date of Ti	ransaction		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Ev	rent #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture)	Independe					
Name of Vendor, Person o	or Entity				Date of Ti	ansaction		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Ev	rent #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D							
Name of Vendor, Person o	r Entity				Date of Ti	ansaction		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Ev	ent#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendi	iture)	Independe	ŕ				
	SU	JBTOTAL Section	R — Thi	s Page				
	тот	'AL of additional S	ection R	Pages				
ТО	TAL OF ALL EXPENSES INCURRED ON (Enter total on Line	COMMITTEE C e 27, Column A of Sun						

NAME OF COMMIT	FEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	S. Expenses Incurred by Comr	nittee but Not Paid	During this Period		
Name of Creditor				Date Incurr	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	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 coordinated without reimbursement sought)	Independence			
Name of Creditor				Date Incurre	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	I	Event #	1	ount Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required II None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	☐ Indepe			
Name of Creditor				Date Incurre	d
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	unt Incurred nate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind con	☐ Indepe	·		
		SUBTOTAL Section S	S-This Page		
	π	OTAL of additional Sec	tion S Pages		
TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURIN (Enter total on Li.	NG THIS PERIOD BUT ne 28, Column A of Summa			
	Previously reported Expe	enses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Line	BY COMMITTEE BUT 28a, Column A of Summa			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	y)	TY	PE OF RE	PORT	20		
	T. Itemization of Reimb	nursements and Sees	ndory Da	NOOF.				
		oursements and Seco.	uuary Pa	yees				
Last Name of Worker/Con	sultant	First		MI		Payment to Vor Entity	Vendor,	
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant	I		o Reimburse Section P:	Committee	Worker/Con	sultant as	
				☐ Chec		_ Do	ebit Card	□ EFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind	nditure)	ŕ	ов с	ос о р			
Last Name of Worker/Cons	sultant	First			MI	Date of Person o	Payment to Vor Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Reimburse Section P:			sultant 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	nditure) 🔲 Indep		ов о	СОВ			
Last Name of Worker/Cons	sultant	First			MI		Payment to Vor Entity	Vendor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				D Reimburse Section P: Ck #			sultant 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 expended) Coordinated without reimbursement sought (in-kind of the coordinated)	nditure)		о в о	C O D			
		SUBTOTAL Section T	— This Pag	ge				
		TOTAL of additional Sec	ction T Page	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	VORKERS AND CON	SULTANI	rs _			_	