

SEEC FORM 20

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



Received

SEP 15 2023

Derby, CT Town Clerk's Office

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE

| | | | |
|--|--|--|---|
| 1. NAME OF COMMITTEE | | | |
| RD 23 | | | |
| 2. TREASURER NAME | | | |
| First | MI | Last | Suffix |
| Christine | R. | Blaskewicz | |
| 3. TREASURER ADDRESS | | | |
| Street Address | City | State | Zip Code |
| 55 Derby Neck Rd. | Derby | CT | 06418 |
| 4. ELECTION/REFERENDUM DATE | | 5. OFFICE SOUGHT (Complete only if Candidate Committee) | |
| (mm/dd/yyyy) | | (if applicable) | |
| 11/07/2023 | | Mayor of City of Derby | |
| 6. DISTRICT NUMBER | | | |
| | | | |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | |
| First | MI | Last | Suffix |
| Richard | P. | Dziekian | |
| 8. TYPE OF REPORT (Check One Box) | | | |
| <input type="checkbox"/> January 10 filing | <input checked="" type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="checkbox"/> April 10 filing | <input type="checkbox"/> 30 days following primary | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to |
| <input type="checkbox"/> July 10 filing | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> Deficit | Type of Report: |
| <input type="checkbox"/> October 10 filing | <input type="checkbox"/> 12th day preceding election (State Central Committees Only) | <input type="checkbox"/> Termination | |
| <input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| Beginning Date | | Ending Date | |
| 07/01/2023 | | 09/03/2023 | |
| 10. CERTIFICATION | | | |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | |
| Christine R. Blaskewicz | | Christine R. Blaskewicz | 9/1/2023 |
| TREASURER OR DEPUTY TREASURER (SIGNATURE) | | PRINT NAME OF SIGNER | DATE (mm/dd/yyyy) |
| A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both. | | | |

SEEC FORM 20

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

Page 2 of 17

Received

SEP 15 2023

SUMMARY PAGE TOTALS Derby, CT Town Clerk's Office

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|---|-------------------------|-----------------------|
| RD 23 | 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 | 3,430.10 | |
| 13. Contributions Received from Individuals (Sections A and B) | 13,571.10 | |
| 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) | 14,061.10 | |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 17,491.20 | 14,061.10 |
| 19. Expenses Paid by Committee (Section P) | 11,698.73 | 11,698.73 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 5,792.47 | 5,792.47 |
| 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) | | |

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD 23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | |
| Marino | | Vincent | |
| Residential Street Address | | City | |
| 657 Orange Center Rd. | | Orange | |
| Principal Occupation | | Name of Employer | |
| | | Self-employed | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 7/14/23 | |
| | | Aggregate Contributions | |
| | | 20000 | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | |
| | | | |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | |
| | | Aggregate Contributions | |
| | | | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | |
| | | | |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | |
| | | Aggregate Contributions | |
| | | | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | |
| | | | |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | |
| | | Aggregate Contributions | |
| | | | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | |
| | | | |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD 23 | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Abel | | First Edward | |
| Residential Street Address 12 Sampson Ave. | | City Milford | State CT |
| Principal Occupation | | Zip Code 06460 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: # 1106 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | Aggregate Contributions 50.00 |
| Last Name Alberta | | First Lorrie | |
| Residential Street Address 325 David Humphrey's Rd. | | City Derby | State CT |
| Principal Occupation | | Zip Code 06418 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | Aggregate Contributions 100.00 |
| Last Name Andersen | | First Kenneth | |
| Residential Street Address 178 Peabody St. | | City West Haven | State CT |
| Principal Occupation Maintainer | | Zip Code 06516 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | Aggregate Contributions 50.00 |
| Received | | 200.00 | |
| SEP 15 2023 | | SUBTOTAL Section B — This Page | |
| Derby, CT | | 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD 23 | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Anglace | | First Chris | |
| Residential Street Address 311 Bank St. | | City Derby | State CT |
| Principal Occupation | | Zip Code 06418 | |
| Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution 50.00 |
| <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| Aggregate Contributions 50.00 | | | |
| Last Name Armeno | | First Edward | |
| Residential Street Address 39 Whitney Ct. | | City Hamden | State CT |
| Principal Occupation | | Zip Code 06518 | |
| Name of Employer City of Derby | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution 500.00 |
| <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| Aggregate Contributions 500.00 | | | |
| Last Name Beirne | | First J-O | |
| Residential Street Address 30 Anthony Lane | | City Darien | State CT |
| Principal Occupation Finance | | Zip Code 06820 | |
| Name of Employer BWC | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution 100.00 |
| <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| Aggregate Contributions | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Received SEP 15 2023 Derby, CT Town Clerk's Office </div> | | SUBTOTAL Section B — This Page 650.00 | |
| 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

3-

| | | |
|--|--|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT |
| RD 23 | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | \$ |
| SUBTOTAL SECTION A | | |

| B. Itemized Contributions from Individuals | | | | |
|--|--|------------------|-------|----------|
| Last Name | | First | MI | |
| Blaskewicz | | Christine | | |
| Residential Street Address | | City | State | Zip Code |
| 55 Derby Neck Rd. | | Derby | CT | 06418 |
| Principal Occupation | | Name of Employer | | |
| Teacher | | Stratford BOE | | |

| | | | | |
|--|--|--|---|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # | 1 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | |

| | | | | |
|----------------------------|--|------------------|-------|----------|
| Last Name | | First | MI | |
| Blaskewicz | | James, Jr. | | |
| Residential Street Address | | City | State | Zip Code |
| 55 Derby Neck Rd. | | Derby | CT | 06418 |
| Principal Occupation | | Name of Employer | | |
| Main tainer | | City of Derby | | |

| | | | | |
|--|--|--|---|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # | 1 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | |

| | | | | |
|----------------------------|--|------------------|-------|----------|
| Last Name | | First | MI | |
| Breda | | Andrew | | |
| Residential Street Address | | City | State | Zip Code |
| 55 Derby Neck Rd. | | Derby | CT | 06418 |
| Principal Occupation | | Name of Employer | | |
| | | | | |

| | | | | |
|--|--|--|---|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # | 1 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | |

| | | |
|--|---|--------|
| Received | SUBTOTAL Section B — This Page | 150.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | |
| Derby, CT Town Clerk's Office | (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

4-

| | | |
|--|--|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT |
| RD 23 | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | \$ |
| SUBTOTAL SECTION A | | |

| B. Itemized Contributions from Individuals | | | | | |
|--|--|--|-------------------------|------------------------|--|
| Last Name | | First | | MI | |
| Brouillette | | Todd | | | |
| Residential Street Address | | City | State | Zip Code | |
| 60 Fairview Ave. | | Naugatuck | CT | 06770 | |
| Principal Occupation | | Name of Employer | | | |
| Police officer | | Naugatuck | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 50.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |

| | | | | | |
|--|--|--|-------------------------|------------------------|--|
| Last Name | | First | | MI | |
| Burnes | | Gregory | | W. | |
| Residential Street Address | | City | State | Zip Code | |
| 65 Bayview Blvd | | Stratford | CT | 06615 | |
| Principal Occupation | | Name of Employer | | | |
| Consultant | | Cadenza Innovation | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 50.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |

| | | | | | |
|--|--|--|-------------------------|------------------------|--|
| Last Name | | First | | MI | |
| Camilleri | | Flo | | | |
| Residential Street Address | | City | State | Zip Code | |
| 163 Oneil's Ct. | | Derby | CT | 06418 | |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |

| | | | | | |
|---|--|---|--|--------|--|
| Received | | SUBTOTAL Section B — This Page | | 200.00 | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) Derby, CT Town Clerk's Office | | (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

5-

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD 23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Capasso | | First Hope | |
| Residential Street Address 20 North Mark Dr. | | City Oxford | State CT |
| Principal Occupation | | Zip Code 06478 | |
| Name of Employer Windam Hotels | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Amount of Contribution | | 50.00 | |
| Last Name Carey | | First Kathy | |
| Residential Street Address 163-B O'Neil's Ct. | | City Derby | State CT |
| Principal Occupation | | Zip Code 06418 | |
| Name of Employer Marshall's | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Amount of Contribution | | 100.00 | |
| Last Name Christopher | | First Katherine | |
| Residential Street Address 40 Brickyard Rd. | | City Clinton | State CT |
| Principal Occupation | | Zip Code 06413 | |
| Name of Employer City of Derby | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Amount of Contribution | | 50.00 | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 200.00 | |
| 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD 23 | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Cotter | | First Thomas | |
| Residential Street Address 42 Pauline St. | | City Stratford | |
| Principal Occupation Attny at Law | | Name of Employer Cotter Law Firm | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: # 3443 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| Last Name Talanelli - Cusick | | First Karen | |
| Residential Street Address 6 Diana Drive | | City Woodbridge | |
| Principal Occupation Consultant | | Name of Employer Cusick + Co. | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: # 376 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| Last Name Czako | | First Eugene | |
| Residential Street Address 24 Fawn Ridge Rd. | | City North Haven | |
| Principal Occupation | | Name of Employer | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| SUBTOTAL Section B - This Page | | 450.00 | |
| 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|--|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| RD 23 | | | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Dagan | | Doron | | | |
| Residential Street Address | | City | | State | Zip Code |
| 110 Sheffield Rd. | | Waltham | | MA | 02451 |
| Principal Occupation | | Name of Employer | | | |
| | | LIKHS | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No 1 | | <input type="radio"/> Yes <input checked="" type="radio"/> No Executive Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |
| Last Name | | First | | MI | |
| Ditria | | Steven | | R. | |
| Residential Street Address | | City | | State | Zip Code |
| 23 Osprey Dr. | | Seymour | | CT | 06483 |
| Principal Occupation | | Name of Employer | | | |
| Staff | | Town of Seymour | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No 1 | | <input type="radio"/> Yes <input checked="" type="radio"/> No Executive Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |
| Last Name | | First | | MI | |
| Ditria-Klarides | | Nicole | | | |
| Residential Street Address | | City | | State | Zip Code |
| 23 Osprey Dr. | | Seymour | | CT | 06483 |
| Principal Occupation | | Name of Employer | | | |
| State Rep. | | State of CT | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No 1 | | <input type="radio"/> Yes <input checked="" type="radio"/> No Executive Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |
| Received | | SUBTOTAL Section B — This Page | | 300.00 | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | | | |
| Derby, CT Town | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | | |
| | | (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD 23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | |
| Darosh | | John | |
| Residential Street Address | | City | |
| 47 Tram Dr. | | Oxford | |
| Principal Occupation | | State | |
| | | CT | |
| Name of Employer | | Zip Code | |
| | | 06478 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | 50.00 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: # 3286 | | Date Received | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Aggregate Contributions | | | |
| Last Name | | First | |
| Drugonis | | Annmarie | |
| Residential Street Address | | City | |
| 111 Middle Benham Rd. | | Seymour | |
| Principal Occupation | | State | |
| | | CT | |
| Name of Employer | | Zip Code | |
| Town of Seymour | | 06483 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | 100.00 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: # 1094 | | Date Received | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Aggregate Contributions | | | |
| Last Name | | First | |
| Dziekan | | Henry | |
| Residential Street Address | | City | |
| 49 Old Smugglers Rd. | | Branford | |
| Principal Occupation | | State | |
| | | CT | |
| Name of Employer | | Zip Code | |
| | | 06405 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | 100.00 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: # | | Date Received | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Aggregate Contributions | | | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 250.00 | |
| 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

9-

| | | | | | | | |
|--|--|--|--|---|--|---|-----------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD 23 | | | | | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | | | SUBTOTAL SECTION A \$ | |
| B. Itemized Contributions from Individuals | | | | | | | |
| Last Name Ford | | | | First Barbara | | MI | |
| Residential Street Address 26 Oakview Circle unit 102 | | | | City Bridgeport | | State CT | Zip Code 06604 |
| Principal Occupation | | | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Amount of Contribution 50.00 | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | | Aggregate Contributions | | | |
| Last Name Heins | | | | First Melissa | | MI | |
| Residential Street Address 19 Christian Crossing | | | | City Durham | | State CT | Zip Code 06422 |
| Principal Occupation Physicians Assistant | | | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Amount of Contribution 100.00 | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | | Aggregate Contributions | | | |
| Last Name Jazwinski | | | | First Mark | | MI V. | |
| Residential Street Address 147 Westfield Rd. | | | | City Milford | | State CT | Zip Code 06461 |
| Principal Occupation Police Officer | | | | Name of Employer Town of Bethany | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Amount of Contribution 80.00 | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | | Aggregate Contributions | | | |
| Received SEP 15 2023 | | SUBTOTAL Section B — This Page 230.00 | | | | | |
| | | TOTAL of additional Section B Pages | | | | | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD 23 | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Koshes | | First Frank | |
| Residential Street Address 43 Pinecrest Rd. | | City Orange | |
| Principal Occupation | | State CT | |
| | | Zip Code 06477 | |
| Name of Employer Town of Orange | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| | | Amount of Contribution 50.00 | |
| Last Name Lepure | | First David | |
| Residential Street Address 77 Eastfield Rd. | | City Waterbury | |
| Principal Occupation | | State CT | |
| | | Zip Code 06708 | |
| Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| | | Amount of Contribution 100.00 | |
| Last Name Koshes | | First Frank | |
| Residential Street Address 43 Pinecrest Rd. | | City Orange | |
| Principal Occupation | | State CT | |
| | | Zip Code 06477 | |
| Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| | | Amount of Contribution 50.00 | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 200.00 | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | | |
| Derby, CT Town Clerk's Office | | (Enter total on Line 13, Column A of Summary Page Totals) | |

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| LD 23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small> | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | |
| Lieto | | Marissa | |
| Residential Street Address | | City | |
| 190 South Orchard | | Wallingford | |
| Principal Occupation | | State | |
| Nurse | | CT | |
| Name of Employer | | Zip Code | |
| Griffin Hosp. | | 06492 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No 1 | | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| | | Aggregate Contributions | |
| | | 100.00 | |
| Last Name | | First | |
| Luff | | Jeffrey | |
| Residential Street Address | | City | |
| 253 Oxford Rd. | | Oxford | |
| Principal Occupation | | State | |
| EDC | | CT | |
| Name of Employer | | Zip Code | |
| Town of Oxford | | 06478 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No 1 | | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| | | Aggregate Contributions | |
| | | 50.00 | |
| Last Name | | First | |
| Marcarelli | | David | |
| Residential Street Address | | City | |
| 12 Justine Dr. | | North Haven | |
| Principal Occupation | | State | |
| Fire Marshall | | CT | |
| Name of Employer | | Zip Code | |
| City of Derby | | 06473 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No 1 | | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| | | Aggregate Contributions | |
| | | 100.00 | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 250.00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office | | (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 2em; font-family: cursive;">RD 23</div> | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Marini</div> | | First <div style="font-size: 1.5em; font-family: cursive;">John</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">9 Dempsey Court</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Ansonia</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| Name of Employer <div style="font-size: 1.5em; font-family: cursive;">MZSLAW</div> | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06401</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">1</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| Aggregate Contributions | | Amount of Contribution <div style="font-size: 2em; font-family: cursive;">50.00</div> | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Mascolo</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Eugene</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">75 Paugasset Rd.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Derby</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| Name of Employer | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06418</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">2</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| Aggregate Contributions | | Amount of Contribution <div style="font-size: 2em; font-family: cursive;">100.00</div> | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Mayo</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Doreen</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">11 Leslie Rd. Unit B.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Bridgeport</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| Name of Employer | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06606</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">1</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| Aggregate Contributions | | Amount of Contribution <div style="font-size: 2em; font-family: cursive;">50.00</div> | |
| Received | | SUBTOTAL Section B — This Page | |
| <div style="font-size: 1.5em; font-family: cursive;">SEP 15 2023</div> | | <div style="font-size: 2em; font-family: cursive;">200.00</div> | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

13 - Page 3 of 17

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD 23 | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Mayo | | First Ray | |
| Residential Street Address 11 Leslie Rd. Unit B | | City Bridgeport | |
| Principal Occupation | | State CT | |
| Name of Employer | | Zip Code 06606 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| Last Name Mc Evoy | | First Tom | |
| Residential Street Address 33 Clark St. | | City Derby | |
| Principal Occupation | | State CT | |
| Name of Employer | | Zip Code 06418 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| Last Name Merriam | | First David | |
| Residential Street Address 149 Ford Rd. | | City Woodbridge | |
| Principal Occupation Police | | State CT | |
| Name of Employer State of CT | | Zip Code 06524 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 200.00 | |
| 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) | | | |
| Derby, CT Town Clerk's Office | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD 23 | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| \$ | | | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Miller | | First John | |
| Residential Street Address 88 Tyler City Rd. | | City Orange | |
| Principal Occupation | | State CT | |
| | | Zip Code 06477 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| | | Amount of Contribution 50.00 | |
| Last Name Nesteruk | | First Darren | |
| Residential Street Address 20 Stephen St. | | City Derby | |
| Principal Occupation | | State CT | |
| | | Zip Code 06418 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| | | Amount of Contribution 100.00 | |
| Last Name Nesteruk | | First Joyce | |
| Residential Street Address 20 Stephen St. | | City Derby | |
| Principal Occupation | | State CT | |
| | | Zip Code 06418 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| | | Amount of Contribution 50.00 | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 200.00 | |
| | | TOTAL of additional Section B Pages | |
| | | | |
| Derby, CT Town Clerk | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | |
| | | (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| RD23 | | | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| O' Leary | | Neil | | M. | |
| Residential Street Address | | City | | State Zip Code | |
| 137 Westridge Dr. | | Waterbury | | CT 06708 | |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | <input type="radio"/> Executive <input type="radio"/> Legislative | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |
| | | | | 100.00 | |
| Last Name | | First | | MI | |
| Olsen | | Kristen | | A. | |
| Residential Street Address | | City | | State Zip Code | |
| 749 Kings Highway E. | | Fairfield | | CT 06825 | |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | <input type="radio"/> Executive <input type="radio"/> Legislative | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |
| | | | | 100.00 | |
| Last Name | | First | | MI | |
| Pepe | | Frances | | | |
| Residential Street Address | | City | | State Zip Code | |
| 69 Harrison Ave. | | Derby | | CT 06418 | |
| Principal Occupation | | Name of Employer | | | |
| | | City of Derby | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| If yes, list Event # | | <input type="radio"/> Executive <input type="radio"/> Legislative | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | | |
| | | | | 100.00 | |
| Received | | SUBTOTAL Section B — This Page | | 300.00 | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | | | |
| erby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | | |
| (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|--|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD 23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Pepe | | First Frank | |
| Residential Street Address 36 Commerce St. | | City Derby | |
| | | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer F. Pepe Construction | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| Last Name Perno - Squinobal | | First Gina | |
| Residential Street Address 39 Kenmore Lane | | City Milford | |
| | | State CT | Zip Code 06460 |
| Principal Occupation | | Name of Employer Self-employed | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| Last Name Perry | | First Ben | |
| Residential Street Address 80 Perry Hill Rd. | | City Shelton | |
| | | State CT | Zip Code 06484 |
| Principal Occupation | | Name of Employer Self | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | |
| | | Aggregate Contributions | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 250.00 | |
| Derby, CT Town Clerk's Office | | 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 2em; font-family: cursive;">RD 23</div> | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | | |
| B. Itemized Contributions from Individuals | | | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Petrino</div> | | First <div style="font-size: 1.5em; font-family: cursive;">James</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">18 Garden Pl.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Derby</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06418</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| | | Aggregate Contributions | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Pinto</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Joseph</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">1 London Dr.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Ansonia</div> | |
| Principal Occupation <div style="font-size: 1.5em; font-family: cursive;">Agent</div> | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06401</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| | | Aggregate Contributions | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Price</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Billy</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">37 Krakow St.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Derby</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06418</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| | | Aggregate Contributions | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 1.5em; font-family: cursive;">PD23</div> | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Quist</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Carl</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">62 Pease St.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Woodbridge</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06525</div> | |
| Name of Employer <div style="font-size: 1.5em; font-family: cursive;">Town of Derby</div> | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">21</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| | | Aggregate Contributions | |
| | | Amount of Contribution <div style="font-size: 2em; font-family: cursive;">100.00</div> | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Ramalho</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Cathy</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">124 New Haven Ave.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Derby</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06418</div> | |
| Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">21</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| | | Aggregate Contributions | |
| | | Amount of Contribution <div style="font-size: 2em; font-family: cursive;">50.00</div> | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Ramalho</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Dave</div> | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">124 New Haven Ave.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Derby</div> | |
| Principal Occupation <div style="font-size: 1.5em; font-family: cursive;">Heavy Equip. operator</div> | | State <div style="font-size: 1.5em; font-family: cursive;">CT</div> | |
| | | Zip Code <div style="font-size: 1.5em; font-family: cursive;">06418</div> | |
| Name of Employer <div style="font-size: 1.5em; font-family: cursive;">Oakridge Waste</div> | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">21</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> | |
| | | Aggregate Contributions | |
| | | Amount of Contribution <div style="font-size: 2em; font-family: cursive;">50.00</div> | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | 200.00 | |
| Derby, CT Town Clerk's Office | | (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|---|--|-------------------------|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD 23 | | | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name Rochio | | First Scott | | MI | |
| Residential Street Address 412 Roosevelt Dr. | | City Derby | | State CT | Zip Code 06418 |
| Principal Occupation chiropractor | | Name of Employer Southern CT chiropractor | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 100.00 | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | | Aggregate Contributions | |
| Last Name Rovinelli | | First Donald | | MI | |
| Residential Street Address 1 Kindle St. | | City Derby | | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 50.00 | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | | Aggregate Contributions | |
| Last Name Russell | | First Thomas | | MI | |
| Residential Street Address 124 Harold Ave. | | City Derby | | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 100.00 | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | | Aggregate Contributions | |
| Received | | SUBTOTAL Section B — This Page | | 250.00 | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | | | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 2em; font-family: cursive;">RD 23</div> | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Saldana</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Arturo</div> MI | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">53 4th Ave.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">West Haven</div> State <div style="font-size: 1.5em; font-family: cursive;">CT</div> Zip Code <div style="font-size: 1.5em; font-family: cursive;">06516</div> | |
| Principal Occupation <div style="font-size: 1.5em; font-family: cursive;">City of Derby</div> | | Name of Employer <div style="font-size: 1.5em; font-family: cursive;">City of Derby</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">1</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> Aggregate Contributions | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Sampson</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Charles</div> MI | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">6 Commodore Hull Dr.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Derby</div> State <div style="font-size: 1.5em; font-family: cursive;">CT</div> Zip Code <div style="font-size: 1.5em; font-family: cursive;">06418</div> | |
| Principal Occupation <div style="font-size: 1.5em; font-family: cursive;">Police</div> | | Name of Employer <div style="font-size: 1.5em; font-family: cursive;">Town of Westport</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">1</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> Aggregate Contributions | |
| Last Name <div style="font-size: 1.5em; font-family: cursive;">Sapione</div> | | First <div style="font-size: 1.5em; font-family: cursive;">Wendy</div> MI | |
| Residential Street Address <div style="font-size: 1.5em; font-family: cursive;">73 Chimney Rd.</div> | | City <div style="font-size: 1.5em; font-family: cursive;">Watertown</div> State <div style="font-size: 1.5em; font-family: cursive;">CT</div> Zip Code <div style="font-size: 1.5em; font-family: cursive;">06795</div> | |
| Principal Occupation <div style="font-size: 1.5em; font-family: cursive;">Teacher</div> | | Name of Employer <div style="font-size: 1.5em; font-family: cursive;">New Milford BOE</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em; font-family: cursive;">1</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em; font-family: cursive;">7/12/23</div> Aggregate Contributions | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | |

250.00

100.00

50.00

100.00

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD 23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | |
| SCZESIVL | | Melanie | |
| Residential Street Address | | City | |
| 33 Kingswood Dr. | | Naugatuck | |
| Principal Occupation | | State | |
| | | CT | |
| Name of Employer | | Zip Code | |
| Uber | | 06770 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Method of Contribution: | | Date Received | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Aggregate Contributions | | Amount of Contribution | |
| | | 100.00 | |
| Last Name | | First | |
| Somma | | Craig | |
| Residential Street Address | | City | |
| 54 Pine River Rd. | | North Haven | |
| Principal Occupation | | State | |
| | | CT | |
| Name of Employer | | Zip Code | |
| | | 06473 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Method of Contribution: | | Date Received | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Aggregate Contributions | | Amount of Contribution | |
| | | 100.00 | |
| Last Name | | First | |
| Sequeira | | Shawn | |
| Residential Street Address | | City | |
| 7 Acadia Lane | | Shelton | |
| Principal Occupation | | State | |
| | | CT | |
| Name of Employer | | Zip Code | |
| | | 06484 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Method of Contribution: | | Date Received | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | |
| Aggregate Contributions | | Amount of Contribution | |
| | | 100.00 | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 300.00 | |
| 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 2em; font-weight: bold;">RD 23</div> | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| B. Itemized Contributions from Individuals | | \$ | |
| Last Name <div style="font-size: 1.5em;">Stan ziale</div> | | First <div style="font-size: 1.5em;">D</div> | |
| Residential Street Address <div style="font-size: 1.5em;">42 Lazy Brook Rd.</div> | | City <div style="font-size: 1.5em;">Shelton</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em;">CT</div> | |
| Name of Employer | | Zip Code <div style="font-size: 1.5em;">06484</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em;">7/12/23</div> | |
| # 6406 | | Aggregate Contributions | |
| Last Name <div style="font-size: 1.5em;">Stratton</div> | | First <div style="font-size: 1.5em;">Kevin</div> | |
| Residential Street Address <div style="font-size: 1.5em;">66 Foster St. 2nd Fl</div> | | City <div style="font-size: 1.5em;">New Haven</div> | |
| Principal Occupation <div style="font-size: 1.5em;">Police</div> | | State <div style="font-size: 1.5em;">CT</div> | |
| Name of Employer <div style="font-size: 1.5em;">City of Shelton</div> | | Zip Code <div style="font-size: 1.5em;">06511</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em;">7/12/23</div> | |
| # 6406 | | Aggregate Contributions | |
| Last Name <div style="font-size: 1.5em;">Watt</div> | | First <div style="font-size: 1.5em;">Wayne</div> | |
| Residential Street Address <div style="font-size: 1.5em;">238 Maple Tree Hill Rd.</div> | | City <div style="font-size: 1.5em;">Oxford</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em;">CT</div> | |
| Name of Employer <div style="font-size: 1.5em;">Town of Oxford</div> | | Zip Code <div style="font-size: 1.5em;">06478</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 1.5em;">7/12/23</div> | |
| # 113 | | Aggregate Contributions | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 24px; font-weight: bold;">RD 23</div> | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name <div style="font-size: 24px;">White</div> | | First <div style="font-size: 24px;">Kevin</div> | |
| Residential Street Address <div style="font-size: 24px;">6 Taylor Ave.</div> | | City <div style="font-size: 24px;">East Haven</div> | |
| Principal Occupation | | State <div style="font-size: 24px;">CT</div> | |
| Name of Employer | | Zip Code <div style="font-size: 24px;">06512</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: # 5170 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 24px;">7/12/23</div> | |
| Aggregate Contributions | | Amount of Contribution <div style="font-size: 24px;">100.00</div> | |
| Last Name <div style="font-size: 24px;">Wright</div> | | First <div style="font-size: 24px;">Gerald</div> | |
| Residential Street Address <div style="font-size: 24px;">30 Laurel View</div> | | City <div style="font-size: 24px;">Wallingford</div> | |
| Principal Occupation | | State <div style="font-size: 24px;">CT</div> | |
| Name of Employer | | Zip Code <div style="font-size: 24px;">06492</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: # 4090 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 24px;">7/12/23</div> | |
| Aggregate Contributions | | Amount of Contribution <div style="font-size: 24px;">75.00</div> | |
| Last Name <div style="font-size: 24px;">Zwischarowski</div> | | First <div style="font-size: 24px;">Eugene</div> | |
| Residential Street Address <div style="font-size: 24px;">80 Hemlock St.</div> | | City <div style="font-size: 24px;">Stratford</div> | |
| Principal Occupation | | State <div style="font-size: 24px;">CT</div> | |
| Name of Employer <div style="font-size: 24px;">Fucci</div> | | Zip Code <div style="font-size: 24px;">06615</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: # 1412 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received <div style="font-size: 24px;">7/12/23</div> | |
| Aggregate Contributions | | Amount of Contribution <div style="font-size: 24px;">75.00</div> | |
| Received | | SUBTOTAL Section B — This Page | |
| <div style="font-size: 24px;">SEP 15 2023</div> | | <div style="font-size: 24px;">250.00</div> | |
| 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) | | | |
| Derby, CT Town Clerk's Office | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 RD 23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | | | |
|--|---|--|-------------------------|---|
| Last Name ALBERTA | | First MIKE | | MI |
| Residential Street Address 325 DAVID HUMPHREYS ROAD | | City DERBY | State CT | Zip Code 06418 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution \$ 50.00 |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | |
| If yes, list Event # 100000 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 07/12/23 | | |

| | | | | |
|--|---|--|-------------------------|---|
| Last Name ALBERTA | | First MIKE | | MI |
| Residential Street Address 325 DAVID HUMPHREYS ROAD | | City DERBY | State CT | Zip Code 06418 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution \$ 50.00 |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | | | |
|--|---|--|-------------------------|---|
| Last Name ALMASHI | | First ABDULAZIZ | | MI |
| Residential Street Address 208 NEW HAVEN AVENUE | | City DERBY | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution \$ 50.00 |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|--|--|---|
| Received | SUBTOTAL Section B — This Page | 150.00 |
| SEP 15 2023 | 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) | | |

Derby, CT Town Clerk's Office

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|--|--------------------|-------------|
| Last Name ALMASHI | First ABDULAZIZ | MI |
| Residential Street Address 208 NEW HAVEN AVENUE | City DERBY | State CT |
| | Zip Code 06418 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # 1 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|--|---------------------|-------------|
| Last Name ANTONUCCI | First RICHARD | MI |
| Residential Street Address 32 JUSTINE DRIVE | City NORTH HAVEN | State CT |
| | Zip Code 06473 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|--|-------------------|-------------|
| Last Name BETTY | First JOEL | MI |
| Residential Street Address 8 HOMESTEAD AVENUE | City DERBY | State CT |
| | Zip Code 06418 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|---|--|---|
| Received | SUBTOTAL Section B — This Page | 250.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | |
| Derby, CT Town Clerk's Office | | (Enter total on Line 13, Column A of Summary Page Totals) |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------|-------------------|
| Last Name BEVINS | | First LISA | | MI | |
| Residential Street Address 26 KNOB HILL ROAD | | City HAMDEN | | State CT | Zip Code 06514 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 2 | | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 50.00 | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 | | Aggregate Contributions | |
| Last Name BLASKEWICZ SR | | First JAMES | | MI | |
| Residential Street Address 15 ANGELL AVENUE | | City SHELTON | | State CT | Zip Code 06483 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 2 | | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 100.00 | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 | | Aggregate Contributions | |
| Last Name BOANNO | | First SALVATORE | | MI | |
| Residential Street Address 131 MARSHALL LANE | | City DERBY | | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 2 | | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 50.00 | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 | | Aggregate Contributions | |
| Received | | SUBTOTAL Section B — This Page | | 200.00 | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | | | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|--|-------------------|-------------|
| Last Name BODE | First CAROL | MI |
| Residential Street Address 1021 ROOSEVELT DRIVE | City DERBY | State CT |
| | Zip Code 06418 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|---|--------------------|-------------|
| Last Name CAMP | First FREDERICK | MI |
| Residential Street Address 24 SUMMIT STREET, APT 2 | City DERBY | State CT |
| | Zip Code 06418 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|---|-------------------|-------------|
| Last Name CASSETTI | First DAVID | MI |
| Residential Street Address 3 HIGH ACRES ROAD | City ANSONIA | State CT |
| | Zip Code 06401 | |
| Principal Occupation ANSONIA MAYOR | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|---|---|--------|
| <div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> Received SEP 15 2023 Derby, CT Town Clerk's Office </div> | 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) | 250.00 |
|---|---|--------|

I. MONETARY RECEIPTS (Sections A—K)

Page 3 of 17

| | | | | | |
|---|--|---|--|---|--------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) RD23 | | | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name Christopher | | First Katherine | | MI | |
| Residential Street Address 40 Brickyard Rd. | | City Clinton | | State CT | Zip Code 06413 |
| Principal Occupation | | Name of Employer City of Derby | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution 50.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 2 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 50.00 | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 | | Aggregate Contributions 100.00 | |
| Last Name | | First | | MI | |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of 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: <input type="radio"/> Executive <input type="radio"/> Legislative | | Amount of Contribution | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received | | Aggregate Contributions | |
| Last Name | | First | | MI | |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of 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: <input type="radio"/> Executive <input type="radio"/> Legislative | | Amount of Contribution | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received | | Aggregate Contributions | |
| Last Name | | First | | MI | |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | Name of Employer | | | |
| Received SEP 15 2023 | | | | SUBTOTAL Section B — This Page 50.00 | |
| 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) | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|---|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | \$ | |
| SUBTOTAL SECTION A | | | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | MI |
| CAYER | | ROSAIRE | |
| Residential Street Address | | City | State Zip Code |
| 11 BELLEVUE DRIVE | | DERBY | CT 06418 |
| Principal Occupation | | Name of Employer | |
| RETIRED | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 50.00 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | |
| 2 | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | |
| Last Name | | First | MI |
| CINTRONE | | JEANINE | |
| Residential Street Address | | City | State Zip Code |
| 364 DERBY AVENUE, STE 5 | | DERBY | CT 06418 |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 47.70 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | |
| 2 | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | |
| Last Name | | First | MI |
| CURRAN | | GREG | |
| Residential Street Address | | City | State Zip Code |
| 2900 DIXWELL AVENUE | | HAMDEN | CT 06518 |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 50.00 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | |
| 2 | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 147.70 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office | | | |
| (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---------------|------------------|-------------|-------------------|
| Last Name DECARLI | | First CARL | | MI | |
| Residential Street Address 14 JOHN STREET | | City DERBY | | State CT | Zip Code 06418 |
| Principal Occupation | | | Name of Employer | | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # <u>2</u> | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | 8/9/23 | |

| | | | | | |
|--|--|----------------|------------------|-------------|-------------------|
| Last Name DELGUIDICE | | First PHILL | | MI | |
| Residential Street Address 69 KINGS COURT | | City DERBY | | State CT | Zip Code 06418 |
| Principal Occupation | | | Name of Employer | | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 95.70 |
| If yes, list Event # <u>2</u> | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | 8/9/23 | |

| | | | | | |
|--|--|------------------|------------------|-------------|-------------------|
| Last Name DZIEKAN | | First CATHY | | MI | |
| Residential Street Address 124 SOUTH MONTOWESE STREET | | City BRANFORD | | State CT | Zip Code 06405 |
| Principal Occupation | | | Name of Employer | | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # _____ | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | 8/9/23 | |


| | | |
|---|-------------------------------------|--------|
| Received | SUBTOTAL Section B — This Page | 195.70 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|--|-------------------|-------------|
| Last Name DZIEKAN | First IRENE | MI |
| Residential Street Address 5 RESEVOIR DRIVE | City ANSONIA | State CT |
| | Zip Code 06401 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|---|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No |  100.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|---|-------------------|-------------|
| Last Name DZIEKAN | First JAMES | MI |
| Residential Street Address 11822 NORTH N 49TH AVENUE | City GLENDALE | State AZ |
| | Zip Code 85304 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 60.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|--|--------------------|-------------|
| Last Name DZIEKAN | First SALVATORE | MI |
| Residential Street Address 26 CROUCH ROAD | City BRANFORD | State CT |
| | Zip Code 06405 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|--|--|--------|
| Received | SUBTOTAL Section B — This Page | 210.00 |
| SEP 15 2023 | 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) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|--|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name ESTWAN | | First THEODORE | MI |
| Residential Street Address 49 FRANKLIN AVENUE | | City DERBY | State CT |
| | | Zip Code 06418 | |
| Principal Occupation | | Name of Employer | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 1 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/12/23 | Aggregate Contributions |
| Last Name GEASKI | | First GREGORY | MI |
| Residential Street Address 44 MOUNTAIN BROOKE ROAD | | City NORTH HAVEN | State CT |
| | | Zip Code 06473 | |
| Principal Occupation | | Name of Employer | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 2 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 | Aggregate Contributions |
| Last Name GILMOURE | | First KYNDON | MI |
| Residential Street Address 75 REDWOOD DRIVE, U 708 | | City EAST HAVEN | State CT |
| | | Zip Code 06513 | |
| Principal Occupation | | Name of Employer | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 2 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 | Aggregate Contributions |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | |
| | | (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|--|-------------------------|------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| RD23 | | | | | |
| A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| GILMOUR | | RAYSHAWNDA | | | |
| Residential Street Address | | City | | State | Zip Code |
| 75 REDWOOD DRIVE U708 | | EAST HAVEN | | CT | 06513 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 2 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 50.00 | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | | |
| Last Name | | First | | MI | |
| JAZWINSKI | | MARK | | | |
| Residential Street Address | | City | | State | Zip Code |
| 147 WESTFIELD ROAD | | MILFORD | | CT | 06461 |
| Principal Occupation | | Name of Employer | | | |
| BETHANY PD | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | | |
| Last Name | | First | | MI | |
| KIRKLAND | | JERMAINE | | | |
| Residential Street Address | | City | | State | Zip Code |
| 75 REDWOOD DRIVE, U 708 | | EAST HAVEN | | CT | 06513 |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 2 | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 50.00 | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Received SEP 15 2023 Derby, CT Town Clerk's Office </div> | | SUBTOTAL Section B — This Page | | 100.00 | |
| | | 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|----------------------------|-------------------|-------------------------------|
| Last Name KNAPP | First DAVID | MI |
| Residential Street Address | City WATERBURY | State CT Zip Code 06708 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # 2 | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|--|------------------|-------------------------------|
| Last Name LOGAN | First GEORGE | MI |
| Residential Street Address 24 CARPATH DRIVE | City MERIDEN | State CT Zip Code 06450 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # 2 | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|--|------------------|-------------------------------|
| Last Name MILLER | First JOHN | MI |
| Residential Street Address 88 TYLER CITY ROAD | City ORANGE | State CT Zip Code 06477 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # 2 | | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|---|-------------------------------------|--------|
| Received | SUBTOTAL Section B — This Page | 200.00 |
| SEP 15 2023 | 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) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|---|------------------|-------------------|
| Last Name NESTERUK | First DARREN | MI |
| Residential Street Address 20 STEPHEN STREET | City DERBY | State CT |
| | | Zip Code 06418 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Yes <input checked="" type="radio"/> No | 150.00 |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | # 2444 8/9/23 | | |

| | | |
|--|------------------|-------------------|
| Last Name NESTERUK | First JOYCE | MI |
| Residential Street Address 325 DAVID HUMPHREYS ROAD | City DERBY | State CT |
| | | Zip Code 06418 |
| Principal Occupation | Name of Employer | |



| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Yes <input checked="" type="radio"/> No | 150.00 |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | # 725 8/9/23 | | |

| | | |
|---|-------------------|-------------------|
| Last Name O'LEARY | First NEIL | MI |
| Residential Street Address 137 WESTRIDGE DRIVE | City WATERBURY | State CT |
| | | Zip Code 06708 |
| Principal Occupation | Name of Employer | |

| | | | | |
|---|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | |

| | | |
|--|--|--------|
| Received | SUBTOTAL Section B — This Page | 300.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| Derby, CT Town TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|---|--|---|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| RD23 | | | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name OLSEN | | First KRISTEN | | MI | |
| Residential Street Address 749 KINGS HIGHWAY EAST | | City FAIRFIELD | | State CT | Zip Code 06825 |
| Principal Occupation GREENWICH BOE | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |  | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received  | | Aggregate Contributions | |
| Last Name PAOLINO | | First ARMANDO | | MI | |
| Residential Street Address 290 KINGS STREET | | City MIDDLEBURY | | State CT | Zip Code 06762 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>2</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 50.00 | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 | | Aggregate Contributions | |
| Last Name PARKER | | First GARY | | MI | |
| Residential Street Address 38 NORTH COE LANE | | City ANSONIA | | State CT | Zip Code 06401 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>2</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | 100.00 | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received # 3188 | | Aggregate Contributions | |
| SUBTOTAL Section B — This Page | | | | 150.00 | |
| 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) | | | | | |

Received

SEP 15 2023

Derby, CT Town Clerk's Office

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|--|--|---------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| RD23 | | | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| PARMALEE | | DAWN | | | |
| Residential Street Address | | City | | State | Zip Code |
| 64 CATHERINE COURT | | SHELTON | | CT | 06484 |
| Principal Occupation | | Name of Employer | | | |
| GREENWICH BOE | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes 2 | | <input type="radio"/> Yes Executive | | | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | | |
| Last Name | | First | | MI | |
| PARMALEE | | FREDERICK | | | |
| Residential Street Address | | City | | State | Zip Code |
| 55 OXEN HILL ROAD | | TRUMBULL | | CT | 06611 |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes 2 | | <input type="radio"/> Yes Executive | | | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | | |
| Last Name | | First | | MI | |
| PEPE | | FRANCES | | | |
| Residential Street Address | | City | | State | Zip Code |
| 69 HARRISON AVENUE | | DERBY | | CT | 06418 |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes 2 | | <input type="radio"/> Yes Executive | | | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | | |
| Received | | SUBTOTAL Section B — This Page | | 300.00 | |
| SEP 15 2023 | | TOTAL of additional Section B Pages | | | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

| B. Itemized Contributions from Individuals | | | | |
|--|--|--|--------------------|--|
| Last Name QUIST | | First BETSY | | MI |
| Residential Street Address 62 PEASE ROAD | | City WOODBIDGE | State CT | Zip Code 06525 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution 100.00 |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution: | | Date Received | | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | Aggregate Contributions |
| Last Name QUIST | | First CARL | | MI |
| Residential Street Address 62 PEASE ROAD | | City WOODBIDGE | State CT | Zip Code 06525 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution: | | Date Received | | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | Aggregate Contributions |
| Last Name RAMALHO | | First CATHY | | MI |
| Residential Street Address 124 NEW HAVEN AVENUE | | City DERBY | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution: | | Date Received | | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | Aggregate Contributions |

| | | |
|--|--|---------------|
| Received | SUBTOTAL Section B — This Page | 100.00 |
| SEP 15 2023 | 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) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------|-------------------------------|
| Last Name RUSSELL | | First THOMAS | | MI |
| Residential Street Address 124 HAROLD AVENUE | | City DERBY | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | |

| | | | | |
|--|--|--|-------------------------|--|
| Last Name SADLIK | | First RAY | | MI |
| Residential Street Address 5 CULLENS HILL ROAD | | City DERBY | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution 50.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | | | |
|---|--|--|-------------------------|-------------------------------|
| Last Name SALDANA | | First ARTURO | | MI |
| Residential Street Address 53 4TH AVENUE | | City WEST HAVEN | State CT | Zip Code 06516 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | |

| | | |
|--|---|-------|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Received SEP 15 2023 Derby, CT Town Clerk's Office </div> | 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) | 50.00 |
|--|---|-------|

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

| B. Itemized Contributions from Individuals | | | | | |
|--|--|--|--|-------------------------|--------------------------------------|
| Last Name SALEMME | | First JOSEPH | | MI | |
| Residential Street Address 31 SOUNDRIERGE ROAD | | City SHELTON | | State CT | Zip Code 06484 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | | Amount of Contribution 100.00 |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If yes, indicate which branch or branches of government the contract is with: | | | |
| If yes, list Event # | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | | |
| Last Name SAMPSON | | First CHARLES | | MI | |
| Residential Street Address 6 COMMODORE HALL TERRACE | | City DERBY | | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer WESTPORT PD | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | | Amount of Contribution 50.00 |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If yes, indicate which branch or branches of government the contract is with: | | | |
| If yes, list Event # | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | | |
| Last Name SANTORE | | First JOHN | | MI | |
| Residential Street Address 61 SEYMOUR AVENUE, UNIT #2 | | City DERBY | | State CT | Zip Code 06418 |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | | Amount of Contribution 50.00 |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If yes, indicate which branch or branches of government the contract is with: | | | |
| If yes, list Event # | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| Method of Contribution: | | Date Received | | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | | |

SEP 15 2023

SUBTOTAL Section B — This Page

200.00

Derby, CT Town Clerk's Office

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)

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|---|------------------|-------------------------------|
| Last Name SIMMONE | First ANTHONY | MI |
| Residential Street Address 43 BELLVIEW DRIVE | City DERBY | State CT Zip Code 06418 |
| Principal Occupation | Name of Employer | |

| | | |
|---|---|--|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution 50.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>2</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 |

| | | |
|--|---------------------|-------------------------------|
| Last Name SOMMA | First CRAIG | MI |
| Residential Street Address 54 PINE RIVER ROAD | City NORTH HAVEN | State CT Zip Code 06473 |
| Principal Occupation | Name of Employer | |

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

| | | |
|---|------------------|-------------------------------|
| Last Name STAHL | First MICHAEL | MI |
| Residential Street Address 18 MCCONNEY GROVE | City DERBY | State CT Zip Code 06418 |
| Principal Occupation | Name of Employer | |

| | | |
|---|---|---|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution 100.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/23 |

| | | |
|--|--|--------|
| Received | SUBTOTAL Section B — This Page | 100.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) Derby, CT Town Clerk's Office | | |
| (Enter total on Line 13, Column A of Summary Page Totals) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | | | |
|--|--|--|-------------------------|-------------------------------|
| Last Name STANZIALE JR | | First DON | | MI |
| Residential Street Address 42 LAZY BROOK ROAD | | City SHELTON | State CT | Zip Code 06484 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | |
| Last Name STRATTON | | First KEVIN | | MI A |
| Residential Street Address 66 FOSTER STREET, 2ND FL | | City NEW HAVEN | State CT | Zip Code 06511 |
| Principal Occupation | | Name of Employer SHELTON PD | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | |
| Last Name SWAN | | First BRIAN | | MI |
| Residential Street Address 5 JOHNSON STREET | | City BEACON FALLS | State CT | Zip Code 06403 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

50.00

| | | |
|--|--|--------------|
| Received | SUBTOTAL Section B — This Page | 50.00 |
| SEP 15 2023 | 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) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | | |
|----------------------------|------------------|-------|----------|
| Last Name | First | MI | |
| TEMPLE | CATHRYN | | |
| Residential Street Address | City | State | Zip Code |
| 2 JENSEN FARM ROAD | OXFORD | CT | 06478 |
| Principal Occupation | Name of Employer | | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | | |
|----------------------------|------------------|-------|----------|
| Last Name | First | MI | |
| VELKY | JAMES | | |
| Residential Street Address | City | State | Zip Code |
| 5 CHARTER OAK ROAD | SOUTHBURY | CT | 06488 |
| Principal Occupation | Name of Employer | | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | | |
|----------------------------|------------------|-------|----------|
| Last Name | First | MI | |
| VELKY | RICHARD | | |
| Residential Street Address | City | State | Zip Code |
| 626 WASHINGTON ROAD | WOODBURY | CT | 06798 |
| Principal Occupation | Name of Employer | | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 250.00 |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

Received

SUBTOTAL Section B — This Page

400.00

SEP 15 2023

TOTAL of additional Section B Pages

Derby, CT Town Clerk's Office

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals)

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|---|-------------------|-------------|
| Last Name YOUNGER | First AUDETTE | MI |
| Residential Street Address 1214 WHALLEY AVENUE | City NEW HAVEN | State CT |
| | Zip Code 06511 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # 2 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|---|-------------------|-------------|
| Last Name ZALINSKY | First STANLEY | MI |
| Residential Street Address 5 RESEVOIR DRIVEE | City ANSONIA | State CT |
| | Zip Code 06401 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/9/23 | | |

| | | |
|---|------------------------------|-------------|
| Last Name ZWICHAROWSKI | First EUGENE | MI |
| Residential Street Address 149 W BEACH DRIVE | City STRATFORD | State CT |
| | Zip Code 06615 | |
| Principal Occupation | Name of Employer CJ FUCCI | |

| | | | | |
|---|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | |

| | | |
|-------------------------------|--|--------|
| Received | SUBTOTAL Section B — This Page | 200.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| ALBERTA | MICHAEL | |
| Residential Street Address | City | State Zip Code |
| 325 DAVID HUMPHREY ROAD | DERBY | CT 06418 |
| Principal Occupation | Name of Employer | |
| RETIRED | | |

| | | | | | | |
|---|--|--|--|-----------------------------------|---------|-------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution | | |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 400.00 | | |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | # 2793 | | Date Received | | | |
| <input type="radio"/> Cash | <input checked="" type="radio"/> Personal Check | <input type="radio"/> Credit/Debit Card | <input type="radio"/> Payroll Deduction | <input type="radio"/> Money Order | 8/26/23 | Aggregate Contributions |

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| CAMP | FREDERICK | |
| Residential Street Address | City | State Zip Code |
| 24 SUMMIT STREET, APT #2 | DERY | CT 06417 |
| Principal Occupation | Name of Employer | |
| | | |

| | | | | | | |
|---|--|--|--|-----------------------------------|---------|-------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution | | |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 | | |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | # 362 | | Date Received | | | |
| <input type="radio"/> Cash | <input checked="" type="radio"/> Personal Check | <input type="radio"/> Credit/Debit Card | <input type="radio"/> Payroll Deduction | <input type="radio"/> Money Order | 8/26/23 | Aggregate Contributions |

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| REGENSBURGER | JOHN | |
| Residential Street Address | City | State Zip Code |
| 425 WILCOXSON AVENUE | STRATFORD | CT 06614 |
| Principal Occupation | Name of Employer | |
| RETIRED | | |

| | | | | | | |
|---|--|--|--|-----------------------------------|--|-------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution | | |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 250.00 | | |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | # 2575 | | Date Received | | | |
| <input type="radio"/> Cash | <input checked="" type="radio"/> Personal Check | <input type="radio"/> Credit/Debit Card | <input type="radio"/> Payroll Deduction | <input type="radio"/> Money Order | | Aggregate Contributions |

| | | |
|---|--|--------|
| Received | SUBTOTAL Section B — This Page | 700.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | |
| (Enter total on Line 13, Column A of Summary Page Totals) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="font-size: 2em; font-weight: bold; text-align: center;">RD 23</div> | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name <div style="font-size: 1.5em;">Hoydick</div> | | First <div style="font-size: 1.5em;">Laura</div> | |
| Residential Street Address <div style="font-size: 1.5em;">55 Castle Dr.</div> | | City <div style="font-size: 1.5em;">Stratford</div> | |
| Principal Occupation | | State <div style="font-size: 1.5em;">CT</div> | |
| Zip Code <div style="font-size: 1.5em;">06614</div> | | MI | |
| Name of Employer | | Date Received | |
| Aggregate Contributions | | Amount of Contribution <div style="font-size: 2em; font-weight: bold; text-align: center;">100.00</div> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <div style="font-size: 1.5em;">2</div> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | |
| Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received | |
| Aggregate Contributions | | Amount of Contribution | |
| Last Name | | First | |
| Residential Street Address | | City | |
| Principal Occupation | | State | |
| Zip Code | | MI | |
| Name of Employer | | Date Received | |
| Aggregate Contributions | | Amount of Contribution | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No | |
| Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received | |
| Aggregate Contributions | | Amount of Contribution | |
| Last Name | | First | |
| Residential Street Address | | City | |
| Principal Occupation | | State | |
| Zip Code | | MI | |
| Name of Employer | | Date Received | |
| Aggregate Contributions | | Amount of Contribution | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No | |
| Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received | |
| Aggregate Contributions | | Amount of Contribution | |
| SUBTOTAL Section B — This Page | | <div style="font-size: 2em; font-weight: bold; text-align: center;">100.00</div> | |
| 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) | | | |

Received

SEP 15 2023

Derby, CT Town Clerk's Office

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|--|-------------------|-------------------------------|
| Last Name Estwam | First Theodore | MI MI |
| Residential Street Address 43 Franklin Avenue | City Derby | State CT Zip Code 06418 |
| Principal Occupation | Name of Employer | |

| | | |
|--|---|---|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution 100.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>1</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | 100.00 |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order Date Received <u>7/28/23</u> Aggregate Contributions <u>200.00</u> | | |

| | | |
|---|------------------------------------|-------------------------------|
| Last Name Garcia | First Gabriel | MI MI |
| Residential Street Address 15 Century Lane | City Milford | State CT Zip Code 06461 |
| Principal Occupation | Name of Employer Town of Hamden | |

| | | |
|--|---|--|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution 50.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>1</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | 50.00 |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order Date Received <u>7/14/23</u> Aggregate Contributions | | |

| | | |
|--|------------------|-------------------------------|
| Last Name Cintrone | First Jeanine | MI MI |
| Residential Street Address 364 Derby Avenue | City Derby | State CT Zip Code 06418 |
| Principal Occupation | Name of Employer | |

| | | |
|---|---|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>1</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order Date Received Aggregate Contributions | | |

| | | |
|--|---|---------------|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Received SEP 15 2023 Derby, CT Town Clerk's Office </div> | 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) | 150.00 |
|--|---|---------------|

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | | |
|----------------------------|------------------|-------|----------|
| Last Name | First | MI | |
| Balsys | Nancy | | |
| Residential Street Address | City | State | Zip Code |
| 33 Phoenix Avenue | Naugatuck | CT | 06770 |
| Principal Occupation | Name of Employer | | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # | 1 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/12/23 | | |

| | | | |
|----------------------------|------------------|-------|----------|
| Last Name | First | MI | |
| Mascolo | Eugene | | |
| Residential Street Address | City | State | Zip Code |
| | | | |
| Principal Occupation | Name of Employer | | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # | 2 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/10/23 | | |

| | | | |
|----------------------------|------------------|-------|----------|
| Last Name | First | MI | |
| Marcarelli | David | | |
| Residential Street Address | City | State | Zip Code |
| 12 Justine Dr. | North Haven | CT | 06473 |
| Principal Occupation | Name of Employer | | |

| | | | | |
|---|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/13/23 | 150.00 | |

| | | |
|--|-------------------------------------|--------|
| Received | SUBTOTAL Section B — This Page | 250.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | |
| Derby, CT Town Clerk's Office | | |
| (Enter total on Line 13, Column A of Summary Page Totals) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| Alibrio | Aaron | |
| Residential Street Address | City | State Zip Code |
| 201 Tonica Springs Trail | Manchester | CT 06040 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|---|--|--|-------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 200.00 |
| If yes, list Event # | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | 8/16/23 | |

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| Lezzi | Michael | |
| Residential Street Address | City | State Zip Code |
| 15 Bear Path Road | Hamden | CT 06514 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|---|--|--|-------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 500.00 |
| If yes, list Event # | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | 8/15/23 | |

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| Werstler | Brian | |
| Residential Street Address | City | State Zip Code |
| 76 Daventry Hill Road | Avon | CT 06001 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|---|--|--|-------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | 8/15/23 | |

| | | |
|---|--|--------|
| Received SEP 15 2023 Derby, CT Town Clerk's Office | SUBTOTAL Section B — This Page | 800.00 |
| | 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) | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|--|-------------------|-------------|
| Last Name Merriam | First Dave | MI |
| Residential Street Address 40 Peck Road | City Bethany | State CT |
| | Zip Code 06524 | |
| Principal Occupation | Name of Employer | |

| | | |
|---|---|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>3</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | 30.00 |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/26/23 |

| | | |
|--|---------------------|-------------|
| Last Name Czako | First Eugene | MI |
| Residential Street Address 24 Fawn Ridge Road | City North Haven | State CT |
| | Zip Code 06473 | |
| Principal Occupation Retired | Name of Employer | |

| | | |
|---|---|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>3</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | 60.00 |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/26/23 |

| | | |
|--|-------------------|-------------|
| Last Name Heins | First Melissa | MI |
| Residential Street Address 19 Christians Crossing | City Durham | State CT |
| | Zip Code 06422 | |
| Principal Occupation | Name of Employer | |

| | | |
|---|---|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>3</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | 100.00 |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/26/23 |

| | | |
|--|--|--------|
| Received | SUBTOTAL Section B — This Page | 190.00 |
| SEP 15 2023 | 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) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|---|--------------------|-------------|
| Last Name Youngberg | First Christine | MI |
| Residential Street Address 49 Mesa Drive | City Bethany | State CT |
| | Zip Code 06524 | |
| Principal Occupation | Name of Employer | |

| | | |
|---|---|--|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution 47.70 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 9/7/23 |
| | | Aggregate Contributions |

| | | |
|--|-------------------|-------------|
| Last Name Pepe | First Frannie | MI |
| Residential Street Address 69 Harrison Avenue | City Derby | State CT |
| | Zip Code 06418 | |
| Principal Occupation | Name of Employer | |

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

| | | |
|---|-------------------|-------------|
| Last Name Capasso | First Hope | MI |
| Residential Street Address 20 North Mark Drive | City Oxford | State CT |
| | Zip Code 06478 | |
| Principal Occupation | Name of Employer | |

| | | |
|---|---|--|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution 50.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/26/23 |
| | | Aggregate Contributions |

| | | |
|---|--|-------|
| Received | SUBTOTAL Section B — This Page | 97.70 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| Labriola | David | |
| Residential Street Address | City | State Zip Code |
| 185 Riggs Street | Oxford | CT 06478 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # | 2 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/8/23 | | |

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| Lanzaro-Schroeder | Susan | |
| Residential Street Address | City | State Zip Code |
| 69 Seymour Avenue | Derby | CT 06418 |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # | 2 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/3/23 | | |

| | | |
|----------------------------|------------------|----------------|
| Last Name | First | MI |
| Capasso | Hope | |
| Residential Street Address | City | State Zip Code |
| 20 North Mark Drive | Oxford | CT 06478 |
| Principal Occupation | Name of Employer | |

| | | | | |
|---|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # | 1 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/29/23 | | |

| | | |
|--|--|--------|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Received SEP 15 2023 Derby, CT Town Clerk's Office </div> | SUBTOTAL Section B — This Page | 200.00 |
| | 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) | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|----------------------------|---------------|----------------|
| Last Name | First | MI |
| RUDDY | DARREN | |
| Residential Street Address | City | State Zip Code |
| 11 INGLENOOK ROAD | NEW FAIRFIELD | CT 06812 |

| | |
|----------------------|------------------|
| Principal Occupation | Name of Employer |
| | |

| | | | | |
|--|--|--|---|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | | |

| | | |
|----------------------------|---------|----------------|
| Last Name | First | MI |
| PIOTROWSKI | RONNIE | |
| Residential Street Address | City | State Zip Code |
| | ANSONIA | CT 06401 |

| | |
|----------------------|------------------|
| Principal Occupation | Name of Employer |
| | |

| | | | | |
|--|--|--|---|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 30.00 |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | | |

| | | |
|----------------------------|--------|----------------|
| Last Name | First | MI |
| FARONI | DENNIS | |
| Residential Street Address | City | State Zip Code |
| 67 PARK AVENUE | DERBY | CT 06418 |

| | |
|----------------------|-----------------------|
| Principal Occupation | Name of Employer |
| | ARCHDIOCE OF HARTFORD |

| | | | | |
|--|--|--|---|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 100.00 |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | | |

| | | |
|--|---|--------|
| Received | SUBTOTAL Section B — This Page | 230.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | |
| Derby, CT Town Clerk's Office | (Enter total on Line 13, Column A of Summary Page Totals) | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

B. Itemized Contributions from Individuals

| | | |
|---|-----------------------------------|-------------|
| Last Name ARMENO | First EDWARD | MI |
| Residential Street Address 49 COON HOLLOW ROAD | City DERBY | State CT |
| | Zip Code 06418 | |
| Principal Occupation | Name of Employer CITY OF DERBY | |

| | | | | |
|---|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 90.00 |
| If yes, list Event # 3 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | | |

| | | |
|---|-------------------|-------------|
| Last Name HICKS | First JOHN | MI |
| Residential Street Address 35 LAKEVIEW TERRACE | City DERBY | State CT |
| | Zip Code 06418 | |
| Principal Occupation RETIRED | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 30.00 |
| If yes, list Event # 3 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | | |

| | | |
|--|-------------------|-------------|
| Last Name PODPOLUCHA | First MICHAEL | MI |
| Residential Street Address 4 THISTLE DOWN | City NAUGATUCK | State CT |
| | Zip Code 06770 | |
| Principal Occupation | Name of Employer | |

| | | | | |
|--|--|--|--|-------------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 50.00 |
| If yes, list Event # 3 | | If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | | |

| | | |
|--|--|--------|
| Received | SUBTOTAL Section B — This Page | 170.00 |
| SEP 15 2023 | 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) | | |

Derby, CT Town Clerk's Office

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|--|--|--|--|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| RD23 | | | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| CZAKO | | EUGENE | | | |
| Residential Street Address | | City | | State | Zip Code |
| 24 FAWN RIDGE ROAD | | NORTH HAVEN | | CT | 06473 |
| Principal Occupation | | Name of Employer | | | |
| RETIRED | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution <div style="font-size: 2em;">30.00</div> | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # <u>3</u> | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | | | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | <div style="font-size: 1.5em;">8/26/23</div> | | Aggregate Contributions | |
| Last Name | | First | | MI | |
| NESTERUK | | DARREN | | | |
| Residential Street Address | | City | | State | Zip Code |
| 20 STEPHEN STREET | | DERBY | | CT | 06418 |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution <div style="font-size: 2em;">100.00</div> | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # <u>3</u> | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | <div style="font-size: 1.5em;">8/26/23</div> | | Aggregate Contributions | |
| Last Name | | First | | MI | |
| NESTERUK | | JOYCE | | | |
| Residential Street Address | | City | | State | Zip Code |
| 20 STEPHEN STREET | | DERBY | | CT | 06418 |
| Principal Occupation | | Name of Employer | | | |
| | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution <div style="font-size: 2em;">100.00</div> | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # <u>3</u> | | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | <div style="font-size: 1.5em;">8/26/23</div> | | Aggregate Contributions | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Received SEP 15 2023 </div> | | SUBTOTAL Section B — This Page | | <div style="font-size: 2em;">230.00</div> | |
| | | TOTAL of additional Section B Pages | | | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD23 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | \$ |
| SUBTOTAL SECTION A | |

| B. Itemized Contributions from Individuals | | | |
|--|------------------|-------|----------|
| Last Name | First | MI | |
| PETRINO | JAMES | | |
| Residential Street Address | City | State | Zip Code |
| 18 GARDEN PLACE | DERBY | CT | 06418 |
| Principal Occupation | Name of Employer | | |
| | | | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 60.00 |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | | |

| | | | |
|----------------------------|------------------|-------|----------|
| Last Name | First | MI | |
| PRICE | DEBBIE | | |
| Residential Street Address | City | State | Zip Code |
| 37 KRAKOW STREET | DERBY | CT | 06418 |
| Principal Occupation | Name of Employer | | |
| | | | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 60.00 |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | | |

| | | | |
|----------------------------|------------------|-------|----------|
| Last Name | First | MI | |
| MERRIAM | DAVID | | |
| Residential Street Address | City | State | Zip Code |
| 149 FORD ROAD | BETHANY | CT | 06524 |
| Principal Occupation | Name of Employer | | |
| BETHANY PD | | | |

| | | | | |
|--|--|--|--|------------------------|
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | <input type="radio"/> Yes <input checked="" type="radio"/> No | 30.00 |
| If yes, list Event # | 3 | If yes, indicate which branch or branches of government the contract is with: | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | | |

| | | |
|---|--|--------|
| Received | SUBTOTAL Section B — This Page | 150.00 |
| SEP 15 2023 | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk | TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | |
| (Enter total on Line 13, Column A of Summary Page Totals) | | |

| | | | |
|--|--|---|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD23 | | | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | MI |
| NESTERUK | | DARREN | |
| Residential Street Address | | City | State Zip Code |
| 20 STEPHEN STREET | | DERBY | CT 06418 |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | |
| | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | | |
| Last Name | | First | MI |
| NESTERUK | | JOYCE | |
| Residential Street Address | | City | State Zip Code |
| 20 STEPHEN STREET | | DERBY | CT 06418 |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | |
| 3 | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | 30.00 |
| Last Name | | First | MI |
| DIJON | | SAMUEL | |
| Residential Street Address | | City | State Zip Code |
| 35 HILLSIDE AVENUE | | SHELTON | CT 06484 |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, list Event # | | If yes, indicate which branch or branches of government the contract is with: | |
| 3 | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/26/23 | 30.00 |
| Received | | SUBTOTAL Section B — This Page | |
| SEP 15 2023 | | 60.00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) | | TOTAL of additional Section B Pages | |
| Derby, CT Town Clerk's Office | | 14,061.10 | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | | |
|---|-------------------------------|---|--|-------------------|-------------------------|------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| RD 23 | | | | | | | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution | |
| | | | If yes, list Event # _____ | | | | |
| City | | State | Zip Code | Date Received | Aggregate Contributions | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution | |
| | | | If yes, list Event # _____ | | | | |
| City | | State | Zip Code | Date Received | Aggregate Contributions | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution | |
| | | | If yes, list Event # _____ | | | | |
| City | | State | Zip Code | Date Received | Aggregate Contributions | | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | State | Zip Code | |
| Date Received | Expenditure # (if applicable) | Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution | | | | Amount of Receipt | |
| Description | | Received | | | | | |
| Name of Committee | | SEP 15 2023 | | Name of Treasurer | | | |
| Address | | | Derby, CT Town Clerk's Office | | City | State | Zip Code |
| Date Received | Expenditure # (if applicable) | Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution | | | | Amount of Receipt | |
| Description | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | 0 | |
| TOTAL of additional Section C Pages | | | | | | 0 | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals) | | | | | | 0 | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|---------------|--|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| RD 23 | | | | | |
| D. Loans Received this Period | | | | | |
| Name of Lender | | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt |
| Street Address | | City | | State | Zip Code |
| Name of Cosigner/Guarantor (if applicable) | | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Name of Lender | | | | | Date of Receipt |
| Street Address | | | City | | State |
| Street Address | | City | | State | Zip Code |
| Name of Cosigner/Guarantor (if applicable) | | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | | | | Amount Received |
| Street Address | | City | | State | Zip Code |
| Name of Lender | | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt |
| Street Address | | City | | State | Zip Code |
| Name of Cosigner/Guarantor (if applicable) | | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Name of Lender | | | | | Date of Receipt |
| Street Address | | | City | | State |
| Street Address | | City | | State | Zip Code |
| Name of Cosigner/Guarantor (if applicable) | | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | | | | Amount Received |
| Street Address | | City | | State | Zip Code |
| Name of Lender | | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt |
| Street Address | | City | | State | Zip Code |
| Name of Cosigner/Guarantor (if applicable) | | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Name of Lender | | | | | Date of Receipt |
| Street Address | | | City | | State |
| Street Address | | City | | State | Zip Code |
| Name of Cosigner/Guarantor (if applicable) | | | | | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | | | | Amount Received |
| Street Address | | City | | State | Zip Code |
| TOTAL SECTION D | | | | | |
| E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY) | | | | | |
| Name of Entity | | | | | |
| Street Address | | | | Date Received | |
| City | | State | | Zip Code | |
| Aggregate Contributions | | | | Amount Received | |
| Name of Entity | | | | | |
| Street Address | | Date Received | | Amount Received | |
| City | | State | | Zip Code | |
| Aggregate Contributions | | | | Amount Received | |
| Name of Entity | | | | | |
| Street Address | | | | Date Received | |
| City | | State | | Zip Code | |
| Aggregate Contributions | | | | Amount Received | |
| TOTAL SECTION E | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | |
|--|---|-----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT |
| RD 23 | | |
| F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY) | | |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> | Amount |
| | | |
| | | |
| | | |
| TOTAL SECTION F | | 0 |
| G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY) | | |
| Date of Receipt | Date of Receipt | Date of Receipt |
| | | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">Received SEP 15 2023 Derby, CT Town Clerk's Office</div> | Amount | Amount |
| TOTAL SECTION G | | 0 |
| H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) | | |
| Date of Receipt | Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |
| | | |
| | | |
| | | |
| TOTAL SECTION H | | 0 |
| I. Anonymous Contributions | | |
| Per Public Act 11-48, Anonymous Contributions may no longer 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. | | |

| | |
|--|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| RD 23 | |

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J**K. Miscellaneous Monetary Receipts not Considered Contributions**

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

Received
SEP 15 2023
Derby, CT Town Clerk's Office

TOTAL SECTION K**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

| | |
|---|---|
| Total Loans Received this Period (Section D) | |
| Total Receipts from Entities 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 Treasury (Section G) | + |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | + |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | + |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | + |
| Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals) | |

II. EVENT ACTIVITY (Sections L1—L5)

17

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
|---|--------|----------------------------------|--|----------|
| RD 23 | | | | |
| L1. Event Information | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
| 07/12/2023 | | TWISTED VINE Fundraiser | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address | | City | State | Zip Code |
| 285 Main St. | | Derby | CT | 06418 |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | | <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | | <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$ <input type="text"/> | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | | <input checked="" type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No | |
| 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? | | | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$ <input type="text"/> | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
| 08/09/2023 | | Catholic War Veterans fundraiser | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address | | City | State | Zip Code |
| 112 Derby Ave. | | Derby | CT | 06418 |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | | <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | | <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$ <input type="text"/> | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | | <input checked="" type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No | |
| 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? | | | <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No \$ <input type="text"/> | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | 0 | |
| Received | | | SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | |
| SEP 15 2023 | | | 0 | |
| Derby, CT Town Clerk's Office | | | TOTAL of additional Section L1 Pages | |
| | | | 0 | |
| TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals) | | | 0 | |

| | | | | |
|--|--------|---|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| RD 23 | | | | |
| L1. Event Information | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
| 08/23/2023 | 3 | Lafayette AC Fundraiser | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address | | City | State | Zip Code |
| 160 Hawkins St. | | Derby | CT | 06418 |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | | | |
| <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | | | |
| <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | | |
| <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) | | | | |
| <input checked="" type="checkbox"/> No \$ | | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | | | |
| <input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) | | | | |
| <input checked="" type="checkbox"/> No | | | | |
| 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? | | | | |
| <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) | | | | |
| <input checked="" type="checkbox"/> No \$ | | | | |
| | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address | | City | State | Zip Code |
| | | | | |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | | | |
| <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) | | | | |
| <input type="checkbox"/> No | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | | | |
| <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) | | | | |
| <input type="checkbox"/> No | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | | |
| <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) | | | | |
| <input type="checkbox"/> No \$ | | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | | | |
| <input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) | | | | |
| <input type="checkbox"/> No | | | | |
| 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? | | | | |
| <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) | | | | |
| <input type="checkbox"/> No \$ | | | | |
| | | | | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | | |
| | | | | |
| Received | | SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | | |
| SEP 15 2023 | | | | |
| | | TOTAL of additional Section L1 Pages | | |
| Derby, CT Town Clerk's Office | | TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals) | | |
| 0 | | | | |

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 Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| RD 23 | | | | | | | |
| L3. Purchases of Advertising in a Program Book or on a Sign | | | | | | | |
| Name of Purchaser | | | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | |
| Street Address | | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | | Amount of Program Ad Purchase | | Amount of Sign Purchase | |
| Name of Purchaser | | | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | |
| Street Address | | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | | Amount of Program Ad Purchase | | Amount of Sign Purchase | |
| Name of Purchaser | | | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | |
| Street Address | | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | | Amount of Program Ad Purchase | | Amount of Sign Purchase | |
| Name of Purchaser | | | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | |
| Street Address | | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | | Amount of Program Ad Purchase | | Amount of Sign Purchase | |
| Name of Purchaser | | | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | |
| Street Address | | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | | Amount of Program Ad Purchase | | Amount of Sign Purchase | |
| Name of Purchaser | | | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | |
| Street Address | | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | | Amount of Program Ad Purchase | | Amount of Sign Purchase | |
| Name of Purchaser | | | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | |
| Street Address | | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | | Amount of Program Ad Purchase | | Amount of Sign Purchase | |
| Name of Purchaser | | | | | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | |
| Street Address | | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | | Amount of Program Ad Purchase | | Amount of Sign Purchase | |
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page | | | | | | | |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page | | | | | | | |
| TOTAL of additional Section L3 Pages | | | | | | | |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals) | | | | | | | |

II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
|---|-------------------------|------|--|-------------------------------|----------|
| RD 23 | | | | | |
| L4. In-Kind Donations Not Considered Contributions | | | | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | | | | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | | | | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | | | | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | | | | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | | | | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity | | | | | |
| <input type="checkbox"/> Individual | | | | | |
| <input type="checkbox"/> Sole Proprietorship | | | | | |
| SUBTOTAL Section L4 — This Page | | | | | |
| TOTAL of additional Section L4 Pages | | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals) | | | | | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
|---|---|--|---|------|---|-------------------------------|----------|
| RD 23 | | | | | | | |
| L5. In-Kind Donations Not Considered Contributions Associated with a House Party | | | | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| Name of Host | | | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | | |
| Street Address | | | | City | | State | Zip Code |
| Description of Donation | | | | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | | Aggregate Value of all Events—this host/candidate | | | | |
| SUBTOTAL Section L5 — This Page | | | | | | | |
| TOTAL of additional Section L5 Pages | | | | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals) | | | | | | | |

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

| | | | | | |
|---|---|-------|-------|-------------------|-------------------|
| N. Refundable Deposit to Telephone Company | | | | | |
| Last Name of Individual | | First | MI | Date Deposit Made | |
| Residential Street Address | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Received SEP 15 2023 Derby, CT Town Clerk's Office</div> | City | State | Zip Code | Amount of Deposit |
| Name of Telephone Company | | | | | |
| Street Address | | City | State | Zip Code | |
| TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals) | | | | 0 | |

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17


| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
|---|---|------------------|---|--------------------|---|
| RD 23 | | | | | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee Justyard sales. com | | | Date of Payment 7/27/23 | | Method of Payment <input checked="" type="checkbox"/> Check # 91 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 2235 Mercator Dr. | | City Orlando | | State FL | Zip Code 32807 |
| Purpose of Expenditure (by code) | Description Signs | Event # 2 | | Amount 412.16 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Ever Ready Press | | | Date of Payment 8/3/23 | | Method of Payment <input checked="" type="checkbox"/> Check # 92 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 78 Clifton Ave. | | City Ansonia | | State CT | Zip Code 06401 |
| Purpose of Expenditure (by code) | Description mailer | Event # 2 | | Amount 116.99 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Valley Publishing Co. | | | Date of Payment 8/3/23 | | Method of Payment <input checked="" type="checkbox"/> Check # 93 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 563 Franklin Ave. | | City Hartford | | State CT | Zip Code 06114 |
| Purpose of Expenditure (by code) | Description Mailer | Event # 2 | | Amount 1,464.67 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Catholic War Vets | | | Date of Payment 8/9/23 | | Method of Payment <input checked="" type="checkbox"/> Check # 95 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 112 Derby Ave. | | City Derby | | State CT | Zip Code 06418 |
| Purpose of Expenditure (by code) | Description Hall Rental | Event # 2 | | Amount 100.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| <div>Received</div> <div>SEP 15 2023</div> <div>Derby, CT Town Clerk's Office</div> | | | SUBTOTAL Section P — This Page | | 2,093.41 |
| | | | TOTAL of additional Section P Pages | | |
| | | | TOTAL OF ALL EXPENSES PAID BY COMMITTEE | | |
| (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

| | | | | | |
|---|--|---------|-----------------------------------|-----------------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee Sherry Tutillo | | | Date of Payment 8/13/23 | | Method of Payment <input checked="" type="checkbox"/> Check # 96 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | 1,055.30 |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Valley Publishing Co. | | | Date of Payment 8/16/23 | | Method of Payment <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | 2,788.52 |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee James B. Blaskewicz, Jr. | | | Date of Payment 8/16/23 | | Method of Payment <input checked="" type="checkbox"/> Check # 94 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | 303.09 |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee Political Campaign - DIY Campaign LLC | | | Date of Payment 8/27/23 | | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | 3,450.00 |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | | 7,596.91 | |
| TOTAL of additional Section P Pages | | | | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | | | |

Sect. P TOTAL = 11,698.32

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | |
|--|-------------|---------|--|-----------------|--|
| TYPE OF REPORT | | | | | |
| RD 23 | | | | | |
| Q. Campaign Expenses Paid by Candidate | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| SUBTOTAL Section Q — This Page | | | | | |
| TOTAL of additional Section Q Pages | | | | | |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals) | | | | | |

IV. EXPENDITURES (Sections P—T)

| | | | |
|--|--|--|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| RD 23 | | | |
| R. Expenses Incurred on Committee Credit Card | | | |
| Name of Issuing Institution | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other: | |
| Name of Vendor, Person or Entity | | Date of Transaction | |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Vendor, Person or Entity | | Date of Transaction | |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Vendor, Person or Entity | | Date of Transaction | |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Vendor, Person or Entity | | Date of Transaction | |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Vendor, Person or Entity | | Date of Transaction | |
| Street Address | | City | State Zip Code |
| SUBTOTAL Section R — This Page | | | |
| TOTAL of additional Section R Pages | | | |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals) | |  | |
| <div style="border: 1px solid black; padding: 10px; width: fit-content;">Received SEP 15 2023 Derby, CT Town Clerk's Office</div> | | | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|---|---------|--|--------------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| RD 23 | | | | | |
| S. Expenses Incurred by Committee but Not Paid During this Period | | | | | |
| Name of Creditor | | | | Date Incurred | |
| 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 unless "None of the below" is checked) | | | | |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Independent | | | | |
| | <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| | <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| Name of Creditor | | | | Date Incurred | |
| 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 unless "None of the below" is checked) | | | | |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Independent | | | | |
| | <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| | <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| Name of Creditor | | | | Date Incurred | |
| 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 unless "None of the below" is checked) | | | | |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Independent | | | | |
| | <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| | <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| Name of Creditor | | | | Date Incurred | |
| 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 unless "None of the below" is checked) | | | | |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Independent | | | | |
| | <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| | <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| SUBTOTAL Section S-This Page | | | | | |
| TOTAL of additional Section S Pages | | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals) | | | | | |
| Previously reported Expenses Unpaid and still Outstanding | | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals) | | | | | |

| | | | | |
|--|--|----------------|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | | |
| T. Itemization of Reimbursements and Secondary Payees | | | | |
| Last Name of Worker/Consultant | | First | MI | Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Last Name of Worker/Consultant | | First | MI | Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | City | State | Zip Code |
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| SUBTOTAL Section T — This Page | | | | |
| TOTAL of additional Section T Pages | | | | |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | |