SEEC FORM 20

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

Received

SEP 1 5 2023

Derby, CT Town Clerk's Office

Page 1 of 17

Do Not Mark in This Space For Official Use Only

	COVI	ER PAGE	
1. NAME OF COMMITTEE			
KD λ	3		
2. TREASURER NAME			
First Christine	MI 2.	Blaskeu) i CZ Suffix
3. TREASURER ADDRESS Street Address	City	V	State_ Zip Code
55 Derby N	Jeck Rd.	Derby	CT 06418
4. ELECTION/REFERENDEM-DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)	6. DISTRICT NUMBER (if applicable)
11/07/2023	Mayor of	- City of Di	erby "
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee) MI	Last	S. C.
Richard	P	Dziekan	Suffix
8. TYPE OF REPORT (Check One Box)			
☐ January 10 filing	7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement (PACs ONLY)
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendment to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	07/01/2023	thru 090320	729
•	0 110 1000	- 100 43	
10. CERTIFICATION			
I hereby certify and state, under p Disclosure Statement for the pe TREASURER OR DEPUTY TREASURE	Dasken's true, accurate	· _	is Itemized Campaign Finance Lewis (2 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.

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

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SUMMARY PAGE TOTAL Serby, CT Town Clerk's Office

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	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		N. S. Grand, J. S. G. S.
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)		

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NAME OF COMMITTEE (Providence of Committee)	le Complete Na	me as Registered with Fi	ling Repository)		TYPE OF REPORT	
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A. Total Contributio	ns from S	Small Contribu	tors-Receive	ed this Period ONLY	Φ.	
(See instructions for defin				UBTOTAL SECTION A	\$	**
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Marino				Vincen	+	IVII
Residential Street Address (5)	ange	. Center	Pd.	Orange		State Zip Code 06477
Principal Occupation	V			Name of Employer Self -	employed	
Is contributor a lobbyist, spouse,	☐ Yes			o a candidate for a chief executiv	e officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist?	No	does contributor or valued at more than		s associated with have a contract Yes No	with said municipality	
Is this contribution associated with	ı an	Yes Is contributor	a principal of a st	ate contractor or prospective sta	te contractor?	10000
event reported in Section L1? If yes, list Event #			icate which bran ment the contract		Legislative No	400.00
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Residential Street Address			lo	Sity		State Zip Code
				•		,
Principal Occupation				Name of Employer		
Is contributor a lobbyist, spouse,	☐ Yes	If contribution is in	excess of \$400 to	a candidate for a chief executive	e officer of a municipality.	Amount of Contribution
or dependent child of a lobbyist?	☐ No	does contributor or valued at more than	business he/she is	s associated with have a contract	with said municipality	Amount of Contribution
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Last Name			2	First		MI
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Residential Street Address	QE C) 1 5 2022		City		State Zip Code
Principal Occupation	JEI	1 5 2023				
rime ipai Occupation	Derby, CT	Town Clerk's Office	·	Name of Employer		
Is contributor a lobbyist, spouse,	☐ Yes			a candidate for a chief executive		Amount of Contribution
or dependent child of a lobbyist?	☐ No	does contributor or valued at more than		s associated with have a contract Yes No	with said municipality	
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NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Day	T
PD 23	to as Augistei ear man ruing Repository)	TYPE OF REPORT
A. Total Contributions from S	mall Contributors-Received this Period ONLY	
(See instructions for definition of Small	Contributors - Received this Period ONLY SUBTOTAL SECTION A	\$
	SECTION A	
	Section of the sectio	·
Last Name A	B. Itemized Contributions from Indivi	duals
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Residential Street Address	<u>Edward</u>	
12 Sampson	Ave. City Milford	State Zip Code
Principal Occupation	Name of Employer	CT Oleyleo
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 does contributor or business be(she in excess and a chief executive	Officer of a municipality
	does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality Amount of Contribution
Is this contribution associated with an	es Is contributor a principal of a state contractor or prospective state	contractor? OYes
If yes, list Event #	of service which branch or branches	OLegislative No 50
Method of Contribution: # 1106	Date Received a	Aggregate Contributions
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ANDENIA	Lorrie	IVI
Residential Street Address 325 David H	um phrey's Rd. City Derby	State Zip Code
Principal Occupation	unpriveys Derby	G 04418
	Name of Employer	
Is contributor a lobbyist, spouse, Yes 1.	f contribution is in expanse of \$400 cm.	
or dependent child of a lobbyist? ONO d	f contribution is in excess of \$400 to a candidate for a chief executive loes contributor or business he/she is associated with have a contract walked at more than \$5,0002	officer of a municipality, Amount of Contribution
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Residential Street Address	City	State Zip Code
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Principal Occupation	Name of Employer	01 00010
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Derby, CTTOTAL OF ALL	CONTRIBUTIONS FROM INDIVIDUALS (Sections A +	B)
the state of the s	(Enter total on Line 13, Column A of Summary Page Tot	als)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	,
LD 23	TYPE OF REPORT
A. Total Contributions from Small Contributors-Received this Period ONLY	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
302TOTAL SECTION A	
B. Itemized Contributions from Individuals Name	luals
Anglace First Chais	MI
Residential Street-Address	
3 Pany St City Derly	State Zip Code
Principal Occupation	C1 06418
Name of Employer	
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If yes, list Event #	No No
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Armeno	MI
Residential Street Address Whithey C+ City Hand	State Zip Code
Principal Occupation Hamale	1 CT 06518
Name of Employer	
Is contributor a lobbyist, spouse, O Yes I f contribution is in excess of \$400 to a contidute for the	2 Derby
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes of Secontributor or business he/she is associated with have a contract we walked at more than \$5,0000.	fficer of a municipality, Amount of Contribution
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	00,00
Dorby CT Town Clerk's Office TOTAL of additional Section B Pag	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A +	B)
(Enter total on Line 13, Column A of Summary Page Total	ds)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	·
RD 23	TYPE OF REPORT
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(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	Y \$
SOBTOTAL SECTION A	4
D. Position of the control of the co	
B. Itemized Contributions from Ind	lividuals
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Residential Street Address 55 Dev by Neck Rd. City Dev by	State Zip Code
Principal Occupation Name of Employee Strong	1 9 06418 that ROE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Trad DOE
Valued at more than \$5,0002	ract with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective	
If was list Event #	ve OLegislative
Method of Contribution: Date Rec∉ived a	Aggregate Contributions
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Residential Street Address Derby Neck Rd. City Devby	State Zip Code
Principal Occupation Name of Employer	4 06418
Main Tainer City	of Derby
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contravalued at more than \$5,000? Yes No	ict with said municipality
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Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	Aggregate Contributions
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Residential Street Address	
55 Perby NeCL Rd. City Derby	State Zip Code OL418
Name of Employer	
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SFP 1 5 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)

A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals B. Itemized Contribution is in excess of 1400 to a candidate for a chief executive of Individual Indi	NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	Parasiti Par	
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Residential Street Address City	Flore
20 North Mark Dr. "	State Zip Code OT O / 1 / DC
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or dependent child of a lobbyist? No does contributor or business he/she is associate valued at more than \$5,000?	ted with have a contract with said municipality Ores ONo Amount of Contribution
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Christopher	Katherine
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40 Bricklard Rd.	Clinton (CT 06413)
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	City of Derby
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I. MONETARY RECEIPTS (Sections A-K) Page 3 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) 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 MI Residential Street Address City Principal Occupation Is contributor a lobbyist, spouse: If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Yes or dependent child of a lobbyist? **Amount of Contribution** does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? OY es Is this contribution associated with an Is contributor a principal of a state contractor or prospective state contractor? Yes (Yes event reported in Section L1? If yes, indicate which branch or branches If yes, list Event # of government the contract is with: OExecutive OLegislative Method of Contribution: 3443 Date Received Aggregate Contributions Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order (Cash City Principal Occupation Is contributor a lobbyist, spouse, Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? O Yes Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? event reported in Section L1? No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: Executive (Legislative Method of Contribution: 396 Date Received Aggregate Contributions Personal Check Occedit/Debit Card OPayroll Deduction OMoney Order Last Name MI Zip Code Is contributor a lobbyist, spouse, 🔿 Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution No. or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? O Yes Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches If yes, list Event # of government the contract is with: Executive Legislative Method of Contribution: Date Refeived Aggregate Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Received SUBTOTAL Section B This Page 3EP 1 5 ZUZ3 **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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
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19 Christian Crossing Durham	State Zip Code CT D6422
Physicians Assistant Name of Employer	
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93 Pinecrest Rd. City Ovange	State Zip Code
Principal Occupation Name of Employer	0 00411
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		
RD 23	TYPE OF REPORT	
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(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	
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B. Itemized Contributions from Individuals Name	duals	
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33 Ringswood Dr. City Naugat	State Zip Code	
Principal Occupation Name of Employer	CL 4 00.1710	
Uber	-	
is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	officer of a musiciant	
valued at more than \$6.000	officer of a municipality, with said municipality Amount of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state	contractor? O Yes	
If yes, list Eyent #	O Legislative	
Method of Contribution: Date Received	Aggregate Contributions	
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Last Name	МІ	
Somma First Craig	,	
Residential Street Address 54 Pine River Rd. City North +	State Zip Code	
Principal Occupation	taven CT 06473	
Name of Employer		
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive		
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract w	officer of a municipality, Amount of Contribution	
valued at mole than 55,000? Yes O No		
event reported in Section L1? No Sec	contractor? Syes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Mahada 60 milindi	Legislative 100,00	
Date Received A	ggregate Contributions	
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Sequeira Shau		
Residential Street Address City	State Zip Code	
1 Acadia Lane Sheltor	7 06484	
Principal Occupation Name of Employer	, 1, 00 10]	
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does contributor or business he/she is associated with have a contract walued at more than \$5,000? Yes No	ith said municipality	
s this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state of	contractor? OYes (2000)	
vent reported in Section L!? No No Is contributor a principal of a state contractor or prospective state of If yes, list Event # Section L!? Section L	Legislative No (O), (U)	
Method of Contribution: Date Received , A	ggregate Contributions	
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Derby, CT Town Clerk's Official AL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A B. Itemized Contributions from Individuals ΜI Residential Street Address City State Zip Code 06486 Is contributor a lobbyist, spouse, If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Yes (or dependent child of a lobbyist? No Amount of Contribution does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? OYes ONo Is this contribution associated with an Is contributor a principal of a state contractor or prospective state contractor? O Yes event reported in Section L1? If yes, indicate which branch or branches If yes, list Event # of government the contract is with: OExecutive OLegislative Method of Contribution: 64010 Date Received Aggregate Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name State Zip Code 06511 Principal Occupation Is contributor a lobbyist, spouse, If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Yes (Amount of Contribution does contributor or business he/she is associated with have a contract with said municipality or dependent child of a lobbyist? No valued at more than \$5,000? O Yes O No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? OYes. event reported in Section L1? No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: C Executive C Legislative Method of Contribution: Date Refeived Aggregate Contributions **©**Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Last Name MI Residential Street Address City Name of Employer Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? O Yes O No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? ()Yes event reported in Section L1? O No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: Executive Legislative 113 Method of Contribution: Date Received Aggregate Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Received SUBTOTAL Section B — This Page SEP 1 5 2023 **TOTAL** of additional Section B Pages Derby, CT Town Clerk's Office TALL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)

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Page	3	of	17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TVDE OF DEPOSE	
KD 23	TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ON		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION	NLY S	
B. Itemized Contributions from 1	Individuals	
Residential Street Address Residential Street Address	MI	
6 Taylor Ave. City East	State Zip Code	
Principal Occupation Name of Employer	Hoven CT 06512	
	·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No descent in the contribution is in excess of \$400 to a candidate for a chief excess of \$400 to a chief exces	executive officer of a municipality	
wheel of more than \$5,000.	executive officer of a municipality, contract with said municipality ONo	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospect		
19 Ves, indicate which branch or branches	ecutive O Legislative	
Method of Contribution: # 5170 Date Received	Aggregate Contributions	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order	ə3	
Last Name Wright First G	i A MI	
Residential Street Address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	erald	
30 Laurel View City Walling	State Zip Code	
Principal Occupation	191010 101 06492	
Name of Employer		
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does contribute or business he/she is associated with have a co	Amount of Contribution ontract with said municipality No	
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If yes, indicate which branch or branches	cutive C Legislative	
Method of Contribution: F 7070 Date Received	Aggregate Contributions	
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Zwicharowski First Fuo	rene MI	
Residential Street Address		
80 Item lock St. Strat	Ford State Zip Code Ole 615	
Principal Occupation Name of Employer	Fucci	
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valued at more than \$5,000? O Yes C	No No	
Is this contribution associated with an event reported in Section L1? Yes No Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Secutive O Legislative Section L1? Yes of government the contract is with:		
Method of Contribution: Date Received	Aggregate Contributions	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing I	Repository) TYPE OF REPORT	
RD23 RD 23		
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	s-Received this Period ONLY SUBTOTAL SECTION A \$	
	nized Contributions from Individuals	
Last Name ALBERTA	First MI MIKE	
Residential Street Address	City State Zip Code	
325 DAVID HUMPHREYS ROAD	DERBY CT 06418	
Principal Occupation	Name of Employer	
RETIRED	RETIRED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busi valued at more than \$5,	ess of \$400 to a candidate for a chief executive officer of a municipality, iness he/she is associated with have a contract with said municipality 000? Yes ONo **Mount of Contribution** **The contribution** **Amount of Contribution** **The contribution** **T	
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Residential Street Address	City State Zip Code	
325 DAVID HUMPHREYS ROAD	DERBY CT 06418	
Principal Occupation	Name of Employer	
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Last Name ALMASHI	First MI ABDULAZIZ	
Residential Street Address	City State Zip Code	
208 NEW HAVEN AVENUE	DERBY CT 06418	
Principal Occupation	Name of Employer	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
RD23	THE OF REPORT	
A. Total Contributions from Small Contributors-Receiv	ved this Period ONLY SUBTOTAL SECTION A \$	
R Itemized Co	ontributions from Individuals	
Last Name	First MI	
ALMASHI	ABDULAZIZ	
Residential Street Address	City State Zip Code	
208 NEW HAVEN AVENUE	DERBY CT 06418	
Principal Occupation	Name of Employer	
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality OYES ONO	
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order Date Received Aggregate Contributions	
Last Name	First MI	
ANTONUCCI Residential Street Address	RICHARD	
32 JUSTINE DRIVE	City State Zip Code NORTH HAVEN CT 06473	
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality O Yes No	
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Residential Street Address	City State Zip Code	
8 HOMESTEAD AVENUE	DERBY CT 06418	
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	to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality O Yes No	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		PE OF REPORT
RD23		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		
В.	Itemized Contributions from Individua	als
Last Name	First	MI
BEVINS	LISA	
Residential Street Address	City	State Zip Code
26 KNOB HILL ROAD	HAMDEN	CT 06514
Principal Occupation	Name of Employer	
	s in excess of \$400 to a candidate for a chief executive off or business he/she is associated with have a contract with than \$5,000? OYes ONo	
event reported in Section L1? \(\) No \(\) If yes, i		Legislative No O
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll		gregate Contributions
Last Name	First	MI
BLASKEWICZ SR	JAMES	
Residential Street Address	City	State Zip Code
15 ANGELL AVENUE Principal Occupation	SHELTON	CT 06483
RETIRED	Name of Employer RETIRED	
	s in excess of \$400 to a candidate for a chief executive off or business he/she is associated with have a contract with han \$5,000? Yes No	
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Last Name	First	MI
BOANNO	SALVATORE	
Residential Street Address	City	State Zip Code
131 MARSHALL LANE	DERBY	CT 06418
Principal Occupation Name of Employer		
	s in excess of \$400 to a candidate for a chief executive off or business he/she is associated with have a contract with han \$5,000? Yes O No	
event reported in Section L1? O No If yes, i	tor a principal of a state contractor or prospective state coindicate which branch or branches ernment the contract is with: C Executive	ntractor? Yes No 50,00
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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
RD23		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$
B. Itemized Co	ontributions from Indivi	duals
Last Name	First	MI
BODE	CAROL	
Residential Street Address	City	State Zip Code
1021 ROOSEVELT DRIVE	DERBY	CT 06418
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? No Section L1.	_	_ ONO (UU, UU)
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Order 8 9 33	Aggregate Contributions
Last Name	First FREDERICK	MI
Residential Street Address	City	State Zip Code
24 SUMMIT STREET, APT 2	DERBY	CT 06418
Principal Occupation	Name of Employer	and the second s
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		
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Last Name	First	MI
CASSETTI	DAVID "	
Residential Street Address	City	State Zip Code
3 HIGH ACRES ROAD	ANSONIA	CT 06401
Principal Occupation Name of Employer ANSONIA MAYOR		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? No Yes 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: Description Executive OLegislative		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		
KU33	TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY		
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Residential Street Address	erine	
TO BUICKNOWA Rd. I MINTON		State Zip Code
rincipal Occupation Name of Employer		0041
City of	Derhu	
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valued at more than \$5,000? Ores ONO Ores ONO	with said municipality	Amount of Contrib
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f yes, list Event # OF security of government the contract is with: OF security of government the contract is with:	Mo.	
nethod of Contribution:	Aggregate Contributions),,
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ncipal Occupation Name of Employer	St	ate Zip Code
ncipal Occupation Name of Employer contributor a lobbyist, spouse. Yes If contribution is in every 15000		
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City Name of Employer Contributor a lobbyist, spouse, dependent child of a lobbyist? No No If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No Is contributor a principal of a state contractor or prospective state fyes, list Event # Steed of Contribution: Ves Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	officer of a municipality, with said municipality contractor? Yes No	
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City Name of Employer	officer of a municipality, with said municipality contractor? Yes No Legislative Aggregate Contributions State of a municipality, ith said municipality contractor? Yes No Legislative ggregate Contributions	Amount of Contribut M1 ate Zip Code
Incipal Occupation Name of Employer Scontributor a lobbyist, spouse, dependent child of a lobbyist? No valued at more than \$5,000? Is contribution associated with an nut reported in Section L1? Personal Check Occedit/Debit Card Opayroll Deduction Omoney Order Name If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state flyes, indicate which branch or branches of government the contract is with: Executive Opayroll Deduction Omoney Order If contribution is in excess of \$400 to a candidate for a chief executive does contributor a lobbyist, spouse, ependent child of a lobbyist? No Valued at more than \$5,000? Name of Employer If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract walued at more than \$5,000? Yes No Is contributor a principal of a state contractor or prospective state of fyes, indicate which branch or branches of government the contract is with: Personal Check Occedit/Debit Card Opayroll Deduction Omoney Order Payroll Deduction Omoney Order Accessived Date Received Date Received Date Received Accessived	officer of a municipality, with said municipality contractor? Syes No Legislative Aggregate Contributions State of a municipality, ith said municipality contractor? Syes No Legislative aggregate Contributions	Amount of Contribut M1 ate Zip Code

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
RD23		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A \$	
	ntributions from Individuals	
Last Name CAYER	First MI ROSAIRE	
	City State Zip Code	
11 BELLEVUE DRIVE	DERBY CT 06418	
Principal Occupation	Name of Employer	
RETIRED		
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Oyes ONo Amount of Contribution 50,	
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which brain of government the contract		
Cash OPersonal Check Credit/Debit Card OPayroll Deduction OMoney	Order B 9 33 Aggregate Contributions	
CINTEDALE	First MI	
CINTRONE Residential Street Address	JEANINE City State Zip Code	
364 DERBY AVENUE, STE 5	DERBY CT 06418	
Principal Occupation	Name of Employer	
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality O Yes No	
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		
Method of Contribution:	Date Received Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8 9 3 3	
Last Name	First	
CURRAN Residential Street Address	GREG City State Zip Code	
2900 DIXWELL AVENUE	HAMDEN CT 06518	
Principal Occupation Name of Employer		
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality O Yes No	
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Description: Yes No Executive O Legislative		
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 13 Aggregate Contributions		
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Derby, CT Town Clerk TOffied 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-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A \$	
B. Itemized Co	ntributions from Individuals	
Last Name	First MI	
DECARLI	CARL	
Residential Street Address 14 JOHN STREET	City State Zip Code CT 06418	
Principal Occupation	Name of Employer	
	Tambot Ziaptoje.	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Oyes ONo Amount of Contribution Amount of Contribution Oyes OYes OYes OYes	
event reported in Section L1? No If yes, indicate which branch of government the contract of government the government the government of government of government the government of governm	ich or branches No	
Method of Contribution:	Date Received Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8 9 35	
Last Name	First MI	
DELGUIDICE	PHILL	
	City State Zip Code DERBY CT 06418	
69 KINGS COURT Principal Occupation		
Trincipal Occupation	Name of Employer	
or dependent child of a lobbyist? • No does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality O Yes No	
Is this contribution associated with an event reported in Section L1? No No No No No No No No No N		
Method of Contribution:	Date Received Aggregate Contributions	
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Last Name	First	
DZIEKAN Residential Street Address	CATHY	
124 SOUTH MONTOWESE STREET	City State Zip Code BRANFORD CT 06405	
Principal Occupation	Name of Employer	
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative		
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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-Receive (See instructions for definition of Small Contributor) S	ed this Period ONLY UBTOTAL SECTION A \$	
	tributions from Individuals	
Last Name DZIEKAN	First MI IRENE	
****	Dity State Zip Code	
	ANSONIA CT 06401	
Principal Occupation	Name of Employer	
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality Yes No	
Is this contribution associated with an event reported in Section L1? No Section L1?		
Method of Contribution:	Date Received Aggregate Contributions	
©Cash		
DZIEKAN	First MI JAMES	
to an analysis of the second s	JAIVIES City State Zip Code	
	GLENDALE AZ 85304	
Principal Occupation	Name of Employer	
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality O Yes No	
Is this contribution associated with an event reported in Section L1? No No No No Section L1? No No No No No No No No No N		
Method of Contribution:	Date Reserved Aggregate Contributions	
©Cash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney		
Last Name DZIEKAN	First MI SALVATORE	
	City State Zip Code	
26 CROUCH ROAD	BRANFORD CT 06405	
Principal Occupation	Name of Employer	
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality O Yes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bran of government the contract		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
RD23		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A \$	
B. Itemized C	ontributions from Individuals	
Last Name	First MI	
ESTWAN	THEODORE	
Residential Street Address 49 FRANKLIN AVENUE	City State Zip Code CT 06418	
Principal Occupation	Name of Employer	
	0 to a candidate for a chief executive officer of a municipality, le is associated with have a contract with said municipality OYes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which be of government the contributor a principal of a lf yes, indicate which be of government the contributor.	act is with: OExecutive OLegislative	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received Aggregate Contributions	
Last Name	ey Order 7 2 3 MI	
GEASKI	GREGORY	
Residential Street Address	City State Zip Code	
44 MOUNTAIN BROOKE ROAD	NORTH HAVEN CT 06473	
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	0 to a candidate for a chief executive officer of a municipality, Amount of Contribution	
	ne is associated with have a contract with said municipality Yes No	
Is this contribution associated with an event reported in Section L1? No No If yes, list Event # Section L1? Section L1. Secti	ract is with:	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Order 8 9 33 Aggregate Contributions	
Last Name	First MI	
GILMOURE	KYNDON	
Residential Street Address 75 REDWOOD DRIVE, U 708	City State Zip Code CT 06513	
Principal Occupation Name of Employer		
	0 to a candidate for a chief executive officer of a municipality, ne is associated with have a contract with said municipality Yes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative		
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received Aggregate Contributions		
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Derby, CT Town CITOTALIOF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A + B) e 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-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A \$	
B. Itemized Co.	ntributions from Individuals	
Cast Name GILMOUR	First MI RAYSHAWNDA	
Residential Street Address	City State Zip Code	
75 REDWOOD DRIVE U708	EAST HAVEN CT 06513	
Principal Occupation	Name of Employer	
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality OYES No	
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which branch of government the contract of government the contract of the section II is this contribution associated with an event reported in Section L1? No N		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Repeived, Aggregate Contributions	
Last Name JAZWINSKI	First MI MARK	
Residential Street Address	City State Zip Code	
147 WESTFIELD ROAD	MILFORD CT 06461	
Principal Occupation BETHANY PD	Name of Employer	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality O Yes No	
Method of Contribution:	Date Received Aggregate Contributions	
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		
Last Name KIRKLAND	JERMAINE MI	
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? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality O Yes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra		
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 32 Aggregate Contributions		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
RD23	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A \$
B. Itemized Con	ntributions from Individuals
Last Name	First MI
KNAPP Residential Street Address	DAVID City State Zip Code
Residential Street Address	WATERBURY CT 06708
Principal Occupation	Name of Employer
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Oyes ONo
event reported in Section L1? No If yes, indicate which branches of government the contraction of government the government the government that government the government the government the government of government of government the government of government o	et is with: OExecutive OLegislative
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order S 9 3 Aggregate Contributions
Last Name	First MI
LOGAN	GEORGE
Residential Street Address 24 CARTPATH DRIVE	City State Zip Code MERIDEN CT 06450
Principal Occupation	Name of Employer
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality O Yes No
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Section L1? Yes No If yes, indicate which brain of government the contraction of government the contraction.	
Method of Contribution: Cash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney	Order Date Received 32 Aggregate Contributions
Last Name	First MI
MILLER Residential Street Address	JOHN City State Zip Code
88 TYLER CITY ROAD	City State Zip Code CT 06477
Principal Occupation	Name of Employer
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality O Yes No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which brain of government the contract	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
RD23				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$		
	ntributions from Indivi	duals		
Last Name NESTERUK	DARREN	IVII		
	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? Yes No No Valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bran of government the contract		OLegislative Syes No 156,00		
Method of Contribution: Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 8 9 33	Aggregate Contributions		
Last Name NESTERUK	First JOYCE	MI		
Residential Street Address	City	State Zip Code		
325 DAVID HUMPHREYS ROAD	DERBY	CT 06418		
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brate of government the contraction.		te contractor? O Legislative SYes No 150,00		
Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Omoney	Order 8 9 33	Aggregate Contributions		
Last Name O'LEARY	First NEIL	MI		
Residential Street Address	City	State Zip Code		
137 WESTRIDGE DRIVE	WATERBURY	CT 06708		
Principal Occupation	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a If yes, indicate which brait of government the contract		te contractor? Yes No Legislative		
Method of Contribution: Date Received Aggregate Contributions				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
RD23			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized Co	ontributions from Indiv	iduals	
Last Name	First	iduii 5	MI
OLSEN	KRISTEN		
Residential Street Address	City		State Zip Code
749 KINGS HIGHWAY EAST Principal Occupation	FAIRFIELD Name of Employer		CT 06825
GREENWICH BOE	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	of the a candidate for a chief executive is associated with have a contract Ves ONo	ve officer of a municipality t with said municipality	y, Amount of Contribution
	a state contractor or prospective sta anch or branches	◯ No	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received	Aggregate Contributions	
Last Name PAOLINO	First ARMANDO		MI
Residential Street Address 290 KINGS STREET	City MIDDLEBURY		State Zip Code CT 06762
Principal Occupation	Name of Employer	1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	00/02
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which be of government the contributor aprincipal of a section L1?		ate contractor? Yes No Legislative	50,00
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone			
PARKER	GARY		MI
Residential Street Address	City		State Zip Code
38 NORTH COE LANE	ANSONIA		CT 06401
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?			ty, Amount of Contribution
event reported in Section L1? O No If yes, indicate which bring fyes, list Event # O No of government the contra		Mo	[00.00
Method of Contribution: #3188 OCash Personal Check Ocredit Debit Card OPayroll Deduction OMone	Date Received ey Order	Aggregate Contributions	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	ository)	TYPE OF REPORT	
RD23			
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$	
R Itemiz	ed Contributions from Indiv	viduale	
Last Name	First	MI	
PARMALEE	DAWN		
Residential Street Address	City	State Zip Code	
64 CATHERINE COURT	SHELTON	CT 06484	
Principal Occupation GREENWICH BOE	Name of Employer		
or dependent child of a lobbyist? On los does contributor or busines	of \$400 to a candidate for a chief execut ss he/she is associated with have a contra	ct with said municipality	
event reported in Section L1? No If yes, indicate w	o? OYes ONe ipal of a state contractor or prospective st hich branch or branches ne contract is with: Executive	tate contractor? Syes No	
Method of Contribution: Cash Personal Check Ocredit/Debit Card OPayroll Deduction (OMoney Order Date Received 7 9 3	Aggregate Contributions	
Last Name PARMALEE	First FREDERICK	MI	
Residential Street Address	City	State Zip Code	
55 OXEN HILL ROAD Principal Occupation	TRUMBULL Name of Employer	CT 06611	
	of \$400 to a candidate for a chief execut	ive officer of a municipality, Amount of Contribution	
	ss he/she is associated with have a contra 0? Yes O No	· • I	
event reported in Section L1? O No If yes, indicate w	cipal of a state contractor or prospective s which branch or branches the contract is with:	tate contractor? SYes No Legislative	
Method of Contribution: # 6354 OCash Personal Check Ocredit/Debit Card OPayroll Deduction (Money Order Date Received 23	Aggregate Contributions	
Last Name	First	MI	
PEPE Residential Street Address	FRANCES	State Zip Code	
69 HARRISON AVENUE	DERBY	CT 06418	
Principal Occupation	Name of Employer		
	s of \$400 to a candidate for a chief executes she/she is associated with have a contra o?	ect with said municipality	
event reported in Section L1? O No If yes, indicate w of government the	ripal of a state contractor or prospective solution branch or branches the contract is with: © Executive	ve O Legislative	
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Derby, CT Town Clerk's Off TOTAL OF ALL CONTRIBUTION	S FROM INDIVIDUALS (Sections on Line 13, Column A of Summary Page	s A + B)	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	suoryj	THE OF ALL ON
RD23 A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$
B. Itemize	ed Contributions from Indiv	ziduals
Last Name QUIST	First BETSY	MI
Residential Street Address 62 PEASE ROAD	City WOODBRIDGE	State Zip Code CT 06525
Principal Occupation	Name of Employer	
	of \$400 to a candidate for a chief execution is associated with have a contract of the contrac	ct with said municipality
event reported in Section L1? No If yes, indicate who of government the	pal of a state contractor or prospective statch branch or branches e contract is with: Date Raceives	\sim \circ No $ $ \circ \circ
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction O		riggive controllions
ast Name QUIST	First CARL	MI
Residential Street Address 62 PEASE ROAD	City WOODBRIDGE	State Zip Code CT 06525
Principal Occupation	Name of Employer	
	of \$400 to a candidate for a chief execution is associated with have a contract Yes O No	ct with said municipality
event reported in Section L1? No If yes, indicate wh	ipal of a state contractor or prospective shich branch or branches e contract is with: Executive	tate contractor? Yes No Legislative
Method of Contribution:	Date Received	Aggregate Contributions
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction		
ast Name	First CATHY	MI
Residential Street Address	City	State Zip Code
124 NEW HAVEN AVENUE	DERBY	CT 06418
Principal Occupation	Name of Employer	
	of \$400 to a candidate for a chief executes he/she is associated with have a contract of Yes No.	act with said municipality
event reported in Section L1? No If yes, indicate who of government the	pal of a state contractor or prospective shich branch or branches e contract is with: Executive	ve OLegislative
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NAME OF COMMITTEE (Provide Complete Name as Registered with	ith Filing Repository)	TYPE OF REPORT
RD23		
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)	ibutors-Received this Period ONLY SUBTOTAL SECTION A	\$
В.	. Itemized Contributions from Indivi	duals
Last Name	First	MI
RUSSELL	THOMAS	
Residential Street Address	City DERBY	State Zip Code
124 HAROLD AVENUE Principal Occupation	Name of Employer	CT 06418
гинегра Оссиранов	Name of Employer	
	is in excess of \$400 to a candidate for a chief executive or or business he/she is associated with have a contract than \$5,000?	
Is this contribution associated with an event reported in Section L1? Yes Ves No If yes,	outor a principal of a state contractor or prospective state, indicate which branch or branches overnment the contract is with:	te contractor? Yes No Legislative
Method of Contribution:	Date Received	Aggregate Consibutions
OCash OPersonal Check OCredit/Debit Card OPayroll D	Deduction OMoney Order	
Last Name	First	MI
SADLIK	RAY	I Guarda I Gira Carlo
Residential Street Address 5 CULLENS HILL ROAD	City DERBY	State Zip Code CT 06418
Principal Occupation	Name of Employer	0110
	is in excess of \$400 to a candidate for a chief executive or or business he/she is associated with have a contract than \$5,000? Yes No	
event reported in Section L1? No If yes	outor a principal of a state contractor or prospective stars, indicate which branch or branches overnment the contract is with:	te contractor? Syes No 50,00
Method of Contribution:	Date Received	Aggregate Contributions
Cash OPersonal Check Ocredit/Debit Card OPayroll D	- 1 1 1 1 7 7	
Last Name SALDANA	First ARTURO	MI
Residential Street Address	City	State Zip Code
53 4TH AVENUE	WEST HAVEN	CT 06516
Principal Occupation	Name of Employer	
	is in excess of \$400 to a candidate for a chief executive or or business he/she is associated with have a contract than \$5,000?	
event reported in Section L1? O No If yes.	outor a principal of a state contractor or prospective state, indicate which branch or branches overnment the contract is with:	ONo
Method of Contribution:	Date Received	Aggregate Contributions
OCash OPersonal Check Ocredit/Debit Card OPayroll D	Deduction OMoney Order	
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Derby, CT Town Clerk OTAL OF ALL CONTRI	BUTIONS FROM INDIVIDUALS (Sections	A + B

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
RD23	THE OF REFORE
A. Total Contributions from Small Contributors-Received	ived this Period ONLY SUBTOTAL SECTION A \$
B. Itemized Co	ontributions from Individuals
Last Name	First MI
SALEMME	JOSEPH
Residential Street Address 31 SOUNDRIDGE ROAD	City State Zip Code SHELTON CT 06484
Principal Occupation	Name of Employer
	10 to a candidate for a chief executive officer of a municipality, ne is associated with have a contract with said municipality OYes ONo
event reported in Section L1? No If yes, indicate which branched by the section L1? No of government the contra	ract is with: OExecutive OLegislative
Method of Contribution: 1592 Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMone	ey Order 892 Aggregate Contributions
Last Name SAMPSON	First MI CHARLES
SAIVIPSOIN Residential Street Address	City State Zip Code
6 COMMODORE HALL TERRACE	DERBY CT 06418
Principal Occupation	Name of Employer
	WESTPORT PD
	0 to a candidate for a chief executive officer of a municipality, ne is associated with have a contract with said municipality O Yes No
Is this contribution associated with an event reported in Section L1? Yes No No If yes, indicate which broof government the contributor a principal of If yes, indicate which broof government the contributor associated with an event reported in Section L1?	
Method of Contribution:	Date Received Aggregate Contributions
©Cash	
Last Name SANTORE	First MI JOHN
Residential Street Address	City State Zip Code
61 SEYMOUR AVENUE, UNIT #2	DERBY CT 06418
Principal Occupation	Name of Employer
	On to a candidate for a chief executive officer of a municipality, he is associated with have a contract with said municipality Yes No
Is this contribution associated with an event reported in Section L1? No If yes, list Event # Yes Is contributor a principal of the indicate which broof government the contributor of government the contributor.	
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Derby, CT Town Clerk's Office TOTA	AL of additional Section B Pages
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A + B)

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NAME OF COMMITTEE (Provide Complete Nam RD23	ie as Registered with Filing Repository)		TYPE OF REPORT	
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Last Name	D. Remized Co	First	iduais	MI
SIMMONE		ANTHONY		
Residential Street Address		City		State Zip Code
43 BELLVIEW DRIVE		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 does contributor or business he/she valued at more than \$5,000?			y, Amount of Contribution
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Method of Contribution:		Date Received	Aggregate Contributions	
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Last Name SOMMA		First CRAIG		МІ
Residential Street Address		City		State Zip Code
54 PINE RIVER ROAD		NORTH HAVEN		CT 06473
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amount of Contribution
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Last Name		First		MI
STAHL Residential Street Address		MICHAEL		State Zip Code
18 MCCONNEY GROVE		DERBY		CT 06418
Principal Occupation		Name of Employer		<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amount of Contribution
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Derby, CT Town Clerk's Office	ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections	A+B)	

NAME OF COLD STREET, ST. AL. C.						TWDE	E DEDODA		
NAME OF COMMITTEE (Provide Com	plete Name as K	egistered with Filing Repository)				TYPEO	F REPORT		<u>, , , , , , , , , , , , , , , , , , , </u>
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STANZIALE JR			DC	N					
Residential Street Address			City					State	Zip Code
42 LAZY BROOK ROAD			SHELT	ON				СТ	06484
Principal Occupation				Name of Emp	oloyer				
	No does	ontribution is in excess of \$400 s contributor or business he/she led at more than \$5,000?			ve a contract			ty, Am	nount of Contribu
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STRATTON			First KE	VIN					A A
Residential Street Address			City		· · ·			State	Zip Code
66 FOSTER STREET, 2ND FL				HAVEN	···			СТ	06511
Principal Occupation				Name of Emp	_				
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Last Name			First						MI
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Residential Street Address 5 JOHNSON STREET			City RFAC	ON FALLS				State	Zip Code 06403
Principal Occupation] DE. NO	Name of Emp				10.	100700
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SEP 1 5 2023					Section B I	_			
Derby, CT Town Clerk's Enits	L OF ALL	CONTRIBUTIONS FROM	M INDI	VIDUALS	S (Sections A	A + B) Totals			

RD23 A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		
(See his actions for adjunction of Share Controlled)	eived this Period ONLY SUBTOTAL SECTION A	\$
B. Itemized	Contributions from Indiv	
Last Name	First	MI
TEMPLE	CATHRYN	
Residential Street Address	City OXFORD	State Zip Code CT 06478
2 JENSEN FARM ROAD Principal Occupation	Name of Employer	C1 00476
Timespa Georganon	Number 2 Employer	
or dependent child of a lobbyist? One does contributor or business he valued at more than \$5,000?	400 to a candidate for a chief execution of the contract of th	ct with said municipality
event reported in Section L1? No If yes, indicate which of government the cor	ntract is with: OExecutive	e OLegislative No
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMo	oney Order Beceived	Aggregate Contributions
Last Name	First	MI
VELKY	JAMES	
Residential Street Address 5 CHARTER OAK ROAD	City SOUTHBURY	State Zip Code CT 06488
Principal Occupation	Name of Employer	0. 00.00
	400 to a candidate for a chief executi she is associated with have a contract Yes No	ct with said municipality
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Last Name VELKY	First RICHARD	MI
Residential Street Address	City	State Zip Code
626 WASHINGTON ROAD	WOODBURY	CT 06798
Principal Occupation	Name of Employer	
	400 to a candidate for a chief execut /she is associated with have a contra O Yes O No	ect with said municipality
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SEP 1 5 2023 TOTAL OF ALL CONTRIBUTIONS FE	TAL of additional Section B	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ing Repository)	TYPE OF REPORT
RD23		
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)	ors-Received this Period ONLY SUBTOTAL SECTION A	\$
B. Ite	emized Contributions from Indivi	duals
Last Name	First	М
YOUNGER Residential Street Address	AUDETTE	State Zip Code
1214 WHALLEY AVENUE	NEW HAVEN	CT 06511
Principal Occupation	Name of Employer	
	excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract \$5,000? Ores One	
event reported in Section L1? No If yes, indic of government of government of the section L1?	a principal of a state contractor or prospective state which branch or branches nent the contract is with: Description	OLegislative No
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction:	etion OMoney Order Date Received 33	Aggregate Contributions
Last Name ZALINSKY	First / / STANLEY	MI
Residential Street Address 5 RESEVOIR DRIVEE	City ANSONIA	State Zip Code CT 06401
Principal Occupation	Name of Employer	
	excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract \$5,000? Yes No	
event reported in Section L1?		e O Legislative
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction	etion OMoney Order S 9 23	Aggregate Contributions
Dast Name ZWICHAROWSKI	First EUGENE	MI
Residential Street Address	City	State Zip Code
149 W BEACH DRIVE	STRATFORD	CT 06615
Principal Occupation	Name of Employer CJ FUCCI	
	excess of \$400 to a candidate for a chief executivous business he/she is associated with have a contract \$5,000? O Yes No	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Fili	ing Renository). TYPE	OF REPORT
RD23	ng saponno))	<u> </u>
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)	ors-Received this Period ONLY SUBTOTAL SECTION A \$	
R H	emized Contributions from Individuals	
Last Name	First	MI
ALBERTA	MICHAEL	
Residential Street Address	City	State Zip Code
325 DAVID HUMPHREY ROAD Principal Occupation	DERBY Name of Employer	CT 06418
RETIRED	ranie of Employer	
	excess of \$400 to a candidate for a chief executive officer business he/she is associated with have a contract with sat \$5,000? Or ONO	
Is this contribution associated with an event reported in Section L1? Yes No If yes, indice of governments of governments of the section L1?	n principal of a state contractor or prospective state contracte which branch or branches nent the contract is with: OExecutive OLeg	gislative No No
Method of Contribution: # 2793 OCash Personal Check Ocredit/Debit Card OPayroll Deduc	10/10/100	ate Contributions
Last Name CAMP	First FREDERICK	MI
Residential Street Address	City DERY	State Zip Code
24 SUMMIT STREET, APT #2 Principal Occupation	Name of Employer	CT 06417
	excess of \$400 to a candidate for a chief executive officer business he/she is associated with have a contract with sa: \$5,000? Yes O No	
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Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduc		ate Contributions
Last Name REGENSBURGER	First JOHN	МІ
Residential Street Address	City	State Zip Code
425 WILCOXSON AVENUE Principal Occupation	STRATFORD Name of Employer	CT 06614
RETIRED	Name of Employer	
	excess of \$400 to a candidate for a chief executive office business he/she is associated with have a contract with sa \$5,000?	
event reported in Section L1? 'A No If yes, indi-	a principal of a state contractor or prospective state contracte which branch or branches ment the contract is with:	gislative PYes Spino Spi
Method of Contribution: # 2575 OCash Personal Check OCredit/Debit Card OPayroll Deduc		ate Contributions
Received	SUBTOTAL Section B — This Page	700,00
SEP 1 5 2023	TOTAL of additional Section B Pages	
Derby, CT Town Clerk's Office TOTAL OF ALL CONTRIBUT	TIONS FROM INDIVIDUALS (Sections A + B) r total on Line 13, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
RD 23			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	
·			
B. Itemized Co	ontributions from Indiv	iduals	
Residential Street Address	First Laura		State Zip Code/
55 Castle Dr.	Stratfor	ત્ર	CT 06614
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse,		66 - 6 - isi-sit	1
or dependent child of a lobbyist? No does contributor or business he/sh valued at more than \$5,000?			Amount of Contribution
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Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order		
Last Name	First		МІ
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer	<u> </u>	<u> </u>
	e is associated with have a contrac Yes No a state contractor or prospective sta	t with said municipality ate contractor?	Amount of Contribution
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Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order		
Last Name	First		MI
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	O to a candidate for a chief executive is associated with have a contrac	ve officer of a municipality, t with said municipality	Amount of Contribution
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Berby, C1 Town Clerk's Office TAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections 213, Column A of Summary Page	A + B) Totals)	

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with Filing Repository)				TYPE O	F REPORT			
RD23										
A. Total Contributions from (See instructions for definition of Sn					ONLY CTION A	\$				
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Estwam	\searrow	\	İ	odore	·					
Residential Street Address		$ \uparrow $	City					State	Zip Code	
43 Franklin Avenue Principal Occupation			Derby	lame of En	mlover			CI	06418	
Trincipal Occupation				Anne or En	ipioyei					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she at more than \$5,000?			ave a contract			ty, Am	ount of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or bra	nches	rospective sta OExecutive		⊙ No		000	200
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Garcia			Gat	riel						
Residential Street Address			City	***************************************				State	Zip Code	
15 Century Lane			Milford					СТ	06461	
Principal Occupation				ame of En	nployer Hamden					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?			ave a contract			ty, Ame	ount of Cont	ribution
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Last Name Cintrone			First Jea	l nine	g.				MI	
Residential Street Address			City					State	Zip Code	
364 Derby Avenue			Derby					СТ	06418	
Principal Occupation			1	Vame of Er	nployer			<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?			ave a contrac			ity, Am	ount of Con	tribution
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Received		SUB	ГОТАL	Section	ı B — Thi	s Page	or necessary	5	2.0	γ
SEP 1 5 2023					Section B		***	\sim		
Derby, CT Town Olerly's Office TOTAL	F ALL C	CONTRIBUTIONS FROM								

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	v)	TYPE OF REPORT
RD23		
At Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$
B. Itemized (Contributions from Indiv	iduals
Last Name	First	MI
Balsys Residential Street Address	Nancy	State Zip Code
33 Phoenix Avenue	Naugatuck	CT 06770
Principal Occupation	Name of Employer	
	400 to a candidate for a chief executi she is associated with have a contractive of the c	et with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which to of government the contributor of government the contributor apprincipal of the section L1?	ntract is with: OExecutive	OLegislative No
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order Date Received	Aggregate Contributions
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Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	
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event reported in Section L1? No If yes, indicate which of government the confidence of Method of Contribution: OCash OPersonal Check Occidet/Debit Card OPayroll Deduction Oncome of Method of Contribution:	ntract is with: Executiv	e O Legislative Aggregate Contributions
Last Name Marcarelli	First David	A MI
Residential Street Address 12 JUSTING DV. Principal Occupation	City North 1	taven ct Chip Code OCH 73
	400 to a candidate for a chief execut /she is associated with have a contra Yes No	ct with said municipality
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Derby, CT Town Clerk's Office (Enter total on L	ROM INDIVIDUALS (Sections in 13, Column A of Summary Pag	s A + B) te Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
RD23	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	d this Period ONLY JBTOTAL SECTION A \$
B. Itemized Con	tributions from Individuals
Last Name	First MI
Alibrio	AAron
1.	ity State Zip Code
	Manchester CT 06040
Principal Occupation	Name of Employer
	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality OYes ONo
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a structure of government the contract of government the contract.	
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Contribution:	Date Received Aggregate Contributions Order 8 4 33
Last Name	First MI
Lezzi	Michael
	ity State Zip Code
15 Bear Path Road	Hamden CT 06514
Principal Occupation	Name of Employer
	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality Yes No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which bran of government the contract	is with: O Executive O Legislative
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OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney C	
Last Name Werstler	First MI Brian
	State Zip Code
	Avon CT 06001
Principal Occupation	Name of Employer
	a candidate for a chief executive officer of a municipality, as associated with have a contract with said municipality Yes No
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TOTAL	of additional Section B Pages
SFP 1 5 2023 Carby, CT Town Clerk's Office TAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.)	INDIVIDUALS (Sections A + B) 3, Column A of Summary Page Totals)

Revised January 2015	THE RECEIT IS (Sections	, 1x
NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ling Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)	tors-Received this Period ONLY SUBTOTAL SECTION A	\$
Last Name	remized Contributions from Indiv	Aduais MI
Merriam	Dave	·
Residential Street Address	City	State Zip Code
40 Peck Road	Bethany	CT 06524
Principal Occupation	Name of Employer	
	excess of \$400 to a candidate for a chief execut business he/she is associated with have a contra- 1 \$5,000? Yes No	ct with said municipality
event reported in Section L1? No If yes, ind	a principal of a state contractor or prospective st icate which branch or branches ment the contract is with: DExecutive	ate contractor? e OLegislative Syes No OLegislative
Method of Contribution:	Date Received	Aggregate Contributions
⑥Cash ○Personal Check ○Credit/Debit Card ○Payroll Dedu	9 2 2 3 3	
Last Name	First / L Eugene	MI
CZAKO Residential Street Address	City	State Zip Code
24 Fawn Ridge Road	North Haven	CT 06473
Principal Occupation	Name of Employer	
Retired		
	excess of \$400 to a candidate for a chief execut business he/she is associated with have a contra a \$5,000?	ct with said municipality
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Method of Contribution:	Date Received	Aggregate Contributions
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Last Name	First / Melissa	MI
Heins Residential Street Address	City	State Zip Code
19 Christians Crossing	Durham	CT 06422
Principal Occupation	Name of Employer	
	n excess of \$400 to a candidate for a chief execute business he/she is associated with have a contrar as \$5,000?	act with said municipality
event reported in Section L1? O No If yes, ind		ve OLegislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	action OMoney Order SQU 2	Aggregate Contributions
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SEP 1 5 2023	TOTAL of additional Section B	_
Derby, CT Town Clerk's Office (Ent.	TIONS FROM INDIVIDUALS (Section of total on Line 13, Column A of Summary Pages	s A + B) ge Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
RD23	
A. Total Contributions from Small Contributors-Receigns (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A \$
B. Itemized Co	ontributions from Individuals
Last Name	First MI
Youngberg	Christine
Residential Street Address 49 Mesa Drive	City State Zip Code Bethany CT 06524
Principal Occupation	Name of Employer
	O to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality OYes No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which broof government the contributor of government the contributor as principal of a list Event #	
Method of Contribution:	Date Received Aggregate Contributions
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMons	
Pepe	First MI Frannie
Residential Street Address	City State Zip Code
69 Harrison Avenue	Derby CT 06418
Principal Occupation	Name of Employer
	O to a candidate for a chief executive officer of a municipality, e is associated with have a contract with said municipality Yes No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor and principal of If yes, indicate which by of government the contributor and principal of If yes, indicate which by of government the contributor and principal of If yes, indicate which by of government the contributor and principal of If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which by of government the contributor and If yes, indicate which is the indicate	
Method of Contribution:	Date Received Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order
Last Name	First MI
Capasso	Hope
Residential Street Address 20 North Mark Drive	Oxford State Zip Code CT 06478
Principal Occupation	Name of Employer
	0 to a candidate for a chief executive officer of a municipality, le is associated with have a contract with said municipality O Yes No
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Section L1? Yes No Is contributor a principal of a section L1? If yes, list Event #	
Method of Contribution:	Date Received Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order 8 26 23
Received sur	STOTAL Section B — This Page
	L of additional Section B Pages
Derby, CT Town Clerk's TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A + B) e 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-Reco	ceived this Period ONLY SUBTOTAL SECTION A
B. Itemized 0	Contributions from Individuals
Last Name Labriola	First MI David
Labitota Residential Street Address	City State Zip Code
185 Riggs Street	Oxford CT 06478
Principal Occupation	Name of Employer
	\$400 to a candidate for a chief executive officer of a municipality, e/she is associated with have a contract with said municipality OYes No
event reported in Section L1? No If yes, indicate which of government the con	ontract is with: OExecutive OLegislative
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Aggregate Contributions Aggregate Contributions
Last Name	First MI
Lanzaro-Schroeder	Susan
Residential Street Address 69 Seymour Avenue	City State Zip Code Derby CT 06418
Principal Occupation	Name of Employer
	\$400 to a candidate for a chief executive officer of a municipality, e/she is associated with have a contract with said municipality O Yes No
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which of government the contribution associated with an event reported in Section L1? If yes, list Event #	
Method of Contribution:	Date Received Aggregate Contributions
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMo	foney Order 8 3 33 MI
Capasso	Hope
Residential Street Address	City State Zip Code
20 North Mark Drive	Oxford CT 06478
Principal Occupation	Name of Employer
	\$400 to a candidate for a chief executive officer of a municipality, e/she is associated with have a contract with said municipality Ores No
event reported in Section L1? O No If yes, indicate which of government the con	ontract is with:
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMo	Anney Order Date Received Aggregate Contributions Aggregate Contributions
	UBTOTAL Section B This Page 200,00
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Derby, CT Town Clerk's COTALL CONTRIBUTIONS FR	ROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page Totals)

NAME OF COMMITTEE (P	epository) TYPE OF REPORT
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository) I TITE OF REPORT
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	-Received this Period ONLY SUBTOTAL SECTION A \$
B. Itemi	zed Contributions from Individuals
Last Name	First MI
RUDDY Residential Street Address	City State Zip Code
11 INGLENOOK ROAD	NEW FAIRFIELD CT 06812
Principal Occupation	Name of Employer
	ss of \$400 to a candidate for a chief executive officer of a municipality, less he/she is associated with have a contract with said municipality 00? OYES ONO Amount of Contribution OYES ONO
event reported in Section L1? No If yes, indicate	ncipal of a state contractor or prospective state contractor? Which branch or branches the contract is with: OExecutive OLegislative OExecutive OLegislative
Method of Contribution:	Date Received Aggregate Contributions
Ocash Personal Check Ocredit/Debit Card Payroll Deduction	0 318 8
PIOTROWSKI	First MI RONNIE
Residential Street Address	City State Zip Code ANSONIA CT 06401
Principal Occupation	Name of Employer
	ss of \$400 to a candidate for a chief executive officer of a municipality, less he/she is associated with have a contract with said municipality 00? Yes O No
event reported in Section L1? No If yes, indicate	ncipal of a state contractor or prospective state contractor? which branch or branches the contract is with: Executive O Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	
FARONI	First MI DENNIS
Residential Street Address	City State Zip Code
67 PARK AVENUE	DERBY CT 06418
Principal Occupation	Name of Employer ARCHDIOCE OF HARTFORD
	ss of \$400 to a candidate for a chief executive officer of a municipality, less he/she is associated with have a contract with said municipality 00? Yes No
event reported in Section L1? \(\) \(\) No \(\) If yes, indicate	ncipal of a state contractor or prospective state contractor? which branch or branches the contract is with: O Executive O Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney Order Date Regeived Aggregate Contributions Aggregate Contributions
Received	SUBTOTAL Section B—This Page 230,00
SEP 1 5 2023	TOTAL of additional Section B Pages
Derby, CT Town Clerk's Office OF ALL CONTRIBUTION (Enter total	NS FROM INDIVIDUALS (Sections A + B) al on Line 13, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)	TYPE OF REPORT
RD23	1	
A. Total Contributions from Small (See instructions for definition of Small Contrib	Contributors-Received this Period ONLY butor) SUBTOTAL SECTION A	\$
	B. Itemized Contributions from Indivi	
Last Name ARMENO	First EDWARD	MI
Residential Street Address	City	State Zip Code
49 COON HOLLOW ROAD	DERBY	CT 06418
Principal Occupation	Name of Employer CITY OF DERBY	
or dependent child of a lobbyist?	ntribution is in excess of \$400 to a candidate for a chief executive contributor or business he/she is associated with have a contracted at more than \$5,000? Yes No	
Is this contribution associated with an event reported in Section L1? No No If yes, list Event #	Is contributor a principal of a state contractor or prospective state of government the contract is with: DExecutive	- 0 No 9/1/0/
Method of Contribution: OCash Personal Check OCredit/Debit Card	Payroll Deduction OMoney Order S 26 23	Aggregate Contributions
Last Name	First	MI
HICKS Residential Street Address	JOHN City	State Zip Code
35 LAKEVIEW TERRACE	DERBY	State Zip Code CT 06418
Principal Occupation	Name of Employer	0.110
RETIRED		
or dependent child of a lobbyist? • No does	ntribution is in excess of \$400 to a candidate for a chief executive contributor or business he/she is associated with have a contract at at more than \$5,000? Yes No	e officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? No No If yes, list Event #	Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with: Executive	te contractor? Syes No Legislative
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card O	Payroll Deduction Money Order Date Received 23	Aggregate Contributions
Last Name	First	MI
PODPOLUCHA	MICHAEL	
Residential Street Address 4 THISTLE DOWN	City NAUGATUCK	State Zip Code CT 06770
Principal Occupation	Name of Employer	01 00770
or dependent child of a lobbyist? ONO does	ntribution is in excess of \$400 to a candidate for a chief executive contributor or business he/she is associated with have a contracted at more than \$5,000? Yes No	
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a state contractor or prospective sta If yes, indicate which branch or branches of government the contract is with: Executive	No 00100
Method of Contribution:	Date Received	Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney Order	
Received	SUBTOTAL Section B — This	Page 700
SEP 1 5 2023	TOTAL of additional Section B	Pages
Derby, CT Town Clerk Office of ALL C	CONTRIBUTIONS FROM INDIVIDUALS (Sections . (Enter total on Line 13, Column A of Summary Page	A + B) Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository) TYPE OF REPORT
RD23	
A. Total Contributions from Small Contributors-l (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A
B. Itemiz	zed Contributions from Individuals
Last Name CZAKO	First MI EUGENE
Residential Street Address	City State Zip Code
24 FAWN RIDGE ROAD	NORTH HAVEN CT 06473
Principal Occupation RETIRED	Name of Employer
	s of \$400 to a candidate for a chief executive officer of a municipality, ess he/she is associated with have a contract with said municipality on? OYES No
event reported in Section L1? No If yes, indicate w	cipal of a state contractor or prospective state contractor? Which branch or branches he contract is with: OExecutive OLegislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction (OMoney Order Date Received Aggregate Contributions 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
	s of \$400 to a candidate for a chief executive officer of a municipality, ess he/she is associated with have a contract with said municipality of Yes No
event reported in Section L1? No If yes, indicate w	cipal of a state contractor or prospective state contractor? which branch or branches the contract is with: Executive O Legislative
Method of Contribution: Cash Personal Check Ocredit/Debit Card Open Deduction (
Last Name NESTERUK	First MI JOYCE
Residential Street Address	City State Zip Code
20 STEPHEN STREET	DERBY CT 06418
Principal Occupation	Name of Employer
	s of \$400 to a candidate for a chief executive officer of a municipality, ess he/she is associated with have a contract with said municipality on? Amount of Contribution Amount of Contribution Or No
event reported in Section L1? O No If yes, indicate w of government the	cipal of a state contractor or prospective state contractor? Which branch or branches the contract is with: O Executive O Legislative O Executive O Legislative
Method of Contribution: Cash Personal Check Ocredit/Debit Card OPayroll Deduction (OMoney Order Date Received Aggregate Contributions
Received	SUBTOTAL Section B—This Page 230,00
SEP 1 5 2023	TOTAL of additional Section B Pages
Derby, CT Town Clerk's POPAL OF ALL CONTRIBUTIONS (Enter total	S FROM INDIVIDUALS (Sections A + B) I on Line 13, Column A of Summary Page Totals)

	TCE CETT TO (Sections		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	(עמי	TYPE OF REPORT	
RD23		1	
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$	
Last Name	Contributions from Indivi	duais	MI
PETRINO	JAMES		
Residential Street Address	City	S	tate Zip Code
18 GARDEN PLACE	DERBY	(CT 06418
Principal Occupation	Name of Employer		•
	\$400 to a candidate for a chief executive/she is associated with have a contract OYes ONo		Amount of Contribution
	of a state contractor or prospective state branch or branches ontract is with:	_ O No	60,00
Method of Contribution:	Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction OM	100600		
Last Name PRICE	First DEBBIE		MI
Residential Street Address	City	Is	tate Zip Code
37 KRAKOW STREET	DERBY	1	T 06418
Principal Occupation	Name of Employer		
	\$400 to a candidate for a chief executive/she is associated with have a contract Yes No		Amount of Contribution
	of a state contractor or prospective state h branch or branches ontract is with:	te contractor? Yes No Legislative	60,00
Method of Contribution:	Date Received	Aggregate Contributions	1
©Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	Ioney Order 6 26 23		<u> </u>
Last Name MERRIAM	First DAVID		MI
Residential Street Address	City	Is	tate Zip Code
149 FORD ROAD	BETHANY		CT 06524
Principal Occupation	Name of Employer BETHANY PD		
	\$400 to a candidate for a chief executive/she is associated with have a contractory Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which of government the co	of a state contractor or prospective state branch or branches contract is with:	O Legislative	30,00
Method of Contribution:	Date Refeived	Aggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction OM	Ioney Order 0 20 23) 	
	UBTOTAL Section B — This	Page	70,00
SEP 1 5 2023 TO	TAL of additional Section B	Pages	
Derby, CT Town Clerk EO HALL CONTRIBUTIONS F	ROM INDIVIDUALS (Sections Line 13, Column A of Summary Page		

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)		TYPE OF REPORT		
RD23					
A. Total Contributions from St (See instructions for definition of Small C		ed this Period ONLY SUBTOTAL SECTION A	\$		
Last Name	B. Itemized Con	ntributions from Indivi	duals		MI
NESTERUK		DARREN			
Residential Street Address		City	1.1	State	Zip Code
20 STEPHEN STREET		DERBY		СТ	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a selection of government the contraction.		O No		
Method of Contribution:		Date Received	Aggregate Contributions	-	_
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order Order			~
Last Name NESTERUK		First JOYCE			MI
Residential Street Address		City		State	Zip Code
20 STEPHEN STREET		DERBY		СТ	06418
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ct is with: Executive	ate contractor? Yes No Legislative	3	0,00
Method of Contribution:		Date Received	Aggregate Contributions		
Cash OPersonal Check OCredit/Debit Ca	ard Payroll Deduction Money	1 9 4 1 .	2		·
Last Name DIJON		First \ SAMUEL			MI
Residential Street Address		City		State	Zip Code
35 HILLSIDE AVENUE		SHELTON		CT	06484
Principal Occupation		Name of Employer		1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra		No		30,00
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	ard OPayroll Deduction OMoney	y Order S 20 23	Aggregate Contributions		
Received	SUB	 FOTAL Section B — Thi	s Page	00	,00
SEP 1 5 2023	경우님, 회사는 열 하는 사람들이 생각하는 사람들은 경우를 받는 사람이 있다.	L of additional Section B			
Derby, CT Town Clerk's Office	LL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections 13, Column A of Summary Page	A + B)	06	1.10
				-	

NAME OF COM	IMITTEE (Pi	ovide Complete No	ume as Registered v	vith Filing Reposi	itory)				TYPE OF REPORT		
	<i>, ,</i>)	C1. (Contributio	ns f	rom Ot		300000000000000000000000000000000000000			
Name of Committee							Name of Treas	surer			
Address					Is ev	this contrib	d in Section L	1? list Event	n	Amount	of Contribution
City			State	Zip Code		Date Receiv	/ed	Aggre	gate Contributions		
Name of Committee			<u> </u>				Name of Treas	surer		,	
Address							d in Section L	1?	n	Amount	of Contribution
City			State	Zip Code		Date Receiv			gate Contributions		
Name of Committee			I				Name of Treas	surer			
Address							d in Section L	1?	n	Amount	of Contribution
City			State	Zip Code		Date Receiv			gate Contributions		
		C2. Rei	nbursemen	ts or Surp	lus I	Distribu	tions fron	n othe	r Committees		
Name of Committee							Name of Treas	surer			
Address						City	I			State	Zip Code
Date Received	Expendity (if applica		Payment Type	ent for shared	expens	se □Su	rplus Distribu	ıtion		Amou	nt of Receipt
Description		Rece	ived								
Name of Committee		SEP 1					Name of Treas	surer			
Address		Jerby, CT Town	Clerk's Office			City	I		·	State	Zip Code
Date Received	Expenditu (if applica		Payment Type Reimburs	ement for share	d exp	ense 🗆	Surplus Distri	bution		Amou	nt of Receipt
Description											
				SUBTO)TA	L Section	ı C — Thi	s Page		<u>Q</u>	
							Section C				
	Т•	OTAL OF AI (Sections C	L COMMIT 1 + C2) (Enter							<u>Q</u>	

NAME OF COM	MITTEE (Provide Complete Name as Registe	red with Filing Reposi	tory)		TYPE OF	REPORT		
		D. Loans	Receiv	ed this Period				
Name of Lender				Source of Loan: Bank Cand	idate 🔲 Individual	Other Committee	Date of Receipt	
Street Address		City		4	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/C	Guarantor (if applicable)						Amount Received	
Street Address		City			State	Zip Code		
Name of Lender		<u> </u>		Source of Loan: Bank Cand	idate 🗌 Individual	Other Committee	Date of Receipt	
Street Address		City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/C	iuarantor <i>(if applicable)</i>	•				•	Amount Received	
Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code		
Name of Lender				Source of Loan: Bank Cand	idate ☐ Individua	Other Committee	Date of Receipt	
Street Address		City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No	
Name of Cosigner/C	iuarantor (<i>if applicable</i>)						Amount Received	
Street Address		City			State	Zip Code		
		I		TOTAL SECTI	ON D	7		
Name of Entity	E. Receipts from Entities oth	er than Indiv	iduals	or Other Comn	nittees (Referen	dum Committe	es ONLY)	
Street Address					Date Received		Amount Received	
City			State	Zip Code	Aggregate Contrib	utions		
Name of Entity	Received			I			<u> </u>	
Street Address	SEP 1 5 2023				Date Received Amoun		Amount Received	
City	Derby, CT Town Clerk's Office		State	Zip Code	Aggregate Contrib	outions	_	
Name of Entity			1				I	
Street Address		-			Date Received		Amount Received	
City			State	Zip Code	Aggregate Contrib	outions		
				TOTAL SECTI		*	L.	

Page 6 of 17

AME OF COMMITTEE	E (Provide Complete Name as Register	ed with Filing Repository)		TYPE OF REPORT
F.	Amount Transferred f	rom Affiliated Busi	ness Treasury (Busin	ness Entity Committees ONLY)
e of Receipt	Is this transaction associate event reported in Section		f yes, list Event #	Amount
e of Receipt	Is this transaction associate event reported in Section		fyes, list Event#	Amount
of Receipt	Is this transaction associate event reported in Section		fyes, list Event#	Amount
e of Receipt	Is this transaction associate event reported in Section		fyes, list Event#	Amount
			TOTAL SECTION	NF Q
G. Amount Tr		ed Labor Union or	Other Organization	Treasury (Organization Committees ONI
Recei				July of Recopt
SEP 1 5 2029		Am	ount	Amount
Dorby CT ToWN	Clerk's Office		TOTAL SECTION	G Q
	H. Personal Funds of t	he Candidate Recei	ved this Period (Car	indidate Committees ONLY)
of Receipt	Method of payment:			Amount
	☐ Cash	☐ Personal Check	Credit/Debit	Card
of Receipt	Method of payment:			Amount
	☐ Cash	☐ Personal Check	Credit/Debit	Card
of Receipt	Method of payment:			Amount
	☐ Cash	☐ Personal Check	c ☐ Credit/Debit	Card
of Receipt	Method of payment:			Amount
	☐ Cash	☐ Personal Check	c ☐ Credit/Debit	Card
			TOTAL SECTION	IONH A
		I. Anonymous	Contributions	
	Per Public Act 11-48	Anonymous Contri	butions may no lor	nger be deposited in <i>any</i>

amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

SEEC FORM 20 Revised January 2015	I. MO	NETARY RECEIPTS	S (Sections A-	-K)		Page 7 of 17	
NAME OF COMM	ITTEE (Provide Complete Name as Registered	with Filing Repository)	Т	YPE O	F REPORT		
<u>KI</u>) '35						
	J. Intere	est from Deposits in Autho	Marine in a contract of the second second	100000			
Name of Institution				Date Rece	erved	Amount	
Street Address		City	Stat	e	Zip Code		
		,					
Name of Institution		· · · · · · · · · · · · · · · · · · ·		Date Rece	eived	Amount	
Street Address		City	Stat	e	Zip Code		
ROSE VALUE NAVO TERROTE VALUE NAVO S	al de le 100 de 100 de la compansión de la			rakte (*****			
		TO	TAL SECTION	J	\mathcal{D}		
	K. Miscellaneous	s Monetary Receipts not C	onsidered Con	tribu	ions		
Name	sa nya ya 14 a maya ta <u>a waka na maya ta ka maya maya ma</u>		Radio Protection (No. 1971)	Dat	e of Transaction	Amount Received	
					Ta: o l		
Street Address		City		State	Zip Code		
Description							
Name	_			Dat	e of Transaction	Amount Received	
Street Address	Received	City		State	Zip Code		
	1						
Description	SEP 1 5 2023				'		
Name	Berby, CT Town Clerk's Office			Dat	e of Transaction		
rvaric	And the state of t			Dut	e or Transaction	Amount Received	
Street Address		City		State	Zip Code		
Danasistiss							
Description							
Name				Dat	e of Transaction	Amount Received	
					lai o		
Street Address		City		State	Zip Code		
Description							
		TOTAL	SECTION K)	
	SUMMARY OF OT	HER MONETARY RECE	TDTS (Sections	D th	rough K		
Total Lagra Dage		HERMONETAKT RECE	AT TO (Sections	Du	rough K)		
	eived this Period (Section D)						
Total Receipts fro	om Entities other than Individuals o	or Other Committees (Section E))	+			
Total Amount Tr	ansferred from Affiliated Business	Treasury (Section F)		+			
Total Amount Tr	ansferred from Affiliated Labor Un	nion or Other Organization Trea	asury (Section G)	+			
Total Amount of	Personal Funds of the Candidate R	eceived this Period (Section H)	,	+			
Total Amount of	Interest from Deposits in Authorize	ed Accounts (Section J)	1	+			
	ous Monetary Receipts not Conside			+			
	, and provide the constitution of the constitu		her Monetary I		nts ×		
	(Add Sections D thr	ough K) (Enter total on Line 15. Co				V	

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Revised Ja	nuary 2015	II. EVENTACT	IATT	(Sections L1—	-r ₂) 1 1	· ·		
NAN	ME OF COMMITTEE (Provide Con	nplete Name as Registered with Filing Repository)			TYPE OF REPORT			
	_ K.I.J. O.S.	L1. Even	t Infori	nation				
Even Date of	t # Description	WISTED VIN)ピ	Fund	vaiser	Was this a fundraising	event?	
Locat	285 Mai	n St.	City	Derby		State Zip Code D64	118	
Subpart 1: (All Committees) Was this event hosted at a personal residence? 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.)								
	this fundraiser include goods or to \$200 or items donated by a	services donated by a business entity n individual of up to \$100?	☐ Yes	(If yes, go to Section L and complete required		not Considered Contribut	tions	
	this fundraiser a tag sale, aucti purchases from an individual c	on, or other sale of donated items f up to \$100?	□ Yes No	(If yes, enter Total Rec	eipts here.)	\$		
Wer	part 2: (Party Committees, Mue there purchases of advertising associated with this fundraiser	nnicipal Candidates and Political Comp g space in a program book or on a??	mittees of Ves	ther than Exploratory (If yes, go to Section L.: or on a Sign and comp	3 Purchases of Advert	ising Space in a Program	Book	
Did	part 3: (Town Committees ON your committee sell food or be ering held within the state with	verage at a fair or similar mass	□ Yes	(If yes, enter Total Rec	eipts here.)	\$		
Even Date o	109 2023 Ca		eter	ians fun	dvaiser	Was this a fundraising Yes □ No		
Locati	112 Derb	y Ave.	City	Derby		State Zip Code OL4	18	
Subj	part 1: (All Committees)	1		\bigcup				
Was	this event hosted at a personal	residence?	□ Yes		ise Party and complet	not Considered Contribut e required information fo and invitations.)		
	this fundraiser include goods of to \$200 or items donated by a	r services donated by a business entity n individual of up to \$100?	☐ Yes No	(If yes, go to Section L and complete required		not Considered Contribu	tions	
	this fundraiser a tag sale, aucti purchases from an individual of	on, or other sale of donated items of up to \$100?	☐ Yes	(If yes, enter Total Rec	ceipts here.)	\$		
Wer sign	e there purchases of advertising associated with this fundraiser		mittees of Yes	ther than Exploratory (If yes, go to Section L. or on a Sign and comp	3 Purchases of Advert	ising Space in a Program ation.)	Book	
Did	your committees of or bearing held within the state with	verage at a fair or similar mass	□ Yes No	(If yes, enter Total Rec	eipts here.)	\$		
	SUBTOTAL Section L1—Sub	part 1 (All Committees) Total Receipts fr	rom Sale	of Donated Items —	This Page	0		
	Received			ubpart 3 <i>(Town Commi</i> 1 Food Purchases —		0		
	SEP 1 5 2023		TOTAL	of additional Section	n Lı Pages	0		
	Derby, CT Town Clerk's Office	TOTAL OF ALL RECE		ROM SMALL PU		9		

SEEC FORM 20 Revised January 2015

Section L1. ADDITIONAL PAGE 2 of 2

of 2

Page 8

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		TYPE OF REPORT				
KD 23							
2	L1. Even	t Information					
Date of Event Letter Description Letter Letter	yette AC	Fundrais	ser	Yes	draising event?		
100 11000 11	ns St.	Derby		State	OUY18		
Subpart 1: (All Committees)	.0				N 4		
Was this event hosted at a personal residence		Associated with a Houpurchases made by hos	se Party and complet t(s) for food, beverage	e required infor and invitations.)	mation for any		
Did this fundraiser include goods or services of up to \$200 or items donated by an individual		Yes (If yes, go to Section L and complete required	information.)	not Considered (Contributions		
Was this fundraiser a tag sale, auction, or oth with purchases from an individual of up to \$		☐ Yes (<i>If yes</i> , enter Total Rec	eipts here.)	\$			
Subpart 2: (Party Committees, Municipal C	Candidates and Political Com-	7	Committees)				
Were there purchases of advertising space in sign associated with this fundraiser?		ves (If yes, go to Section L. or on a Sign and comp	3 Purchases of Advert		Program Book		
Subpart 3: (Town Committees ONLY)							
Did your committee sell food or beverage at gathering held within the state with this fund		Yes (If yes, enter Total Rec	eipts here.)	\$			
garatering neta within the state with this failed	italiser.	No					
		/ \					
Event # Description Date of Event Letter			<u> Die BOS (Televi Schollens Velt. "Chat in Tehnander 40 B</u>	Was this a fur	ndraising event?		
Date of Event Letter	****		·	☐ Yes	□ No		
Location: Street Address		City		State	Zip Code		
Subpart 1: (All Committees)					1		
Was this event hosted at a personal residence	;?	 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.) No 					
Did this fundraiser include goods or services of up to \$200 or items donated by an individual		Yes (If yes, go to Section L and complete required		not Considered	Contributions		
		□ No					
Was this fundraiser a tag sale, auction, or oth with purchases from an individual of up to \$		☐ Yes (If yes, enter Total Rec	reipts here.)	\$			
		□ No		<u> </u>			
Subpart 2: (Party Committees, Municipal C Were there purchases of advertising space in sign associated with this fundraiser?	Candidates and Political Comr a program book or on a	☐ Yes (If yes, go to Section L or on a Sign and com	3 Purchases of Advert		Program Book		
		□ No					
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at gathering held within the state with this fund		☐ Yes (If yes, enter Total Rec	eipts here.)	\$			
		□No					
SUBTOTAL Section L1—Subpart 1 (All	Committees) Total Receipts fr	om Sale of Donated Items —	This Page				
Received		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —					
SEP 1 5 2023		TOTAL of additional Section	1 L1 Pages				
Derby, CT Town Clerk's Office		Service of Colors and Service	RCHASES	7_			

II. EVENT ACTIVITY (Sections L1—L5)

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

	*							
NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	(יניני		TYPE OF REPOI	₹T		
<u> </u>	2		S			2005 V-805 A	A Company of the Comp	
100 Aug. 100 100 100 100 100 100 100 100 100 10	L3. Purchase	s of Advertisii	ig in a Progr	am Book or o	n a Sign			
Name of Purchaser							e Made By:	-
							siness Entity	Other
Street Address			City			∐ Ind	ividual/Sole P	Zip Code
Sirect Address			City				State	Zip Code
		-						
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Sig	gn Purchase
Name of Purchaser					· · · · · · · · · · · · · · · · · · ·	Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address		······································	City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	L	n Purchase
		- Sprogure v ureviii)		Amount	gram Au r urena	,	inount or or	511 I di chase
Name of Purchaser							e Made By:	
							siness Entity	☐ Other
O			T			☐ Ind	ividual/Sole P	
Street Address			City				State	Zip Code .
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Si	gn Purchase
	Keceivon							
Name of Purchaser	Received SEP 1 5 2023					Purchas	e Made By:	
							siness Entity	☐ Other
	Derby, CT Town Clerk's Office	1					ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Si	on Purchase
		1.188.08	IOI IIII DIVINO	Amount of Tro	gram Au Turcha	2	Amount of Si	gn i urchasc
Name of Purchaser							e Made By:	
						·	siness Entity	Other
Street Address			C:4			∐ Ind	ividual/Sole P	,
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Si	gn Purchase
		L					b	
	SUBTOTAL Section L ₃ T	otal Purchases of	Advertising in	Program Book -	-This Page		\mathbb{Q}	
	SUBTOTAL Secti	on L3 Total Purc	hases of Adver	tising on a Sign –	— This Page			
			TOTAL of	f additional Section	on L3 Pages			
TOTA	L OF ALL PURCHASES O						M	
		(Enter total on	Line 16c, Colum	n A of Summary	Page Totals)			

II. EVENT ACTIVITY (Sections L1—L5)

$\sim \sim \sim$		• 15					
Vame of Donor	L4. In-K	ind Donatio	ns Not Consi	dered Contributions			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation	Description of Donation					
☐ Business Entity							
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
	<u> </u>						
ame of Donor							
treet Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	llue of Donatio
☐ Business Entity							
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
lame of Donor	Received						
treet Address	SEP 1 5 2023		City			State	Zip Code
	Derby, CT Town Clerk's Office						
Donation Given By:	Description of Donation				Fair	Market Va	alue of Donatio
☐ Business Entity ☐ Individual							
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
lame of Donor							
aric of Dollor							
treet Address			City			State	Zip Code
Oonation Given By:	Description of Donation				Fair	Market Va	lue of Donatio
☐ Business Entity							
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
				Series Alace a describe and a			
		SI	JBTOTAL Sect	ion L4— This Page)	
		TO	TAL of additio	nal Section L4 Pages		-	
			TAL of addition	nai Section L41 ages			
TO 1	TAL OF ALL IN-KIND DONA				X)	
	(Enter	wtai on Line 2	1, Column A of S	ummary Page Totals)	<u> </u>		

II. EVENT ACTIVITY (Sections L1—L5)

L5. In-Kind Donations Not Considered Contributions Associated with a House Party Name of Host Is this event supporting more committee? Yes No If yes, complete Itemizate Street Address City		
Name of Host Is this event supporting mole committee? ☐ Yes ☐ No If yes, complete Itemizat		
committee?	re than o	
)	
	State	Zip Code
Description of Donation Fair Mark	ket 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 the support of the sup		ne candidate or
Received committee?		dendum L5
7777	State	Zip Code
Derby, CT Town Clerk's Office		
Description of Donation Fair Mark	ket 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 committee? ☐ Yes ☐ No		ne candidate or
If yes, complete Itemizat	tion in Ad	dendum L5
Street Address City	State	Zip Code
Description of Donation Fair Mark	ket 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 committee? ☐ Yes ☐ No		ne candidate or
If yes, complete Itemizat	tion in Ad	dendum L5
Street Address City	State	Zip Code
Description of Donation Fair Mark	ket Value	of Donation
Front # Accessed Value of this Front - 111 - 12 - 12 - 12 - 12 - 12 - 12 -		
Event # Aggregate Value of this Event—all hosts Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page	Ø	
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)	Ø	

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete R) Name Street Address	Tune to Ne	Sairten Will	M. In-Kind Con	tributio			OF REPORT		
			M. In-Kind Con	tributio	ne		ult i distrib serenit	de jere da izlada v	sa kanada a kata a ka
			141. III-IQIIQ COII	unuun					
Street Address					110	. Zib. 10 st.		Bay Alfright (1)	
Street Address									
				City				State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Contributions	Descrip	ption of In-Kind	Contributi	on		
☐ Individual / Sole Proprietorship ☐Other									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		business he/she is associate	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality Yes No Fair Market Val of this Contribut					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	ttor a principal of a state coindicate which branch or criment the contract is with	contractor or prospective state contractor?					
Name									
Street Address				City				State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Contributions	Descrip	ption of In-Kind	Contribution	on		
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse,			excess of \$400 to a candi- business he/she is associa						Market Value Contribution
or dependent child of a lobbyist?		at more than		☐ Ye			· ·		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	event reported in Section L1?								
Name					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
Street Address				City				State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Contributions	Descrip	ption of In-Kind	Contribution	on .		<u> </u>
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a candidate business he/she is associated \$5,000?		ve a contract v				Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal of a state co indicate which branch or rument the contract is with	branches	prospective st		☐ No		
y yes, not Event "		or gove	SUBTOTAL S	TANKA KIKALI I			lative		
			TOTAL of addi	itional Se	ction M Pag	es			
TOTAL OF ALL IN-KIND COM	TRIBUT	ΓΙΟΝS (Ε	inter total on Line 23, Colu	mn A of Su	mmary Page To	otals)			100 2 00 00 00 00 00 00 00 00 00 00 00 00
	N.	Refund	lable Deposit to T	elephon	e Compar	ıy			
Last Name of Individual			First				MI	Date Depos	t Made
Residential Street Address	aivad		City			State	Zip Code	- 	
	eived						'		Amount of Deposit
Name of Telephone Company	L 5 2023		1			1	<u></u>		
Derby, CT To	wn Clerk's	Office							
Street Address			City			State	Zip Code		
TOTALS	CTION	N (F	total on Line 24, Column	1 of C	ami Dan T	ula)			

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT	
	P. Expenses Paid by Committee	
Name of Payee JUST Street Address	ard sales. com	Method of Payment Check # Debit Card DEFT
2235	Mercator Dr. Orlando	FL 32807
Purpose of Expenditure (by code)	Description Signs Event # 2	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D	412.16
Name of Payee	Ready Press 8323	Method of Paynen. Check # Debit Card
Street Address	Clifton Ave. Ansonia	State Zip Code O(470)
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) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D	116.99
Name of Payee	Ly Publishing Co. B/3/23	Method of Paymont 3 Check # EFT
Street Address 543	Franklin Ave. City Hartford	State Zip Code O G 114
Purpose of Expenditure (by code)	Description Mailer Event# & 2	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D	1,464.6
Name of Payce	notic War Vets 8923	Method of Payment. 5 Check # Debit Card
Street Address	Derby Ave. City Derby	State Zip Code OWY 18
Purpose of Expenditure (by code)	Hall Rental 2	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D	100,00
Receiv		93.41
SEP 1 5	2023 TOTAL of additional Section P Pages	
Derby, CT Town C	Clerk's Office TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	

SEEC FORM 20 Revised January 2015

Section P ADDITIONAL PAGE

2

 $_{
m of}$ β

NAME OF COMMIT	TEE_(Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	P. Expenses Paid by Committee	ee .	
Name of Payee S	nerry Tutillo City	Date of Payment N3 23	Method of Payment? Check # Debit Card
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organi	,	1,055,30
Name of Payee O Street Address	Mey Publishing Co.	Date of Payment S W 23	Method of Payment Check # Debit Card
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organi	3,188.53	
Street Address	nes B. Blaskewicz, Jr	Date of Rayment 8 16 23	Method of Payment Check # Debit Card
Purpose of Expenditure (by code)	Description	Event #	Amount 20200
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" None of the below Coordinated with reimbursement sought (joint expenditure) Indep	,	305,09
Name of Payed	itical Campaign - Diy Cam	Page 8 37 23	Method of Payment: ☐ Check # ☐ Debit Card EFT
Street Address	Received	•	State Zip Code
Purpose of Expenditure (by code)	SEP 1 5 2023	Event #	Amount
Expenditure # (if applicable)	Type of Paper de la		13,450,00
	SUBTOTAL Section P		596.91
	TOTAL of additional Sec	tion P Pages	
20 Marine	TOTAL OF ALL EXPENSES PAID BY CO (Enter total on Line 19, Column A of Summa	A Mickel Berner AM B B Habour a Strait	

SEEC FORM 20

Section P. ADDITIONAL PAGE 3 of 3

NAME OF COMMIT	TEE (Provid	le Complete Name as Registered with Filir	ng Repository)			1	YPE O	F REPORT		
RD	23	>								
P. Expenses Paid by Committee										
Twisted Vine 7/13/23						Method of I Check Debit	#Card OEFT			
Street Address				City			•		State	Zip Code
Purpose of Expenditure (by code)	Descriptio	n				Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D						2,0	00.00		
Name of Payce Street Address	DEV	Statements	S -	LIDES City	ty ank	Di G	ate of Pa 7/31 1/31	·	Method of F O Check O Debit 0 State	#
Purpose of Expenditure (by code)	Description	00 x 4 Paper	bank	ing St	atement	Event #				Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D								,00		
Name of Payee Street Address				City		Di	ate of Pa	yment	Method of F	#
Purpose of Expenditure (by code)	Description	n			٠	Event #				Amount
Expenditure # ((f applicable)	None Coord	of the below (does not involve another inated with reimbursement sought (jinated without reimbursement sough)	candidate or con oint expenditur	mmittee) e)	O Indepen			Ос Ор	1	
Name of Payce		Received				D	ate of Pa	yment	Method of I O Check O Debit	#
Street Address		SEP 1 5 2023 Derby, CT Town Clerk's Office		City	4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,				State	Zip Code
Purpose of Expenditure (by code)	Descriptio					Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC D									
			S	UBTOTAL	Section P —		400	12,	08	.00
		Cosi							0 0	

Sect. 12 TOTAL = 11.698.32

Revised danuary 2015	Kangong dan gerakan es						
NAME OF COMMIT	TEE (Prov	vide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	- 1	
K	1) 6	<u>ላ</u> 3					
			gn Expenses Paid	by Candidate			
Name of Payee (Name of	Vendor, Pers	son or Entity who candidate paid directly)			Date of Payment	Is reimb	bursement claimed?
							Yes No
Street Address			City		·	State	Zip Code
Purpose of Expenditure	Description	on		Event	#		Amount
(by code)							
Name of Pavee (Name of	Vandor Par	son or Entity who candidate paid directly)			Date of Payment	Is raim!	bursement claimed?
rame of Tayee (rame by	r endor, x ers	on or Linny who cummune pain arrectly)			Bate of Fayment		
							Yes No
Street Address			City			State	Zip Code
						¥	
Purpose of Expenditure	Description	on		Event	#		Amount
(by code)							
Name of Payee (Name of	Vendor, Pers	son or Entity who candidate paid directly)			Date of Payment	Is reim	bursement claimed?
							Yes 🔲 No
Street Address			City			State	Zip Code
		*	City			State	Zip code
	<u> </u>						
Purpose of Expenditure (by code) Description				Event	.#		Amount
Name of Payee (Name of	Vendor, Pers	son or Entity who candidate paid directly)			Date of Payment	Is reim	bursement claimed?
		Received					Yes 🔲 No
Street Address		SEP 1 5 2023	City			State	Zip Code
		SET 1 9 2023					
Purpose of Expenditure	Description	n Derby, CT Town Clerk's Office		Event	#		Amount
(by code)							
Name of Days (Name of	Vd D	Esta I. History and A.			I D. (<u> </u>	
Name of Payce (Name of	v enaor, Pers	son or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?	
							Yes No
Street Address			City			State	Zip Code
		·					
Purpose of Expenditure (by code)	Description	on		Event	#		Amount
(by code)							
Name of Payee (Name of	Vendor, Pers	son or Entity who candidate paid directly)		·	Date of Payment	Is reim	bursement claimed?
							Yes □ No
Street Address			City		<u></u>	State	Zip Code
			City			State	Zip code
	<u>.</u>						<u> </u>
Purpose of Expenditure (by code)	Description	on		Event	#		Amount
							`*
			SURTOTALS	Section Q — Thi	s Pogo	M	
			JUDIOTALS	cenon A — Illi	J - 45°	$\underline{\mathcal{Q}}$	
			TOTAL of additi	ional Section O	Pages		
	291		L EXPENSES PAI tal on Line 26, Column A			\bigcirc	
	SPECIFICAL SPECIFICAT			-,	85.5 5017 /4		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	(y)	TYPE OF REPORT				
	R. Expenses Incurr	ed on Committee Cred	it Card				
Name of Issuing Insti	tution	Type of Credit Card:					
		☐ Visa ☐ Master Car	d Discover America	an Express	Other:		
Name of Vendor, Person	or Entity			Date of T	ransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	E	Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require	ed unless "None of the below" is	checked)	1			
(g apprenting)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expen ☐ Coordinated without reimbursement sought (in-kind						
Name of Vendor, Person	or Entity			Date of T	ransaction		
Street Address City				State	Zip Code		
Purpose of Expenditure	Description	1	Event #		Amount		
(by code)							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require	ed unless "None of the below" is	checked)				
(ц иррисавие)	□ None of the below	liture)					
	☐ Coordinated with reimbursement sought (joint experiment Coordinated without reimbursement sought (in-kind		ation: OAOBOCOD	,			
Name of Vendor, Person	or Entity		MINISTER 1	Date of T	ransaction		
Street Address		City			Zip Code		
Purpose of Expenditure	Description		Event #		Amount		
(by code)							
Expenditure #	Type of Expenditure (Itemization in Addendum R Require	ed unless "None of the below" is	checked)	1			
(if applicable)	☐ None of the below	and whell Time of the velow is enterious					
	☐ Coordinated with reimbursement sought (joint experiment) ☐ Coordinated without reimbursement sought (in-kind)		dent ation: o A o B o C o D				
5.48		-					
		SUBTOTAL Section R — T	nis Page				
	TC	OTAL of additional Section I	₹ Pages				
TC	OTAL OF ALL EXPENSES INCURRED ON (Enter total on L	N COMMITTEE CREDITION OF SUMMARY P		\Diamond			
	Received	,		-			
	SEP 1 5 2023						
70-46	Dorby CT Town Clerk's Office						

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repos	ilory)	TYPE OF REPORT				
	S. Expenses Incurred by Co	ommittee but Not Paid	During this Period				
Name of Creditor				Date Incu	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	I	Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Requirement None of the below Coordinated with reimbursement sought (joint experiment sought) Coordinated without reimbursement sought (in-king)	о Б					
Name of Creditor	Received			Date Incu	red		
Street Address	SEP 1 5 2023	City		State	Zip Code		
Purpose of Expenditure (by code)	Descriptesby, CT Town Clerk's Office Event #				Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Requirement None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	☐ Indep (penditure) ☐ Organ	is checked) endent ization: O A O B O C	o D	·		
Name of Creditor	<u></u>			Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Requirement None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	☐ Indep	is checked) endent ization: O A O B O C	э D			
		SUBTOTAL Section	S-This Page	D			
		TOTAL of additional Se	ction S Pages				
TOTAL OF ALL I	XPENSES INCURRED BY COMMITTEE D (Enter total	OURING THIS PERIOD BU' on Line 28, Column A of Summ					
	Previously reported	Expenses Unpaid and still C	Outstanding	•			
	TOTAL OF ALL EXPENSES INCUR (Enter total o	RED BY COMMITTEE BU on Line 28a, Column A of Summ	Notice that TO BESTAN ALASHED BESTAND TO HER HER TO	Q			
	-			-			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filin	ng Repository)			TYI	PE OF RE	PORT			
T. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Cons	Fir			<i>J</i>	, <u></u>	MI	Date of F Person of	ayment to Vendo Entity	r,	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	Red	ceived				Section P:		Vorker/Consultan	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consulta		L ity 5 2023					State	Zip Code	
Purpose of Expenditure (by code)	Description	Derby, CT	Town Clerk's Office		Event #				Amount	
Expenditure # (if applicable)										
Last Name of Worker/Cons	ultant	Fir	st				MI	Date of P Person or	ayment to Vendo Entity	r,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							Section P:		Vorker/Consultan	
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consulta	nt	City					State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (if applicable)										
Last Name of Worker/Cons	ultant	Fir	rst				MI	Date of F Person of	ayment to Vendo Entity	r,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1					Section P:		Vorker/Consultan	
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consulta	nt	City	······	antenno			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) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D									
SUBTOTAL Section T — This Page										
TOTAL of additional Section T Pages										
TOTAL OF ALL	REIMBURSEMENT TO COMMI	TTEE WO	PRKERS AND C	ONS	ULTAN	ΓS		\bigcirc		