SEEC FORM 20

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

-- REGENCED TOWERSTY CLERK Page 1 of 17

	COV.	ER PAGE	0 - 1	
1. NAME OF COMMITTEE		-/-X Q -	27	
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2. TREASURER NAME		T-		Lower
^{First} Christine	\mathbb{R}^{M} \mathbb{R} .	Blaskewi	CZ	Suffix
3. TREASURER ADDRESS				
55 Derby N	leck Rd. °	Derby	State	O4418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete o	nly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 07 2023	Mayor o	f City of De	erby 6	f applicable)
7. CANDIDATE NAME (Complete only if				
Richard	P.	Dziekan	ı	Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contrib	oution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendment t	.0
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Repor	rt:
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		
	9/1/2023	thru 10 9	2023	
•				
10. CERTIFICATION				
I hereby certify and state, under p Disclosure Statement for the per	riod covered is true, accura	•		paign Finance
TREASURER OR DEPUTY TREASURE		Christine R. Blask RINT NAME OF SIGNER	Lewicz	10 9 23 DATE (n/m/dd/y/yy)

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

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLLBOL	COLLIDATE
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	5,792.47	
13. Contributions Received from Individuals (Sections A and B)	1,350,00	
14. Receipts from Other Committees (Sections C1 and C2)	7	
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)	3,419,40	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	4,769,40	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	10,561.87	4,769.40
19. Expenses Paid by Committee (Section P)	2,904.23	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	7.657.65	7.657.65
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)	e in p	7 3 -
25. Loan Balance		300 SE
25a. + Loans Received (Section D)		ှာ မ
25b. + Interest and Penalties on Loan	j _Q) <u> </u>
25c Payments on Loan		2: 09
25d. Total Outstanding Loan Amount	3	
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)		and the second s

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		
PD 23		TYPE OF REPORT
A. Total Contributions from Small Contributions		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY	\$
3	SUBTOTAL SECTION A	L Q
B. Itemized Co	ontributions from Indivi	duals
Last Name	First	MI
Supple	Joseph) ····
Residential Street Aldress ROOSEVELT Dr.	City	State Zip Code
Principal Occupation	Der Dy	1 CT 04418
owner	Name of Employer	
	_ DDL	
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	to a candidate for a chief executive	c officer of a municipality, Amount of Contribution
valued at more than \$5,000?	OYes ONo	
event reported in Section L1? No If yes, indicate which has	state contractor or prospective state	36 1 1 4
of government the contra		OLegislative No
Method of Contribution:	Date Received	Aggregate Contributions
OPersonal Check	Order 9 23 23	
Last Name	First	MI
Residential Street Address		
Residential Street Address	City	State Zip Code
Principal Occupation		
	Name of Employer	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400		
or dependent child of a lobbyist? No does contributor or business he/she	to a candidate for a chief executive is associated with have a contract v	officer of a municipality, Amount of Contribution
valued at more than \$5,000?	O Yes O No	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lifyes, indicate which brains the section L1?	state contractor or prospective state	
If yes, list Event # of government the contract	et is with: Executive (D Legislative
Method of Contribution:	Date Received ,	Aggregate Contributions
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Last Name	First	MI MI
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Residential Street Address	City	State Zip Code
Principal Occupation		
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Method of Contribution:	Date Received A	eggregate Contributions
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TOTAL	of additional Section B Pa	ges
TOTAL OF ALL CONTRIBUTIONS FROM	and the second s	
(Enter total on Line 1.	3, Column A of Summary Page To	tals)

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT	Safe del Po	
RD23					
A. Total Contributions from Sma (See instructions for definition of Small Con		d this Period ONLY UBTOTAL SECTION A	\$		
	B. Itemized Con	tributions from Indivi	duals		
Last Name SALEMME		First JOSEPH			MI
Residential Street Address	Tr.	City		State	Zip Code
31 SOUNDRIGE ROAD		SHELTON		CT	06484
Principal Occupation		Name of Employer			
CONSTRUCTION					
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Is this contribution associated with an event reported in Section L1? If yes, list Event # 4		ch or branches	_ Ŏ No		
Method of Contribution:	_	Date Received	Aggregate Contributions		
OCash Personal Check OCredit/Debit Card	OPayroll Deduction OMoney (Order 09/21/23 / CK #15			
Last Name		First			MI
HOULIHAN		ROBERT		·	K
Residential Street Address	ı	ity		State	Zip Code
448 Barton Drive		ORANGE		СТ	06477
LASSIS & HOULIHAN		Name of Employer CPA		20	230CT 3 pm 2
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 to bes contributor or business he/she is lued at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes No	with said municipality		ount of Contribution O / CK #4077
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20 Stephen	St.	Derby		State	Zip Code Cle418
Principal Occupation DIS abled		Name of Employer	ired		
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	TOTAL	of additional Section B	Pages		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections 3, Column A of Summary Page		***************************************	

NAME OF COMMITTEE (Provide Complete Na	me as 1	Registered with Filing Repository)			TYPE OF REPORT		
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		B. Itemized Con	ıtribı	utions from Indiv	duals		
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26 CROUCH ROAD		1	City RRAN	IFORD		State	Zip Code 06405
Principal Occupation			DIVI	Name of Employer			00403
NON PROFIT				NATIONAL MS SO	CIETY		
Is contributor a lobbyist, spouse, Yes	Ifc	ontribution is in excess of \$400 to	o a can			v Am	ount of Contribution
or dependent child of a lobbyist? No	doe	s contributor or business he/she i ned at more than \$5,000?					
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event reported in Section L1? If yes, list Event # 4	No	If yes, indicate which brand of government the contract			OLegislative No		
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Last Name			Fir				MI
DZIEKAN			C	ATHLEEN			A
Residential Street Address			City			State	Zip Code
124 S MONTOWESE STREET #9			BRAN	IFORD		СТ	06405
Principal Occupation				Name of Employer			
RETIRED						20.	230CT 3 pm 2
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?	o a can s assoc	didate for a chief executive interest did not be did no	re officer of a municipality with said municipality	y, Am \$1(ount of Contribution
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Last Name			Fir	st	1		MI
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Residential Street Address		1	City		***************************************	State	Zip Code
124 S MONTOWESE STREET #9			BRAN	IFORD		СТ	06405
Principal Occupation				Name of Employer			
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	Registered with Filing Repository)		TYPE OF REPORT	99000	
RD23					
A. Total Contributions from Smal (See instructions for definition of Small Contri		this Period ONLY FOTAL SECTION A	\$		
	B. Itemized Contri	is a servició de para contrato en en el filosofía.	duals		
Last Name DZIEKAN		First SALVATORE			MI
Residential Street Address	City	ONE VIII ONE		State	Zip Code
26 CROUCH STREET	1 '	ANFORD		CT	06405
Principal Occupation		Name of Employer			
SOLAR INDUSTRY					
or dependent child of a lobbyist? ONO doe	contribution is in excess of \$400 to a cest contributor or business he/she is assued at more than \$5,000?	randidate for a chief executive sociated with have a contract OYes ONo	ve officer of a municipality, with said municipality	Am o	ount of Contribution
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NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)		TYPE OF REPORT		
RD23					
A. Total Contributions from Small (See instructions for definition of Small Contrib		d this Period ONLY BTOTAL SECTION A	\$		
	B. Itemized Cont	ributions from Indivi	duals		
Last Name PEPE		First FRANCES			MI
Residential Street Address	Cit			State Zi	p Code
69 HARRISON AVENUE		DERBY			6418
Principal Occupation		Name of Employer ASST / HAIRDRESSE	ER		
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36 COMMERCE STREET	D	DERBY		СТ О	6418
Principal Occupation		Name of Employer CONTRACTOR		2023 (OCT 3 pm 2
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?				of Contribution
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Residential Street Address	Cit	<u> </u>		State Zi	p Code
321 LONGMEADOW ROAD	C	DRANGE		CT C	06477
Principal Occupation	1	Name of Employer DIRECTOR MORTGA	AGE LENDER	,	
or dependent child of a lobbyist? ONO does	ntribution is in excess of \$400 to contributor or business he/she is at at more than \$5,000?			, Amount	of Contribution
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TOTAL OF ALL C	CONTRIBUTIONS FROM 1 (Enter total on Line 13,	INDIVIDUALS (Sections A , Column A of Summary Page		50	,00

State Zip Code Date Received Aggregate Contributions	
Name of Treasurer Name of Treasurer Name of Treasurer Amount of the country product of the Section L1?	
State Zip Code Date Received Aggregate Contributions	
State	ontribution
Address Is this contribution associated with an Yes No event reported in Section L1? Page	
State Zip Code Date Received Aggregate Contributions	
State Zip Code Date Received Aggregate Contributions	ontribution
Address State Zip Code Date Received Aggregate Contributions C2. Reimbursements or Surplus Distributions from other Committees Name of Committee Name of Treasurer Z823 OCT Address City State State State Surplus Distribution Cate Received Payment Type Reimbursement for shared expense Surplus Distribution Name of Treasurer State State Amount of the contributions Amount of the contributions City State Amount of the contributions City State City City City City City City City City C	
State Zip Code Date Received Aggregate Contributions	
C2. Reimbursements or Surplus Distributions from other Committees Name of Committee Name of Treasurer Name of Treasurer	ontribution
Name of Committee Name of Treasurer 2023 OCT	
Date Received Expenditure # (if applicable) Payment Type Amount of Payment Type Reimbursement for shared expense Surplus Distribution Name of Committee Name of Treasurer Address City State Payment Type Pa	3 pm 2:
Amount of Committee City State	Zip Code
Name of Committee Name of Treasurer Address City State	f Receipt
Address City State Date Received Expenditure # Payment Type	
Date Received Expenditure # Payment Type	
	Zip Code
☐ Reimbursement for shared expense ☐ Surplus Distribution	f Receipt
Description	
SUBTOTAL Section C — This Page	
TOTAL OF ALL COMMETTER CONTENTS AND DESCRIPTION	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)	

<u> </u>						
	D. Loans	Receiv	ed this Period			
Name of Lender			Source of Loan:	ndidate 🔲 Indiv		Date of Receipt
Street Address	City			State	Committe Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	_
Name of Lender			Source of Loan: Bank Car	ndidate 🔲 Indiv	idual □ Other Committe	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (<i>if applicable</i>)				·		Amount Received
Street Address	City			State	Zip Code	_
Name of Lender			Source of Loan:	ndidate 🗌 Indiv	idual	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				'		Amount Received
Street Address	City					
				State	Zip Code	
			TOTAL SECT		Zip Code)
E. Receipts from Entit		riduals		TION D) A ttees ONLY)
		iduals		TION D		
Name of Entity		iduals		TION D	erendum Commin	2023 OCT 3 pm Amount Received
Name of Entity		riduals		TION D umittees (Ref	erendum Commin	2023 OCT 3 pm
Name of Entity Street Address Sity			or Other Com	TION D Imittees (Ref	erendum Commin	2023 OCT 3 pm
Same of Entity Street Address Sity			or Other Com	TION D Imittees (Ref	erendum Commin	2023 OCT 3 pm
Name of Entity Street Address Sity Name of Entity			or Other Com	TION D Imittees (Ref	d ontributions	2023 OCT 3 pm
Name of Entity Street Address City Vame of Entity Street Address			or Other Com	Date Receive	d ontributions	2923 OCT 3 pm Amount Received
Name of Entity Street Address City Vame of Entity Street Address		State	or Other Com	Date Receive	d ontributions	2923 OCT 3 pm Amount Received
Name of Entity Street Address City Vame of Entity Street Address		State	or Other Com	Date Receive	d ontributions	2923 OCT 3 pm Amount Received
E. Receipts from Entity Name of Entity Street Address City Street Address City Name of Entity Street Address		State	or Other Com	Date Receive	d ontributions	2923 OCT 3 pm Amount Received

		I. Anonymou	ıs Contributions			
			TOTAL SE	CTION H	<u> </u>	
	☐ Cash	☐ Personal Ch		/Debit Card	<u> </u>	
e of Receipt	Method of payment:				Amount	
	☐ Cash	☐ Personal Ch	eck	/Debit Card		
of Receipt	Method of payment:				Amount	
of Receipt	Method of payment:	☐ Personal Ch	eck 🛘 Credit	/Debit Card	Amount	
CD.	☐ Cash	☐ Personal Ch	eck	/Debit Card		
e of Receipt	Method of payment:				Amount	
	H. Personal Funds of th	e Candidate Rec	ceived this Period	(Candidate Commit	tees ONLY)	
			TOTAL SECT	ION G	<u> </u>	
Security assessment of the second					_	
Amount		A	Amount		Amount	
e of Receipt	D	ate of Receipt		Date of Receipt		
	Fransferred from Affiliate		r Other Organiza		2023 OCT rganization Committees Of	800000000000000000000000000000000000000
				ZHESTOLIKAZIFI SANSA	9000 AST	
			TOTAL SEC	TION F	<i></i>	
te of Receipt	Is this transaction associate event reported in Section I		If yes, list Event #		Amount	
te of Receipt	Is this transaction associate event reported in Section I		If yes, list Event #		Amount	
te of Receipt	Is this transaction associate event reported in Section I		If yes, list Event #		Amount	
	event reported in Section I		If yes, list Event#			
e of Receipt	Is this transaction associate	d with on	7C 11 . 77 . 11		Amount	

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

Revised January 2015	1. MONETAKI KECEH 15 (Sectio	IIS A.—	K)		
NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	TYP	E OF REPO	RT	
<u> </u>	J. Interest from Deposits in Authorized Acc	counts			
Name of Institution	o. Interest from Deposits in Authorized Acc	0000000000099000000000	Received		Amount
Street Address	City	State	Zip Co	ode	
Name of Institution		Date	Received		Amount
Name of institution		Batte	Received		Amount
Street Address	City	State	Zip Co	de	
	TOTAL SEC	TION		*	
				4	
Vame	ellaneous Monetary Receipts not Considered	d Contri	butions Date of Tran	eaction	
vanic			Date of Train	saction	Amount Received
Street Address	City	Sta	ate Zi	p Code	
Description	L				
, 					
Name			Date of Tran	saction	Amount Received
Street Address	City	Sta	ate Zi	p Code	
Description					
Name			Date of Tran	saction	Amount Received
		T 2			
treet Address	City	Sta	ite Zi	p Code	
Description			L		
V			Date of Tran	saction	
Name			Date of Train	saction	Amount Received
treet Address	City	Sta	ate Zi	p Code	
Description					2023 OCT 3 PM
					Jan. Oph
	TOTAL SECTION	N K		ď	
SUMMADV	OF OTHER MONETARY RECEIPTS (Se	otions D	through		
Fotal Loans Received this Period (Section		CHOHS D	tinough	ı IX)	
	dividuals or Other Committees (Section E)	+			
Total Amount Transferred from Affiliated	1 Business Treasury (Section F)	+			
n . 1			ı		
	Labor Union or Other Organization Treasury (Secti				
	Labor Union or Other Organization Treasury (Section H)	ion G) + +			
	andidate Received this Period (Section H)				

II. EVENT ACTIVITY (Sections L1—L5)

II. E. Y EI II II CI	TVIII (Sections E1 E5)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Li Ryen	t Information	
Event # Date of Event Letter Bay berry Lane		Was this a fundraising event? Yes □ No
Location Stree Address 830 Bayberry Lone	2- Fundraiser Orange	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and comple purchases made by host(s) for food, beverage No	te required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations and complete required information.)	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform No	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)	\$
Event # Description Letter Description	i Santa Palang Banggan menglakan di Jawa kebangan menerah kebangan di Abbangan Abban Palang	Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Donations: Associated with a House Party and comple purchases made by host(s) for food, beverage ☐ No	te required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) ☐ No	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	. \$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform No	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This Page	0
	ion L1—Subpart 3 (Town Committees ONLY) ipts from Food Purchases — This Page	2023 OCT 3 PM 2:05
	TOTAL of additional Section L1 Pages	
	IPTS FROM SMALL PURCHASES 1 Line 16a, Column A of Summary Page Totals)	Ó

II. EVENT ACTIVITY (Sections L1-L5)

pg. 1 of 2

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*

marvida	ai parchases from a co	mmittee tag sa	ic, auction, 0	i a sale of donated fier	115. 56	cuon L2.	removed
NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Repository	:)	TYPE OF REPO	ORT		
トリ、	L3. Purchase	s of Advertising	g in a Program	m Book or on a Sign			
Name of Purchaser					1	se Made By:	
Them	is Klan	des		(Anedot)	1	isiness Entity Iividual/Sole I	Other Proprietorship
Street Address 12 01	de Count	ry Rd.		dbridge		State	Nip Code 04525
Date Received 9 23 23	Lvem#	Aggregate Purchases fi	or All Events	Amount of Program Ad Purch	1	Amount of S	ign Purchase
Name of Purchaser David	1 Zabel			(Anedot)	□Ві	se Made By Isiness Entity Iividual/Sole 1	Other
Street Address So	uth Harve		ciny Wat	erbury Cent		State T	Nip Code 65677
9 20 23	Event #	Aggregate Purchases for	or All Events	Amount of Program Ad Purch	nase	Amount of S	ign Purchase
Name of Hurchaser VINCEN	+ Maria	70	((Anedot)	В	se Made By. Isiness Entity dividual/Sole I	☐ Other Proprietorship
Street Address E	sayberry	Ln.	City Ora	inge	•	State	106475
Date Received 9 19 23	Exem #	Aggregate Purchases for	or All Events	Amount of Program Ad Purch	hase	Amount of S	ign Purchase
A avor	n Alibri	O	I	(Anedot)	□ Bi	se Made By usiness Entity dividual/Sole	☐ Other Proprietorship
Street Address 201 T	Tonica Sp	nngs		ichester		State	7.1p Code 06040
Plate Received 9 21 23	Event#	Aggregate Purchases for	or All Events	Amount of Program Ad Purcl	1	Amount of S	ign Purchase
Name of Jurchaser					□ві	se Made By: usiness Entity dividual/Sole	☐ Other Proprietorship
Street Address			Сцу			State	Zip Code
Date Received	Event #	Aggregate Purchases fi	or Alf Events	Amount of Program Ad Purc	hase	Amount of S	ign Purchase
				ogram Book — This Page	2	369	9.40
	SUBTOTAL Sect	ion L3 Total Purch		ing on a Sign — This Page		pass :	
TOTA	AL OF ALL PURCHASES (OF ADVERTISING				2823 (OCT 3 pm 2
.017				A of Summary Page Totals)			

Page 9 of 17

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 COMMI RD23	ITTEE (Provide Complete Name as	Registered with Filing Reposite	ory)	TYPE OF REPO	ORT		
	L3. Puro	chases of Advertisi	ng in a Prog	ram Book or on a Sign			
Name of Purchaser					_	ase Made By:	_
657 ORANGE CEN	ITER ROAD LLC				1 -	Susiness Entity	•
Street Address			City			ndividual/Sole	Proprietorship Zip Code
830 BAYBERRY LA	ANF		ORANGE			CT	06477
A							
Date Received 09/20/23	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purch \$250 / CK #4636	iase	Amount of	Sign Purchase
Name of Purchaser	<u> </u>				Purch	ase Made By:	
BARONE'S SPORT	S CAFE INC					susiness Entity adividual/Sole	Other Proprietorship
Street Address			City			State	Zip Code
48 Wakeley St ex	XT		SEYMOUR			СТ	06483
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of	Sign Purchase
09/22/23	4			\$100 / CK #903			
Name of Purchaser					}	ase Made By: Susiness Entity	. 🔿 🗠
LAW OFFICES OF	DEBRA MARINO LLC				1		Oother Proprietorship
Street Address			City		10"	State	Zip Code
657 ORANGE CEN	TER ROAD		ORANGE			СТ	06477
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of	Sign Purchase
09/20/23	4			\$250 / CK #1028			
Name of Purchaser				- · · · · · · · · · · · · · · · · · · ·	Purch	ase Made By:	
Marino Zabel &	SCHELLENBERG PLLC					usiness Entity idividual/Sole	Other Proprietorship
Street Address			City			State	Zip Code
657 ORANGE CEN	TER ROAD		ORANGE			СТ	06477
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of	Sign Purchase
09/19/23	4			\$250 / CK #2096			
Name of Purchaser					1_	ase Made By:	
RPM ENERGY SOL	UTIONS LLC					Susiness Entity	•
Street Address			City			State State	Proprietorship Zip Code
69 PERRY ROAD			HAMDEN			CT	06514
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of	Sign Purchase
09/15/23	4			\$200 / CK #2894			
	SUBTOTAL Section	L3 Total Purchases of	Advertising in	Program Book — This Page		050	00.00
	SUBTOTAL	Section L3 Total Purc	chases of Adver	tising on a Sign — This Page			
			TOTAL o	f additional Section L3 Pages		2023	ÖCT 3 PM
Т	OTAL OF ALL PURCHAS			RAM BOOK or ON A SIGN	3	410	A. 40

II. EVENT ACTIVITY (Sections L1—L5)

Name of Donor							
VI CD	1.4.11	1-Kind Donatio	ns Not Consi	dered Contributions			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market V	alue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate Value for this Event			
☐ Sole Proprietorship							
Name of Donor							
			Lev			Tau	7:. 6.1.
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	 Market V	alue of Donation
☐ Business Entity							
i	Date Received	Event #		Aggregate Value for this Event			
☐ Sole Proprietorship							
Name of Donor			**************************************				
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		l		Fair	Market V	alue of Donation
☐ Business Entity							
	Date Received	Event #		Aggregate Value for this Event			
☐ Sole Proprietorship							
Name of Donor							
							BOCT 3 PM
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market V	 alue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate value for this Event			
☐ Sole Proprietorship							
		SI	UBTOTAL Sect	ion L4 — This Page	7	$\overline{)}$	
		TC	TAI of addition	nal Section L4 Pages		\	
		14	TAL OF AUDITOR	iai Section L4 Fages			
TOTA	AL OF ALL IN-KIND D (E.			CONTRIBUTIONS ummary Page Totals)	K		
minima security of congression of the congression o				ANN NEW THE PROPERTY OF THE PR		1	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Rep	ository)			TYPE OF RE	PORT	
KD 23	7						
L5. I	n-Kind Donations Not Conside	ered (Contributions Associa	ted with a H	ouse Part	y	
Name of Host				committee? [ÏYes □ N	0	e candidate or
			·	If yes, cor	nplete Itemiza		
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host	I			committee? [upporting mo	0	e candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host				committee? [upporting mo ☐ Yes ☐ No mplete Itemiza	0	e candidate or
Street Address			City	2, 7, 505, 001		State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host	L			Is this event s committee? [If yes, con		o	
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
		SUB	TOTAL Section L5 —	This Page		Ø	
		TOTA	L of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on		ONSIDERED CONTRI 2, Column A of Summary I			$\sqrt{\mathcal{Q}}$	

NAME OF COMMITTEE (Provide Complete	Name as Registered w	ith Filing Repository)	•	TYPE OF REPORT		
RD 13	inance to registered in					
		M. In-Kind Con	tributions			
Name						
Street Address			City		State	Zip Code
			i chiy			
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
☐ Individual / Sole Proprietorship ☐ Other						
Is contributor a lobbyist, spouse,		in excess of \$400 to a candic or business he/she is associat an \$5,000?				Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If ye	butor a principal of a state cost, indicate which branch or overnment the contract is with	branches	□No		
Name				•		
Street Address			City		State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?		in excess of \$400 to a candi or business he/she is associa ann \$5,000?				Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes Is contri ☐ No If ye	butor a principal of a state cos, indicate which branch or vernment the contract is with	ontractor or prospective sta branches	□ No		
Name					0000	
Street Address			City		2023 (OCT 3 PM
nicet Address			City		State	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
☐ Individual / Sole Proprietorship ☐ Other						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		in excess of \$400 to a candi or business he/she is associa an \$5,000?				Market Value is Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	□ No If ye	butor a principal of a state co s, indicate which branch or vernment the contract is with	branches	☐ No		
	6-		Section M — This Pag		\overline{n}	
			itional Section M Pag		\mathcal{V}	
TOTAL OF ALL IN-KIND CON	TDIBLITIONS			· ·		
TOTAL OF ALL IN-KIND CON					$\overline{\mathcal{A}}$	and the state of t
	N. Refu	ndable Deposit to T	elephone Compan		Dota D.	ait Mode
ast Name of Individual		First		MI	Date Depos	SIL IVIAUE
Residential Street Address		City		State Zip Code		Amount of Deposit
Name of Telephone Company						-
Street Address		City		State Zip Code		
71 Oct 7 1441 Oct		City		Zip Code		

Pg. 1 of 2

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20 Revised January 2015 IV. EXPENDITURES (Sections P—T) Page 13 of 17 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) P. Expenses Paid by Committee Name of Payee Date of Payme Method of Payment: ☐ Check # ☐ Debit Card Street Address City State Purpose of Expenditure Event # (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O A ов ос o D Name of Pa Method of Payment: ☐ Check # ☐ Debit Card Event# Purpose of Expenditure Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A $\circ B \circ C \circ D$ Name of Pay Date of Payment Method of Payment: ☐ Check # 23 Street Add Purpose of Expenditure Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A 0 B 0 C Name of Payee Method of Payment Date of Payment Check # 102 Debit Card DE ☐ EFT Street Address Zip Code Purpose of Expenditure Description Event # (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A о В SUBTOTAL Section P — This Page **TOTAL** of additional Section P Pages 2023 OCT 3 pm 12:10 TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

pg. 2 of2

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

ULLUIG SABBACY AUTO	A TO EXAMPLE A CONTROL OF THE CONTRO	* ;	
NAME OF COMMIT	TEE, (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
トレ			
NCD	P. Expenses Paid by Committee		
Name of Payer .	. Zon Wireless	Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card
Street Address 55	Derby Neck Rd. Derby		State Cip. Code O4418
Purpose of Expenditure (by code)	Description Cell Phones - monthly 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)	ed) OAOBOCOD	31.90
Name of Payee	Olganization: O	Date of Payment	Method of Payment:
			☐ Check #
Street Address	City		Debit Card DEFT State Zip Code
			State Zip Code
Purpose of Expenditure (by code)	Description Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked. None of the below	A O B O C O D	
Name of Payee	U Olganization. o	Date of Payment	Method of Payment:
			☐ Check #
Street Address	Cin		☐ Debit Card ☐ EFT
Succe Addiess	City		State Zip Code
Purpose of Expenditure (by code)	Description Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution)	ced)	2023 OCT 3 pm 2:
Name of Payee	tad Organization,	Date of Payment	Method of Payment:
			☐ Check #
Street Address	City	A CONTRACTOR OF THE PROPERTY O	Debit Card DEFT State Zip Code
Purpose of Expenditure (by code)	Description Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: Coordinated without reimbursement sought (in-kind contribution)	ed) OAOBOCOD	
	SUBTOTAL Section P — This		7.90
	TOTAL of additional Section P	Pages	
	TOTAL OF ALL EXPENSES PAID BY COMMI		104.22

IV. EXPENDITURES (Sections P—T)

NAME OF COMMU	ITEE Provide Complete Name as Registered	l with Filing Repository)	TYPE OF REPORT	
		Campaign Expenses Paid by	Candidate	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid of	lirectly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid t	directly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Pavee (Name of	Vendor, Person or Entity who candidate paid t	directly)	Date of Payment	Is reimbursement claimed?
Tayoo (Hume of	Lund of Lines of Culture put t	······································	Date of Layment	Yes No
Street Address		l Cir.		
Silect Addless		City		State Zip Code
			In	
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid a	lirectly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	·			
Name of Payee (Name of	 Vendor, Person or Entity who candidate paid a	lirectly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid a	tirectly)	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
				*
		SUBTOTAL Sec	tion Q — This Page	\bigcirc
		TOTAL SESSION	al Sastion O Page	5555 5
		TOTAL of addition	ai Section Q Fages	2023 OCT 3 PM
	TOTA	L OF ALL EXPENSES PAID		N
		(Futer total on Line 26 Column 4 of	Vermen and Dana Totalel	1 1 1

IV. EXPENDITURES (Sections P—T)

Page 15 of 17

NAME OF COMMITT	EE Rrovide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
	R. Expenses Incurre	ed on Committee Cre	edit Card		
Name of Issuing Insti		Type of Credit Card:	ui Cai G		
g		☐ Visa ☐ Master C	Card Discover Americ	an Express	s □ Other:
Name of Vendor, Person of	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
					•
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