

SEEC FORM 23

Self-Funded Candidate's Expenditure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2021



2023 OCT 10 PM 12:52
 Do Not Mark in This Space For Official Use Only

COVER PAGE

1. CANDIDATE NAME			
First Sharlene	MI A.	Last McEvoy	Suffix
2. CANDIDATE ADDRESS			
Street Address 200 Emmett Avenue		City Derby	State CT
			Zip Code 06418
3. ELECTION DATE		4. OFFICE SOUGHT	
(mm/dd/yyyy) 11/07/2023		MAYOR	
			5. DISTRICT NUMBER (if applicable)
6. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 45 days following May election <input type="checkbox"/> Supplemental Statement (Specify Type)			
<input type="checkbox"/> April 10 <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 45 days following special election <input type="checkbox"/> Amendment to (Specify Type of Report)			
<input checked="" type="checkbox"/> July 10 <input type="checkbox"/> 7th day preceding election			
<input checked="" type="checkbox"/> October 10			
7. PERIOD COVERED			
Beginning Date		Ending Date	
7-1-2023		through 9-30-2023	
8. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Self-Funded Candidate's Expenditure Statement for the period covered is true, accurate and complete.			
 SIGNATURE OF CANDIDATE		Sharlene A. McEvoy PRINTED NAME OF CANDIDATE	
		10/9/2023 DATE (mm/dd/yyyy)	
SUMMARY			
	COLUMN A This Period	COLUMN B Aggregate	
9. Expenditures Paid by Candidate (Section A - Page 2)	\$4,992.72	N/A	
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)	- 0 -		
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)	- 0 -		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			
Detailed instructions for the SEEC Form 23 are available on the Commission website at www.ct.gov/seec or at the Commission's offices.			
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION 55 Farmington Ave · Hartford, Connecticut 06105			

EXPENDITURES

NAME OF CANDIDATE			TYPE OF REPORT	
Sharlene A. McEvoy			Oct 10, 2023	
A. Expenses Paid by Candidate				
Name of Payee			Amount	
CENTURY SIGN			\$ 366.91	
Street Address		City	State	Zip Code
2666 State Street		Hamden, CT	CT	06517
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
9/26	A-SIGN	LAWN SIGNS		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
Engage VOTERS, US			\$ 255.49	
Street Address		City	State	Zip Code
44 South Broadway Suite 100		White Plains	NY	10601
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
9/19	A-SIGN	LAWN SIGNS		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
LAURA ST. JOHN PHOTOGRAPHY			\$ 125.00	
Street Address		City	State	Zip Code
54 Spring Street		Milford	CT	06460
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
9/19	A-OTH	Dog PHOTOGRAPH		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
CITY OF DERBY - TOWN CLERK			\$ 33.00	
Street Address		City	State	Zip Code
1 Elizabeth Street		Derby	CT	06418
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
9/13	A-DM	Dog License List		
Name of Candidate (if applicable)			Office Sought	
SUBTOTAL Section A - This Page			\$ 524.91	
TOTAL of additional Section A Pages			\$ 4,992.72	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <small>(Enter total on Line 9 of Cover Page)</small>				

Section A. ADDITIONAL PAGE

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NAME OF CANDIDATE			TYPE OF REPORT	
Sharlene A. McEvoy			Oct 10, 2023	
A. Expenses Paid by Candidate				
Name of Payee			Amount	
ENGAGE VOTERS US			\$600.12	
Street Address		City	State	Zip Code
44 South Broadway Suite 100		White Plains	NY	10601
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
9/18	A-DTH	Door Hangers		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
ENGAGE VOTERS US			\$19.14	
Street Address		City	State	Zip Code
44 South Broadway Suite 100		White Plains	NY	10601
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
9/15	WEB	Website Hosting		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
AMAZON-EXCEL MARK USA			\$19.99	
Street Address		City	State	Zip Code
410 Terry Ave N.		Seattle	WA	98109
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
9/14	Office	Stamper		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
AMAZON-MODERN PINK PAPER			\$91.84	
Street Address		City	State	Zip Code
410 Terry Ave N.		Seattle	WA	98109
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section A. Addendum
9/12	Office	Stationery		
Name of Candidate (if applicable)			Office Sought	
SUBTOTAL Section A - This Page				\$130.17

Section A. ADDITIONAL PAGE

NAME OF CANDIDATE				TYPE OF REPORT	
Sharlene A. McEvoy				OCT 10, 2023	
A. Expenses Paid by Candidate					
Name of Payee				Amount	
ENGAGE VOTERS US				\$ 51.48	
Street Address			City	State	Zip Code
44 South Broadway Suite 100			White Plains	NY	10601
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate?	
8/9	MISC	Walk List		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)			Office Sought		If yes, complete Section A. Addendum
Name of Payee				Amount	
UPS STORE				\$ 2.19	
Street Address			City	State	Zip Code
494 Bridgeport Avenue			Shelton	CT	06484
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate?	
8/8	PRNT	Copies of Petitions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)			Office Sought		If yes, complete Section A. Addendum
Name of Payee				Amount	
MILFORD PHOTO				\$ 50.18	
Street Address			City	State	Zip Code
22 River Street			Milford	CT	06460
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate?	
7/28	MISC	Photograph of Candidate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)			Office Sought		If yes, complete Section A. Addendum
Name of Payee				Amount	
MILFORD PHOTO				\$ 79.71	
Street Address			City	State	Zip Code
22 River Street			Milford	CT	06460
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate?	
8/7	MISC	Photograph of Candidate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)			Office Sought		If yes, complete Section A. Addendum
SUBTOTAL Section A - This Page				\$ 186.54	

Section A. ADDITIONAL PAGE

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NAME OF CANDIDATE			TYPE OF REPORT	
Sharlene A. McEvoy			Oct 10, 2023	
A. Expenses Paid by Candidate				
Name of Payee			Amount	
ENGAGE VOTERS US			\$ 50.00	
Street Address		City	State	Zip Code
44 South Broadway Suite 100		White Plains	NY	10601
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
7/19	WEB	URL Set up		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
ENGAGE VOTERS US			\$ 895.00	
Street Address		City	State	Zip Code
44 South Broadway Suite 100		White Plains	NY	10601
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
7/19	WEB	Website Creation		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
ENGAGE VOTERS US			\$ 18.00	
Street Address		City	State	Zip Code
44 South Broadway Suite 100		White Plains	NY	10601
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
7/19	WEB	Website Hosting		
Name of Candidate (if applicable)			Office Sought	
Name of Payee			Amount	
ENGAGE VOTERS US			\$ 1812.00	
Street Address		City	State	Zip Code
44 South Broadway Suite 100		White Plains	NY	10601
Date of Payment	Purpose of Expenditure (by code)	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
7/19	MISC	Petition Canvassing		
Name of Candidate (if applicable)			Office Sought	
SUBTOTAL Section A - This Page			\$ 2775.00	

NAME OF CANDIDATE			TYPE OF REPORT	
Sharlene A. McEvoy			Oct 10, 2023	
A. Expenses Paid by Candidate				
Name of Payee			Amount	
ENGAGE VOTERS US			\$ 181.90	
Street Address		City	State	Zip Code
44 South Broadway		White Plains	NY	10601
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
7/19	MISC	Voter Data		
Name of Candidate <i>(if applicable)</i>			Office Sought	
Name of Payee			Amount	
ENGAGE VOTERS US			\$ 395.00	
Street Address		City	State	Zip Code
44 South Broadway		White Plains	NY	10601
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
7/19	A-DTH	Art Logo Package		
Name of Candidate <i>(if applicable)</i>			Office Sought	
A-DTH				
Name of Payee			Amount	
ENGAGE VOTERS US			\$ 295.00	
Street Address		City	State	Zip Code
44 South Broadway		White Plains	NY	10601
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
7/19	A-DTH	Art for Door Hangers		
Name of Candidate <i>(if applicable)</i>			Office Sought	
Name of Payee			Amount	
ENGAGE VOTERS US			\$ 504.20	
Street Address		City	State	Zip Code
44 South Broadway		White Plains	NY	10601
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
7/19	A-DTH	Door Hangers		
Name of Candidate <i>(if applicable)</i>			Office Sought	
SUBTOTAL Section A - This Page			\$ 1,376.10	