

# SEEC FORM 20

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



Page 1 of 17

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 BRISTOL, CT

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## COVER PAGE

<b>1. NAME OF COMMITTEE</b>																							
Ellen for Mayor																							
<b>2. TREASURER NAME</b>																							
First Wyland	MI D	Last Clift	Suffix																				
<b>3. TREASURER ADDRESS</b>																							
Street Address 1175 South Main St. Unit 9	City Plantsville	State CT	Zip Code 06479																				
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/07/2017	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> Mayor		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>																				
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>																							
First Ellen	MI A	Last Zoppo-Sassu	Suffix																				
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>																							
<table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> January 10 filing</td> <td><input type="radio"/> 7th day preceding primary</td> <td><input type="radio"/> 7th day preceding referendum</td> <td><input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i></td> </tr> <tr> <td><input type="radio"/> April 10 filing</td> <td><input type="radio"/> 30 days following primary</td> <td><input type="radio"/> 45 days following referendum</td> <td><input type="radio"/> Amendment to</td> </tr> <tr> <td><input checked="" type="radio"/> July 10 filing</td> <td><input type="radio"/> 7th day preceding election</td> <td><input type="radio"/> Deficit</td> <td style="text-align: right;">Type of Report: _____</td> </tr> <tr> <td><input type="radio"/> October 10 filing</td> <td><input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i></td> <td><input type="radio"/> Termination</td> <td></td> </tr> <tr> <td><input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary    <input type="radio"/> Election</td> <td><input type="radio"/> 45 days following election not held in November</td> <td></td> <td></td> </tr> </table>				<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>	<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to	<input checked="" type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____	<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination		<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>																				
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to																				
<input checked="" type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____																				
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination																					
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November																						
<b>9. PERIOD COVERED</b>																							
Beginning Date		Ending Date																					
05/22/2017		thru 06/30/2017																					
<b>10. CERTIFICATION</b>																							
<p>I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.</p>																							
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Wyland Dale Clift PRINT NAME OF SIGNER	07/07/2017 DATE (mm/dd/yyyy)																				
<p><i>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.</i></p>																							

**SEEC FORM 20**

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

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Ellen for Mayor		
	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		- 0 -
12. Balance on hand at the beginning of Reporting Period	- 0 -	
13. Contributions Received from Individuals (Sections A and B)	12,445.00	12,445.00
14. Receipts from Other Committees (Sections C1 and C2)	- 0 -	- 0 -
15. Other Monetary Receipts (Sections D through K)	- 0 -	- 0 -
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	- 0 -	- 0 -
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	- 0 -	- 0 -
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	12,445.00	12,445.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	12,445.00	12,445.00
19. Expenses Paid by Committee (Section P)	2,832.49	2,832.49
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	9,612.51	9,612.51
21. In-Kind Donations not Considered Contributions Received (Section L4)	- 0 -	- 0 -
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	225.00	225.00
23. In-Kind Contributions Received (Section M)	- 0 -	- 0 -
24. Refundable Deposit to Telephone Company (Section N)	- 0 -	- 0 -
25. Loan Balance	- 0 -	
25a. + Loans Received (Section D)	- 0 -	- 0 -
25b. + Interest and Penalties on Loan	- 0 -	- 0 -
25c. - Payments on Loan	- 0 -	- 0 -
25d. Total Outstanding Loan Amount	- 0 -	
26. Campaign Expenses Paid by Candidate (Section Q)	- 0 -	- 0 -
27. Expenses Incurred on Committee Credit Card (Section R)	- 0 -	- 0 -
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	- 0 -	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	- 0 -	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <div style="text-align: center; font-size: 1.2em;">Ellen for Mayor</div>				TYPE OF REPORT <div style="text-align: center; font-size: 1.2em;">July 10</div>	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name <div style="text-align: center; font-size: 1.2em;">Clift</div>		First <div style="text-align: center; font-size: 1.2em;">Wyland</div>		MI <div style="text-align: center; font-size: 1.2em;">D</div>	
Residential Street Address <div style="text-align: center; font-size: 1.2em;">1175 South Main St. Unit 9</div>			City <div style="text-align: center; font-size: 1.2em;">Plantsville</div>		State <div style="text-align: center; font-size: 1.2em;">CT</div>
Principal Occupation <div style="text-align: center; font-size: 1.2em;">Attorney</div>			Name of Employer <div style="text-align: center; font-size: 1.2em;">Steege &amp; Clift, LLP</div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>If yes, list Event # _____</small>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</small>		<b>Amount of Contribution</b>	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <div style="text-align: center; font-size: 1.2em;">5-22-17</div>	Aggregate Contributions <div style="text-align: center; font-size: 1.2em;">500.00</div>		
Last Name <div style="text-align: center; font-size: 1.2em;">Fontich</div>		First <div style="text-align: center; font-size: 1.2em;">Mary</div>		MI <div style="text-align: center; font-size: 1.2em;">B</div>	
Residential Street Address <div style="text-align: center; font-size: 1.2em;">163 Goodwin St</div>			City <div style="text-align: center; font-size: 1.2em;">Bristol</div>		State <div style="text-align: center; font-size: 1.2em;">CT</div>
Principal Occupation <div style="text-align: center; font-size: 1.2em;">Attorney</div>			Name of Employer <div style="text-align: center; font-size: 1.2em;">State of Conn. Judicial</div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>If yes, list Event # _____</small>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</small>		<b>Amount of Contribution</b>	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <div style="text-align: center; font-size: 1.2em;">6-3-17</div>	Aggregate Contributions <div style="text-align: center; font-size: 1.2em;">1000.00</div>		
Last Name <div style="text-align: center; font-size: 1.2em;">Simoni</div>		First <div style="text-align: center; font-size: 1.2em;">Aleksander</div>		MI	
Residential Street Address <div style="text-align: center; font-size: 1.2em;">95 Smith St</div>			City <div style="text-align: center; font-size: 1.2em;">Bristol</div>		State <div style="text-align: center; font-size: 1.2em;">CT</div>
Principal Occupation <div style="text-align: center; font-size: 1.2em;">Landscaping Maintenance</div>			Name of Employer <div style="text-align: center; font-size: 1.2em;">Alex's Landscaping &amp; More, LLC</div>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <small>If yes, list Event # <u>6-8-17</u></small>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <small>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</small>		<b>Amount of Contribution</b>	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <div style="text-align: center; font-size: 1.2em;">6/8/17</div>	Aggregate Contributions <div style="text-align: center; font-size: 1.2em;">50</div>		
<b>SUBTOTAL Section B — This Page</b>				1,550.00	
<b>TOTAL of additional Section B Pages</b>				10,895.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				12,445.00	

Section B ADDITIONAL PAGE 1 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Noble		Linel			
Residential Street Address		City		State	Zip Code
6 Peace Court		Plainville		CT	06062
Principal Occupation		Name of Employer			
Accounting Clerk		Webster Bank			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6/8/17	10.00		
Last Name		First		MI	
Simmons		Maria			
Residential Street Address		City		State	Zip Code
70 Ipswitch Rd.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Acting Superintendent		CT Dept. of Corrections			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 150.00		
Last Name		First		MI	
Mike		Julie			
Residential Street Address		City		State	Zip Code
174 Grove St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Accountant		Itochy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 100.00		
<b>SUBTOTAL Section B — This Page</b>				260.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 2 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <u>Gagne</u>		First <u>Steve</u>	MI <u>D</u>
Residential Street Address <u>1192 Hill St</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Business Owner</u>		Name of Employer <u>Bristol Beats Radio</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 50.00</u>
Last Name <u>Berrios - Sampson</u>		First <u>Mayra</u>	MI <u>L</u>
Residential Street Address <u>588 Stafford Ave</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Program Assistant</u>		Name of Employer <u>Bristol Hospital</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 50.00</u>
Last Name <u>Matthews</u>		First <u>Katherine</u>	MI <u>L</u>
Residential Street Address <u>47 Prospect Pl</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Attorney</u>		Name of Employer <u>Gold &amp; Levy</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 100.00</u>
<b>SUBTOTAL Section B — This Page</b>		<u>200.00</u>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 3 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Pelletier		First James		MI L	
Residential Street Address 118 Stearns St.		City Bristol		State CT	Zip Code 06010
Principal Occupation Officer		Name of Employer City of Bristol			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$100.00	\$100.00	
Last Name Veits		First Patricia		MI A	
Residential Street Address 31 Natalie Court		City Bristol		State CT	Zip Code 06010
Principal Occupation Paralegal		Name of Employer Barbieri Law, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$50.00	\$50.00	
Last Name Veits		First William		MI J	
Residential Street Address 31 Natalie Court		City Bristol		State CT	Zip Code 06010
Principal Occupation Income Tax Preparer		Name of Employer William J. Veits, E.A.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$50.00	\$50.00	
<b>SUBTOTAL Section B — This Page</b>				200.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 4 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			July 10		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Ulin		Kevin		J	
Residential Street Address		City		State	Zip Code
21 Jerome Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
Police Dispatcher		Town of Plymouth			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	6-8-15.00		\$ 15.00
Last Name		First		MI	
Ulin		Patricia		C	
Residential Street Address		City		State	Zip Code
21 Jerome Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
Warranty Administrator		Executive Auto Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 15.00		\$ 15.00
Last Name		First		MI	
Ziogas		Christopher			
Residential Street Address		City		State	Zip Code
32 Woodland St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Financial Planner		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		\$ 50.00
<b>SUBTOTAL Section B — This Page</b>				<b>\$ 80.00</b>	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 5 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			July 10		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Bantok		E. Gwen			
Residential Street Address		City		State	Zip Code
140 Carriage Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Former Teacher			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$25.00		\$25.00
Last Name		First		MI	
Ferraro		John		F	
Residential Street Address		City		State	Zip Code
124 Sherbrooke St.		Bristol		CT	06010
Principal Occupation			Name of Employer		
Supervisor			UConn Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		\$50.00
Last Name		First		MI	
Porrini		Cindy		A	
Residential Street Address		City		State	Zip Code
184 Crown St.		Bristol		CT	06010
Principal Occupation			Name of Employer		
Asst. Town Clerk			Town of West Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$25.00		\$25.00
<b>SUBTOTAL Section B — This Page</b>				100.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 6 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			July 10		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)			\$		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Porvini		First Jason		MI A	
Residential Street Address 184 Crown St		City Bristol		State CT	Zip Code 06010
Principal Occupation HVAC Foreman		Name of Employer Bristol Bd of Ed.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$25.00		\$25.00
Last Name Elliott		First Sheryl		MI L	
Residential Street Address 152 Peppermint Lane		City Bristol		State CT	Zip Code 06010
Principal Occupation Para-Educator		Name of Employer Bristol Bd. of Ed.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$50.00		\$50.00
Last Name Kelley		First Margaret		MI M	
Residential Street Address 168 Buckingham St.		City Waterbury		State CT	Zip Code 06710
Principal Occupation Property Manager		Name of Employer State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$25.00		\$25.00
<b>SUBTOTAL Section B — This Page</b>				100.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 7 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Roberts		Dorothy		M	
Residential Street Address		City		State	Zip Code
457 Shrub Rd.		Bristol		CT	06010
Principal Occupation			Name of Employer		
Retired			None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		
Last Name		First		MI	
Toscano		Catherine		B	
Residential Street Address		City		State	Zip Code
116 Birchwood Trail		Bristol		CT	06010
Principal Occupation			Name of Employer		
Retired			None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$100.00		
Last Name		First		MI	
Thorpe		Keith		C	
Residential Street Address		City		State	Zip Code
43 Haig Ave		Bristol		CT	06010
Principal Occupation			Name of Employer		
Senior Project Manager			CIGNA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$100.00		
<b>SUBTOTAL Section B — This Page</b>				250.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 8 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			July 10		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>			\$		
<b>B. Itemized Contributions from Individuals</b>					
Last Name McGowan		First Allison	MI J		
Residential Street Address 151 Hart St		City Bristol	State CT	Zip Code 06010	
Principal Occupation Pharmacist		Name of Employer Beacon Medication			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$100.00	\$100.00	
Last Name Couture		First Gerard	MI		
Residential Street Address 94 View St.		City Bristol	State CT	Zip Code 06010	
Principal Occupation Retired		Name of Employer None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$100.00	\$100.00	
Last Name Talmadge		First Charles	MI		
Residential Street Address 71 Mattatuck Rd.		City Bristol	State CT	Zip Code 06010	
Principal Occupation Real Estate Developer		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$50.00	\$50.00	
<b>SUBTOTAL Section B — This Page</b>			250.00		
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 9 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Fortier		Gregory		R.	
Residential Street Address		City		State	Zip Code
163 Goodwin St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Engineer		Cyrent, Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		
Last Name		First		MI	
Lodovico		John			
Residential Street Address		City		State	Zip Code
47 Tailon St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Director of Facilities		Tunxis Community College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$100.00		
Last Name		First		MI	
Patton IV		Morris		F	
Residential Street Address		City		State	Zip Code
49 Field St		Bristol		CT	06010
Principal Occupation		Name of Employer			
Underwriter		The Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		
SUBTOTAL Section B — This Page				200.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 10 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Kelley		Peter		B	
Residential Street Address		City		State	Zip Code
44 Southdown Dr.		Bristol		CT	06010
Principal Occupation			Name of Employer		
Business Developer			First Bristol F.C.U.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$50.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		
Last Name		First		MI	
Wheelock		Melissa			
Residential Street Address		City		State	Zip Code
91 Tufts St.		Bristol		CT	06010
Principal Occupation			Name of Employer		
Manager			ABE Federal Credit Union		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$20.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$20.00		
Last Name		First		MI	
Breakstone		Amy		S	
Residential Street Address		City		State	Zip Code
100 Oakland St		Bristol		CT	06010
Principal Occupation			Name of Employer		
Physician			CCOG Women's Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$100.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$100.00		
<b>SUBTOTAL Section B — This Page</b>				170.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 11 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Petosa		Francine		A	
Residential Street Address		City		State	Zip Code
49 Somerset Cir.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$100.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$100.00		
Last Name		First		MI	
Petosa		Michael		L	
Residential Street Address		City		State	Zip Code
30 Walnut St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Supervisor Education Workers		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$100.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$100.00		
Last Name		First		MI	
Caggiano		Carolyn		V	
Residential Street Address		City		State	Zip Code
90 Sims Rd.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Administrator		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$100.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$100.00		
<b>SUBTOTAL Section B — This Page</b>				300.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 12 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Rivers		Lindsey		A	
Residential Street Address		City		State	Zip Code
120 Mercier Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
Accounting		American Standard			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$50.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		
Last Name		First		MI	
Sassu		Cathleen			
Residential Street Address		City		State	Zip Code
43 Rogers Rd.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Administrative Asst.		The Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$100.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 100.00		
Last Name		First		MI	
Krampitz		John		M	
Residential Street Address		City		State	Zip Code
100 Bird Rd.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		\$50.00
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		
<b>SUBTOTAL Section B — This Page</b>				200.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 13 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Mike		First Joseph	MI D
Residential Street Address 17 Broadview St		City Bristol	State Zip Code CT 06010
Principal Occupation Operations Manager		Name of Employer ESC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$50.00
Last Name Bou langer	First Gregory	MI S	\$ 50.00
Residential Street Address 16 Nutmeg Rd		City Bristol	State Zip Code CT 06010
Principal Occupation Administrator		Name of Employer City of Bristol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$ 25.00
Last Name Benevenuto	First Anthony	MI M	\$ 25.00
Residential Street Address 74 Maxine Rd		City Bristol	State Zip Code CT 06010
Principal Occupation Paramedic		Name of Employer Bristol Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$ 100.00
Last Name Benevenuto	First Anthony	MI M	\$ 100.00
<b>SUBTOTAL Section B — This Page</b>			175.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>			

Section B ADDITIONAL PAGE 14 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name McCarthy		First Joanne	MI M
Residential Street Address 43 Woodfield Rd		City Bristol	State Zip Code CT 06010
Principal Occupation Insurance Agent		Name of Employer Fradette Carlson Agency	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$100.00
			\$ 100.00
Last Name McCauley		First Jacqueline	MI V
Residential Street Address 19 Spring St.		City Bristol	State Zip Code CT 06010
Principal Occupation Court Reporter		Name of Employer Brandon Huseby Reporting	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$100.00
			\$ 100.00
Last Name Johndro		First Amy	MI R
Residential Street Address 271 Morris Ave		City Bristol	State Zip Code CT 06010
Principal Occupation Registered Nurse		Name of Employer Bristol Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$100.00
			\$ 100.00
SUBTOTAL Section B — This Page			300.00
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 15 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Harlow		First Richard		MI J	
Residential Street Address 31 Peppermint Lane		City Bristol		State CT	Zip Code 06010
Principal Occupation Project Engineer		Name of Employer Pratt & Whitney			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$25.00		\$25.00
Last Name Collin		First Marcia		MI S	
Residential Street Address 340 Matthews St.		City Bristol		State CT	Zip Code 06010
Principal Occupation Accountant		Name of Employer Castanho Financial			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$50.00		\$50.00
Last Name Colapietro		First Thomas		MI A	
Residential Street Address 40 Matthews St. #54		City Bristol		State CT	Zip Code 06010
Principal Occupation Retired		Name of Employer None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$100.00		\$100.00
<b>SUBTOTAL Section B — This Page</b>				175.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 16 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Minor		Craig		M	
Residential Street Address		City		State	Zip Code
88 Anderson Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
City Planner		Town of Newington			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		
Last Name		First		MI	
Minor		Laura		S	
Residential Street Address		City		State	Zip Code
88 Anderson Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
Staff Development		Wheeler Clinic			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		
Last Name		First		MI	
Casey		Steven		C	
Residential Street Address		City		State	Zip Code
83 Peach Tree Lane		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		
SUBTOTAL Section B — This Page				150.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 17 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Hahn		First Gregory		MI R	
Residential Street Address 145 Redwood Dr.		City Bristol		State CT	Zip Code 06010
Principal Occupation IT Consultant		Name of Employer Tek Systems, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$ 50.00	\$ 50.00	
Last Name Steeg		First Jeffrey		MI R	
Residential Street Address 214 Belridge Rd.		City Bristol		State CT	Zip Code 06010
Principal Occupation Attorney		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$ 100.00	\$ 100.00	
Last Name Pons		First Shelby		MI R	
Residential Street Address 168 Belridge Rd.		City Bristol		State CT	Zip Code 06010
Principal Occupation Teacher		Name of Employer CT State Dept. of Ed.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$ 100.00	\$ 100.00	
<b>SUBTOTAL Section B — This Page</b>				250.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 18 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Gorski		Susan		M	
Residential Street Address		City		State	Zip Code
125 South St. Ext		Bristol		CT	06010
Principal Occupation		Name of Employer			
Motorcoach Tour Supervisor		Getaway Tours			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$25.00		
Last Name		First		MI	
Denehy		Carol		D.	
Residential Street Address		City		State	Zip Code
252 Fern. Rd.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$300.00		
Last Name		First		MI	
Dorval		Mania			
Residential Street Address		City		State	Zip Code
80 Lakewood Cir.		Bristol		CT	06010
Principal Occupation		Name of Employer			
None		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$50.00		
SUBTOTAL Section B — This Page				375.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 19 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Schur		Debra		A	
Residential Street Address		City		State	Zip Code
6 Pilgrim Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Office Manager		Brooks Oil Service			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		
Last Name		First		MI	
Levesque		Shannon			
Residential Street Address		City		State	Zip Code
193 Garden St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Phleb.		Per Diem HOCC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 20.00		
Last Name		First		MI	
Kilbourne		Dean		B	
Residential Street Address		City		State	Zip Code
381 Fern Hill Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Attorney		Kilbourne & Tully P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 100.00		
<b>SUBTOTAL Section B — This Page</b>				170.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 20 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Bajunny		Barbara			
Residential Street Address		City		State	Zip Code
692 Jerome Ave		Bristol		CT	06010
Principal Occupation			Name of Employer		
Retired			None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		<b>\$ 20.00</b>
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 20.00		
Last Name		First		MI	
Fields		Jason			
Residential Street Address		City		State	Zip Code
390 Divinity St		Bristol		CT	06010
Principal Occupation			Name of Employer		
Implementation Manager			CIGNA Healthcare		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		<b>\$ 20.00</b>
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 20.00		
Last Name		First		MI	
Ragaini		Thomas		J	
Residential Street Address		City		State	Zip Code
651 Lake Ave Unit 38		Bristol		CT	06010
Principal Occupation			Name of Employer		
Retired			None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		<b>\$ 100.00</b>
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 100.00		
<b>SUBTOTAL Section B — This Page</b>					<b>140.00</b>
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 21 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <u>Adams</u>		First <u>Andrea</u>	MI 
Residential Street Address <u>67 Bayberry Dr.</u>		City <u>Bristol</u>	State Zip Code <u>CT 06010</u>
Principal Occupation <u>Patient Representative</u>		Name of Employer <u>Bristol Hospital</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 25.00</u>
Last Name <u>Canon</u>		First <u>Kimberly</u>	MI <u>A</u>
Residential Street Address <u>101 Lakeside Dr. Unit 102</u>		City <u>Bristol</u>	State Zip Code <u>CT 06010</u>
Principal Occupation <u>BSA Analyst</u>		Name of Employer <u>Liberty Bank</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 40.00</u>
Last Name <u>Hickey</u>		First <u>Pamela</u>	MI <u>R</u>
Residential Street Address <u>440 Matthews St.</u>		City <u>Bristol</u>	State Zip Code <u>CT 06010</u>
Principal Occupation <u>Retired</u>		Name of Employer <u>None</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 40.00</u>
<b>SUBTOTAL Section B — This Page</b>		<u>105.00</u>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Patton		Jacqueline		A	
Residential Street Address		City		State	Zip Code
87 Barnes St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		\$ 10.00
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 10.00		
Last Name		First		MI	
Stebbins		Patricia		A	
Residential Street Address		City		State	Zip Code
37 Pleasant St. # 3		Bristol		CT	06010
Principal Occupation		Name of Employer			
None		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		\$ 50.00
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		
Last Name		First		MI	
Boi		Cindy		B	
Residential Street Address		City		State	Zip Code
70 Wintergreen Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Dental Hygienist		Dr. Bencivengo			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		\$ 50.00
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		
<b>SUBTOTAL Section B — This Page</b>					110.00
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 23 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Zdun		Craig		J	
Residential Street Address		City		State	Zip Code
49 Cherry Hill Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Transfer Station Operator			City of Bristol		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		\$ 50.00
Last Name		First		MI	
Nicastro, Sr.		Frank		N	
Residential Street Address		City		State	Zip Code
80 Beleden Gardens Dr		Bristol		CT	06010
Principal Occupation			Name of Employer		
Retired			None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		\$ 50.00
Last Name		First		MI	
Bashaw		Jeffrey		T	
Residential Street Address		City		State	Zip Code
67 Page Ave		Bristol		CT	06010
Principal Occupation			Name of Employer		
Truck Driver			City of Bristol		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 100.00		\$ 100.00
<b>SUBTOTAL Section B — This Page</b>				200.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 24 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Keegan		First Paul		MI	
Residential Street Address 80 Sims Rd		City Bristol		State CT	Zip Code 06010
Principal Occupation Construction		Name of Employer Bristol Water Dept			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$ 100.00		\$ 100.00
Last Name Wolfe		First William		MI M	
Residential Street Address 82 Treble Rd		City Bristol		State CT	Zip Code 06010
Principal Occupation Manager		Name of Employer City of Bristol			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$ 50.00		\$ 50.00
Last Name Canter		First Richard		MI A	
Residential Street Address 237 Kozani St.		City Bristol		State CT	Zip Code 06010
Principal Occupation Revenue Examiner		Name of Employer State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-8-17	Aggregate Contributions \$ 100.00		\$ 100.00
<b>SUBTOTAL Section B — This Page</b>				250.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 25 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <u>Ciccio</u>		First <u>Cathy</u>	MI <u>M</u>
Residential Street Address <u>154 Fern Hill Rd</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Appeals</u>		Name of Employer <u>CIGNA</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 30.00</u>
Last Name <u>Ciccio</u>		First <u>Erika</u>	MI <u>L</u>
Residential Street Address <u>154 Fern Hill Rd</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>student</u>		Name of Employer <u>None</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 15.00</u>
Last Name <u>Cloutier</u>		First <u>Juan</u>	MI <u>P</u>
Residential Street Address <u>208 Summer St.</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Dir. Customer Finance</u>		Name of Employer <u>Genuine Parts Co.</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-8-17</u>	Aggregate Contributions <u>\$ 100.00</u>
<b>SUBTOTAL Section B — This Page</b>			<u>145.00</u>
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 26 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Savino		First Steve	MI
Residential Street Address 435 King St.		City Bristol	State CT
Zip Code 06010			
Principal Occupation Co-owner		Name of Employer Bristol Media	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 6-8-17	Aggregate Contributions \$ 20.00	\$ 20.00
Last Name Gaski		First Janice	MI
Residential Street Address 67 Loomis Dr		City West Hartford	State CT
Zip Code 06107			
Principal Occupation Office Manager		Name of Employer Howard Carter, MD.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 6-8-17	Aggregate Contributions \$ 20.00	\$ 20.00
Last Name Boyko-Thayer		First Terri	MI
Residential Street Address 148 George St.		City Bristol	State CT
Zip Code 06010			
Principal Occupation Retired		Name of Employer None	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-8-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 6-8-17	Aggregate Contributions \$ 10.00	\$ 10.00
<b>SUBTOTAL Section B — This Page</b>			50.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 27 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Sassu		Gregory			
Residential Street Address		City		State	Zip Code
22 Ives Lane		Plymouth		CT	06782
Principal Occupation		Name of Employer			
Practice Manager		Pro Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 40.00	\$ 40.00	
Last Name		First		MI	
Pinto		Maria			
Residential Street Address		City		State	Zip Code
212 Fox Hollow Lane		Bristol		CT	06010
Principal Occupation		Name of Employer			
CEO		Industrial Steel, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00	\$ 50.00	
Last Name		First		MI	
Badal		Jeff		J	
Residential Street Address		City		State	Zip Code
59 Owens Way		Bristol		CT	06010
Principal Occupation		Name of Employer			
Tax Examiner		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-8-17		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 25.00	\$ 25.00	
<b>SUBTOTAL Section B — This Page</b>				115.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 28 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Krok		Michael			
Residential Street Address			City	State	Zip Code
53 Wilderness Way			Bristol	CT	06010
Principal Occupation			Name of Employer		
Marketing Director			The Hartford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			6-8-17	\$25.00	\$25.00
Last Name		First		MI	
Vibent		Karen			
Residential Street Address			City	State	Zip Code
114 Brace Ave			Bristol	CT	06010
Principal Occupation			Name of Employer		
Court Reporter			Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			6-8-17	\$40.00	\$40.00
Last Name		First		MI	
Wilson		Christopher		C	
Residential Street Address			City	State	Zip Code
71 Perkins St			Bristol	CT	06010
Principal Occupation			Name of Employer		
Insurance Agent			CV Mason & Co., Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			6-8-17	\$100.00	\$100.00
<b>SUBTOTAL Section B — This Page</b>					165.00
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 29 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Coan		Amy		D	
Residential Street Address		City		State	Zip Code
331 Main St.		Bristol		CT	06010
Principal Occupation			Name of Employer		
Teacher			East Catholic H.S.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$20.00		\$20.00
Last Name		First		MI	
Coan		Stephanie		R	
Residential Street Address		City		State	Zip Code
331 Main St		Bristol		CT	06010
Principal Occupation			Name of Employer		
Student			None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$10.00		\$10.00
Last Name		First		MI	
Carlson		Glen		R	
Residential Street Address		City		State	Zip Code
119 Tuttle Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Facilities Operation			Clean Harbors Environmental		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-8-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$20.00		\$20.00
<b>SUBTOTAL Section B — This Page</b>				50.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</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	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Stafford		Sandra		C	
Residential Street Address		City		State	Zip Code
441 Clark Ave # 24		Bristol		CT	06010
Principal Occupation			Name of Employer		
Retired			None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-4-17	\$ 25.00		\$ 25.00
Last Name		First		MI	
Morgan		Glen			
Residential Street Address		City		State	Zip Code
374 Matthews St		Bristol		CT	06010
Principal Occupation			Name of Employer		
Truck Driver			Landeem Transport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-4-17	\$ 50.00		\$ 50.00
Last Name		First		MI	
Simard		David		J	
Residential Street Address		City		State	Zip Code
7 Wynwood Rd		Farmington		CT	06032
Principal Occupation			Name of Employer		
Fire fighter			City of Bristol		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-4-17	\$ 10.00		\$ 10.00
<b>SUBTOTAL Section B — This Page</b>				85.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 31 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Walonski		James			
Residential Street Address		City		State	Zip Code
45 Village St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Driver		City of Bristol			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 70.00		\$ 70.00
Last Name		First		MI	
Donnelly		Patrick		J	
Residential Street Address		City		State	Zip Code
735 Washington Ave E Fl 1		Waterbury		CT	06708
Principal Occupation		Name of Employer			
Administrator		Town of Hamden			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 100.00		\$ 100.00
Last Name		First		MI	
Donnelly		Candace			
Residential Street Address		City		State	Zip Code
27 Peach St.		Waterbury		CT	06708
Principal Occupation		Name of Employer			
Homemaker		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 50.00		\$ 50.00
SUBTOTAL Section B — This Page				220.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 32 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Fitch		Matthew			
Residential Street Address		City		State	Zip Code
3379 Whitney Ave		Hamden		CT	06518
Principal Occupation		Name of Employer			
Consultant		Merriman River Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$60.00		\$60.00
Last Name		First		MI	
Zaremba		Susan			
Residential Street Address		City		State	Zip Code
40 Matthews St. #54		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$30.00		\$30.00
Last Name		First		MI	
Floyd		Dennis			
Residential Street Address		City		State	Zip Code
14 Randolph Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Firefighter		City of Bristol			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>6-8-17</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-9-17	\$20.00		\$20.00
<b>SUBTOTAL Section B — This Page</b>				110.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 33 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Leone		John		J	
Residential Street Address		City		State	Zip Code
60 Maureen Dr		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution					
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event # _____		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-12-17	\$ 100.00		\$ 100.00
Last Name		First		MI	
Burke		Kathryn		S	
Residential Street Address		City		State	Zip Code
894 Pine St		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution					
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event # _____		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 100.00		\$ 100.00
Last Name		First		MI	
Zoppo		Mary Ellen			
Residential Street Address		City		State	Zip Code
510 Stafford Ave U-C3		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution					
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event # _____		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$ 100.00		\$ 100.00
<b>SUBTOTAL Section B — This Page</b>				300.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</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	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Buzzell		Gary			
Residential Street Address			City	State	Zip Code
200 Blakeslee St. #249			Bristol	CT	06010
Principal Occupation			Name of Employer		
Fire fighter			City of Bristol		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			6-8-17	\$50.00	\$50.00
Last Name		First		MI	
Gamache		Timothy		J	
Residential Street Address			City	State	Zip Code
1389 Stafford Ave #311			Bristol	CT	06010
Principal Occupation			Name of Employer		
Retired			None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			6/9/17	\$100.00	\$100.00
Last Name		First		MI	
Daley		Jodie		L	
Residential Street Address			City	State	Zip Code
49 Leominster Rd.			Bristol	CT	06010
Principal Occupation			Name of Employer		
Secretary			Bristol Bd. of Ed.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			6-8-17	\$50.00	\$50.00
<b>SUBTOTAL Section B — This Page</b>				200.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</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	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Sullivan		Sarah		D	
Residential Street Address		City		State	Zip Code
155 Ashley Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Marketing Director		ESPN			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$1000.00		\$1000.00
Last Name		First		MI	
McCaughey		Kevin		C	
Residential Street Address		City		State	Zip Code
19 Spring St.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Fire fighter		City of Bristol			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-9-17	\$250.00		\$250.00
Last Name		First		MI	
Lodovico		Tony		R	
Residential Street Address		City		State	Zip Code
75 Woodfield Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-9-17	\$100.00		\$100.00
<b>SUBTOTAL Section B — This Page</b>				1,350.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 36 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			July 10		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Higgins		Nicole		L	
Residential Street Address		City		State	Zip Code
34 Ferraro Dr.		Bristol		CT	06010
Principal Occupation			Name of Employer		
Realtor			Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-9-17	\$50.00		\$50.00
Last Name		First		MI	
Ingellis		John		P	
Residential Street Address		City		State	Zip Code
114 B Modley Rd		Kent		CT	06757
Principal Occupation			Name of Employer		
Fire fighter			City of Bristol		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-17-17	\$25.00		\$25.00
Last Name		First		MI	
DeFazio		Angela			
Residential Street Address		City		State	Zip Code
120 Indian Hill Rd		Canton		CT	06019
Principal Occupation			Name of Employer		
Manager			ANG, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-8-17	\$1000.00		\$1000.00
SUBTOTAL Section B — This Page				1,075.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 37 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Carbray		Richard		T	
Residential Street Address		City		State	Zip Code
12 Maryanna Way		Rocky Hill		CT	06067
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-20-17	\$500.00		
Last Name		First		MI	
Caron		Kimberly			
Residential Street Address		City		State	Zip Code
101 Lakeside Dr #102		Bristol		CT	06010
Principal Occupation		Name of Employer			
BSA Analyst		Liberty Bank			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-24-17	\$60.00		
Last Name		First		MI	
Matthews		Peter			
Residential Street Address		City		State	Zip Code
47 Prospect Pl		Bristol		CT	06010
Principal Occupation		Name of Employer			
Attorney		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-24-17	\$40.00		
SUBTOTAL Section B — This Page				560.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)					
(Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 38 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Gorski		Susan		M	
Residential Street Address		City		State	Zip Code
125 South Street Ext.		Bristol		CT	06010
Principal Occupation		Name of Employer			
Supervisor Motorcoach Tours		Getaway Tours			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-24-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-24-17	\$45.00		
Last Name		First		MI	
Vigue		James		R	
Residential Street Address		City		State	Zip Code
490 Burlington Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
Legislative Advocate					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-24-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-24-17	\$50.00		
Last Name		First		MI	
Stebbins		Patricia		A	
Residential Street Address		City		State	Zip Code
37 Pleasant St. #3		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-24-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		Amount of Contribution
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-24-17	\$70.00		
SUBTOTAL Section B — This Page				90.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)					
(Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 39 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <u>Salice</u>		First <u>Maria</u>	MI <u>T</u>
Residential Street Address <u>61 Leominster Rd</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Marketing</u>		Name of Employer <u>Anthem</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-24-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-24-17</u>	Aggregate Contributions <u>\$30.00</u>
		<b>\$ 30.00</b>	
Last Name <u>Gurgigno</u>		First <u>Roseann</u>	MI <u>L</u>
Residential Street Address <u>102 Maureen Dr.</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Retired</u>		Name of Employer <u>None</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-24-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-24-17</u>	Aggregate Contributions <u>\$25.00</u>
		<b>\$ 25.00</b>	
Last Name <u>Martin</u>		First <u>Ruth</u>	MI <u>J</u>
Residential Street Address <u>168 Plank Hill Rd.</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Paralegal</u>		Name of Employer <u>Law Office of Jefferson Jelly</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>6-24-17</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <u>6-24-17</u>	Aggregate Contributions <u>\$25.00</u>
		<b>\$ 25.00</b>	
<b>SUBTOTAL Section B — This Page</b>		<b>80.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

Section B ADDITIONAL PAGE 40 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Pelkey		Peter		E	
Residential Street Address		City		State	Zip Code
353 Perkins St.		Bristol		CT	06010
Principal Occupation			Name of Employer		
Control Room Operator			Covanta Energy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-24-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-24-17	\$20.00		\$20.00
Last Name		First		MI	
Wheeler		Wendy			
Residential Street Address		City		State	Zip Code
200 Blakelee St. # 249		Bristol		CT	06010
Principal Occupation			Name of Employer		
Psychiatric Technician			Uconn Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-24-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-24-17	\$30.00		\$30.00
Last Name		First		MI	
Gibson		Mark		A	
Residential Street Address		City		State	Zip Code
12 Cedar Ridge		Bristol		CT	06010
Principal Occupation			Name of Employer		
Owner/President			Quality Coils, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # <u>6-24-17</u>		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-24-17	\$100.00		\$100.00
SUBTOTAL Section B — This Page				150.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)					
(Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 41 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Brown		Calvin	A
Residential Street Address		City	State Zip Code
122 George St.		Bristol	CT 06010
Principal Occupation		Name of Employer	
Education and Workforce Developer		CT Center for Advanced Technology	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-24-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		6-24-17	\$ 100.00
			\$ 100.00
Last Name		First	MI
Johnson		Leslie	C
Residential Street Address		City	State Zip Code
260 Baldwin Dr.		Bristol	CT 06010
Principal Occupation		Name of Employer	
Landscaper		Self-employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>6-24-17</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		6-24-17	\$ 100.00
			\$ 100.00
Last Name		First	MI
Gallagher		Jesse	
Residential Street Address		City	State Zip Code
156 Summer St.		Bristol	CT 06010
Principal Occupation		Name of Employer	
Restorer		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		6-8-17	\$ 100.00
			\$ 100.00
SUBTOTAL Section B — This Page			300.00
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 42 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Donaghy		Steven		R	
Residential Street Address		City		State	Zip Code
94 Frederick St		Bristol		CT	06010
Principal Occupation		Name of Employer			
HVAC Instructor		E.C. Goodwood Tech			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-26-17	\$25.00		\$25.00
Last Name		First		MI	
Roalf		Michele		A	
Residential Street Address		City		State	Zip Code
205 Minnesota Lane		Bristol		CT	06010
Principal Occupation		Name of Employer			
Administrator		McKenna Orthodontics			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-26-17	\$40.00		\$40.00
Last Name		First		MI	
Stawski		Frank		J	
Residential Street Address		City		State	Zip Code
96 Country Lane		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		6-27-17	\$100.00		\$100.00
<b>SUBTOTAL Section B — This Page</b>				165.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 43 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Hintz		First Karen	MI C
Residential Street Address 103 Garden St.		City Bristol	State CT Zip Code 06010
Principal Occupation Principal Consultant		Name of Employer Ventura TMS	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-26-17	Aggregate Contributions \$250.00
			\$250.00
Last Name Wright		First Christopher	MI A
Residential Street Address 35 Ruth St. #49		City Bristol	State CT Zip Code 06010
Principal Occupation Patient Registrar		Name of Employer St. Francis Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-26-17	Aggregate Contributions \$100.00
			\$100.00
Last Name Rich		First Linda	MI
Residential Street Address 100 Alba Dr.		City Bristol	State CT Zip Code 06010
Principal Occupation FRC Director		Name of Employer Bristol Bd. of Ed.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-27-17	Aggregate Contributions \$100.00
			\$100.00
SUBTOTAL Section B — This Page			450.00
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 44 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Bernier		First Tammy	MI L
Residential Street Address 59 Orleans Dr		City Bristol	State CT
Principal Occupation X-RAY Technician		Name of Employer Hartford Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 6-27-17	Aggregate Contributions \$50.00	\$ 50.00
Last Name Marks		First James	MI F
Residential Street Address 238 Mountain Rd		City Windsor	State CT
Principal Occupation Firefighter		Name of Employer City of Bristol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 6-30-17	Aggregate Contributions \$100.00	\$ 100.00
Last Name Wilkinson		First Brian	MI W
Residential Street Address 1245 Spindle Hill Rd		City Wolcott	State CT
Principal Occupation Firefighter		Name of Employer City of Bristol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 6-14-17	Aggregate Contributions \$25.00	\$ 25.00
SUBTOTAL Section B — This Page			175.00
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 45 of 45

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Dumont		First Melanie	MI W
Residential Street Address 133 Maxine Rd		City Bristol	State CT
Principal Occupation Insurance Agent		Name of Employer Roland Dumont Agency	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-25-17	Aggregate Contributions \$100.00
Last Name O'Brien		First Thomas	MI
Residential Street Address 272 Center St		City Bristol	State CT
Principal Occupation Funeral Director		Name of Employer O'Brien Funeral Home	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 6-5-17	Aggregate Contributions \$250.00
Last Name		First	MI
Residential Street Address		City	State
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>		350.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Ellen for Mayor						July 10	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			<b>Amount of Contribution</b>	
			<i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			<b>Amount of Contribution</b>	
			<i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			<b>Amount of Contribution</b>	
			<i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			<b>Amount of Receipt</b>		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			<b>Amount of Receipt</b>		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
<b>SUBTOTAL Section C — This Page</b>						- 0 -	
<b>TOTAL of additional Section C Pages</b>						- 0 -	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						- 0 -	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
<i>Ellen for Mayor</i>					<i>July 10</i>	
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address					Amount Received	
City		State		Zip Code		
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address					Amount Received	
City		State		Zip Code		
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address					Amount Received	
City		State		Zip Code		
<b>TOTAL SECTION D</b>					- 0 -	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>						
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
<b>TOTAL SECTION E</b>					- 0 -	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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Ellen for Mayor

July 10

### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
<b>TOTAL SECTION F</b>			- 0 -

### G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		- 0 -

### H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment:	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
<b>TOTAL SECTION H</b>		- 0 -

### I. Anonymous Contributions

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 shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

**I. MONETARY RECEIPTS (Sections A—K)**

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

Ellen for Mayor

July 10

**J. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State
Street Address	City	State

**TOTAL SECTION J**

- 0 -

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received
Street Address	City	State
Description		
Street Address	City	State
Description		
Street Address	City	State
Description		
Street Address	City	State
Description		
Street Address	City	State
Description		

**TOTAL SECTION K**

- 0 -

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

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
<b>Total of Other Monetary Receipts</b>		
(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)		- 0 -

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		July 10	
<b>L1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event?
6-8-17		T Salon Cafe House - Kick off Event	<input checked="" type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City	State      Zip Code
245 Main St		Bristol	CT      06010
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No      →      \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> No      →      \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>	
Event # Date of Event	Letter	Description	Was this a fundraising event?
6-24-17		House Party at the home of Debbie Schur	<input checked="" type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City	State      Zip Code
6 Pilgrim Rd		Bristol	CT      06010
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input checked="" type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No      →      \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input type="radio"/> No      →      \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>		- 0 -	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			
<b>TOTAL of additional Section L1 Pages</b>			
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>		- 0 -	

## 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 <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Ellen for Mayor</b>	TYPE OF REPORT <b>July 10</b>
---	----------------------------------

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	- 0 -
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	- 0 -
<b>TOTAL of additional Section L3 Pages</b>	- 0 -
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	- 0 -

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<i>Ellen for Mayor</i>			<i>July 10</i>	
<b>L4. In-Kind Donations Not Considered Contributions</b>				
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
<b>SUBTOTAL Section L4 — This Page</b>			- 0 -	
<b>TOTAL of additional Section L4 Pages</b>			- 0 -	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>			- 0 -	

**II. EVENT ACTIVITY (Sections L1—L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			July 10	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Debra A. Schur			If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
6 Pilgrim Rd		Bristol	CT	06010
Description of Donation			Fair Market Value of Donation	
Food and Beverages				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
6-24-17	\$ 225.00	\$ 225.00	\$ 225.00	
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
			If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
			If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
			If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>			225.00	
<b>TOTAL of additional Section L5 Pages</b>			- 0 -	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> (Enter total on Line 22, Column A of Summary Page Totals)			\$ 225.00	



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			July 10	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Staples		6-8-17	<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
672 Queen St		Southington	CT	06489
Purpose of Expenditure (by code)	Description	Event #	Amount	
OFFICE	office supplies			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			193.35
Name of Payee		Date of Payment	Method of Payment:	
LJ's Pizza		6-11-17	<input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
101 Maple St		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
FNDR	Food	6-8-17		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			290.33
Name of Payee		Date of Payment	Method of Payment:	
Ellen A. Zoppo - Sassu		6-11-17	<input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
58 Merriman St		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
RCW	web hosting			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$ 103.01
Name of Payee		Date of Payment	Method of Payment:	
Ellen A. Zoppo - Sassu		6-11-17	<input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
58 Merriman St		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
RCW	web hosting			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$ 172.71
<b>SUBTOTAL Section P — This Page</b>			759.40	
<b>TOTAL of additional Section P Pages</b>			2,073.09	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			2,832.49	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				July 10	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
Sandra C. Stafford			6-11-17	<input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
441 Clark Ave #24		Bristol		CT	06010
Purpose of Expenditure (by code)	Description		Event #	Amount	
RCW	Food for Fundraiser		6-8-17		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				\$ 18.05
Name of Payee			Date of Payment	Method of Payment:	
Outfront Media			6-26-17	<input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
355 Washington Ave.		North Haven		CT	06473
Purpose of Expenditure (by code)	Description		Event #	Amount	
A-Sign	Billboard				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				1,809.53
Name of Payee			Date of Payment	Method of Payment:	
Paypal			6-8-17	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address		City		State	Zip Code
2211 North First St		San Jose		CA	95131
Purpose of Expenditure (by code)	Description		Event #	Amount	
WEB	on-line fee				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				29.30
Name of Payee			Date of Payment	Method of Payment:	
Paypal			6-9-17	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
2211 North First St		San Jose		CA	95131
Purpose of Expenditure (by code)	Description		Event #	Amount	
WEB	on-line fee				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				12.50
SUBTOTAL Section P — This Page				1,869.38	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			July 10		
P. Expenses Paid by Committee					
Name of Payee		Date of Payment		Method of Payment:	
Paypal		6-20-17		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address		City		State Zip Code	
2211 North First St.		San Jose		CA 95131	
Purpose of Expenditure (by code)	Description	Event #		Amount	
WEB	on-line fee				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Burlington Ave Wine and Spirits		6-28-17		<input checked="" type="checkbox"/> Check # 1007 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State Zip Code	
152 Burlington Ave		Bristol		CT 06010	
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Beverages	6-24-17			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Paypal		6-29-17		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address		City		State Zip Code	
2211 North First St		San Jose		CA 95131	
Purpose of Expenditure (by code)	Description	Event #		Amount	
WEB	on-line fee				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Facebook, Inc.		6-30-17		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address		City		State Zip Code	
1 Hacker Way		Menlo Park		CA 94025	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-WEB	on-line advertising				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
SUBTOTAL Section P — This Page			203.71		
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ellen for Mayor			July 10	
<b>Q. Campaign Expenses Paid by Candidate</b>				
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>			- 0 -	
<b>TOTAL of additional Section Q Pages</b>			- 0 -	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			- 0 -	





**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ellen for Mayor			July 10		
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Zoppo - Sassu		Ellen		A	5-23-17
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
GoDaddy, Com, LLC				<input checked="" type="radio"/> Check # 1003 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State   Zip Code
1445 N. Hayden Rd Ste 219			Scottsdale		AZ   85260
Purpose of Expenditure (by code)	Description	Event #		Amount	
WEB	website hosting			103.01	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
		<input type="radio"/> Independent <input type="radio"/> Organization:		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Zoppo - Sassu		Ellen		A	5-27-17
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Bristol Post Office				<input checked="" type="radio"/> Check # 1004 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State   Zip Code
151 N. Main St			Bristol		CT   06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	stamps			49.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
		<input type="radio"/> Independent <input type="radio"/> Organization:		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Zoppo - Sassu		Ellen		A	6-7-17
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Price Chopper				<input checked="" type="radio"/> Check # 1004 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State   Zip Code
121 Farmington Ave			Bristol		CT   06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Beverages	6-8-17		63.71	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
1	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
		<input type="radio"/> Independent <input type="radio"/> Organization:		<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
<b>SUBTOTAL Section T — This Page</b>				215.72	
<b>TOTAL of additional Section T Pages</b>				78.05	
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>				293.77	

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Ellen for Mayor			July 10		
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Zoppo- Sassu		Ellen		A	6-8-17
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Chunky Tomato				<input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State    Zip Code
897 Farmington Ave			Bristol		CT    06010
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
FNDR	food	6-8-17			
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				<b>\$ 60.00</b>
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Stafford		Sandra		C	6-7-17
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
Price Chopper				<input checked="" type="checkbox"/> Check # <u>1065</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State    Zip Code
121 Farmington Ave			Bristol		CT    06010
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
FNDR	food	6-8-17			
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				<b>\$ 18.05</b>
	<input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:	
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State    Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				<b></b>
	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section T — This Page</b>					<b>78.05</b>
<b>TOTAL of additional Section T Pages</b>					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>					