

SEEC FORM 20

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



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COVER PAGE

1. NAME OF COMMITTEE			
Ellen for Mayor			
2. TREASURER NAME			
First Wyland	MI D	Last Clift	Suffix
3. TREASURER ADDRESS			
Street Address 1175 South Main Street Unit #9		City Plantsville	State CT Zip Code 06479
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/2017	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> Mayor		6. DISTRICT NUMBER <i>(if applicable)</i> Bristol
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Ellen	MI A	Last Zoppo-Sassu	Suffix
8. TYPE OF REPORT <i>(Check One Box)</i>			
<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 type="radio"/> July 10 filing	<input checked="" 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		
9. PERIOD COVERED			
Beginning Date 10/01/2017		thru	Ending Date 10/29/2017
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
		Wyland Dale Clift	10/30/2017
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
<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>			

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ellen for Mayor	7th Day Preceding Election	
	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		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$25,448.39	
13. Contributions Received from Individuals (Sections A and B)	\$ 2,692.00	\$31,952.00
14. Receipts from Other Committees (Sections C1 and C2)	\$ 4,500.00	\$ 9,250.00
15. Other Monetary Receipts (Sections D through K)	\$ 0.00	\$ 0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$ 0.00	\$ 0.00
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)	\$ 0.00	\$ 1,450.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$ 7,192.00	\$42,652.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$32,640.39	\$42,652.00
19. Expenses Paid by Committee (Section P)	\$18,495.56	\$28,507.17
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$14,144.83	\$14,144.83
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$ 0.00	\$ 0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$ 300.00	\$ 915.00
23. In-Kind Contributions Received (Section M)	\$ 0.00	\$ 0.00
24. Refundable Deposit to Telephone Company (Section N)	\$ 0.00	\$ 0.00
25. Loan Balance	\$ 0.00	
25a. + Loans Received (Section D)	\$ 0.00	\$ 0.00
25b. + Interest and Penalties on Loan	\$ 0.00	\$ 0.00
25c. - Payments on Loan	\$ 0.00	\$ 0.00
25d. Total Outstanding Loan Amount	\$ 0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$ 0.00	\$ 0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$ 0.00	\$ 0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$ 0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$ 0.00	

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				7th Day Preceding Election	
A. Total Contributions from Small Contributors—Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Lydem		Thomas		M	
Residential Street Address		City		State	Zip Code
33 Harvest Ln		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 \$300.00	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10/11/2017	\$300.00	
Last Name		First		MI	
Lee		Charles			
Residential Street Address		City		State	Zip Code
93 Weeks Rd		Eastford		CT	06242
Principal Occupation			Name of Employer		
Environmental Analyst			State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$100.00	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10/11/2017	\$100.00	
Last Name		First		MI	
Kelly		Robert			
Residential Street Address		City		State	Zip Code
52 Prospect Place		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 \$50.00	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10/11/2017	\$50.00	
SUBTOTAL Section B — This Page				\$ 450.00	
TOTAL of additional Section B Pages				\$2,242.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$2,692.00	

Section B ADDITIONAL PAGE 1 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Taillon		Emily		D	
Residential Street Address		City		State	Zip Code
50 Eastwood Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Retired Teacher			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"/> 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		10/11/2017	\$100.00		
Last Name		First		MI	
Maghini		Paul			
Residential Street Address		City		State	Zip Code
44 Inwood Rd.		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		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="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		10/11/2017	\$100.00		
Last Name		First		MI	
Sassu		Joseph		G	
Residential Street Address		City		State	Zip Code
195 Central St.		Forestville		CT	06010
Principal Occupation			Name of Employer		
hair stylist			Sassu Cuts		
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 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		10/11/2017	\$100.00		
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 2 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name <u>Maghini</u>		First <u>Michelle</u>	
Residential Street Address <u>44 Inwood Rd</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Teacher</u>		Name of Employer <u>City of Bristol B.O.E.</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? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$100.00	
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>10/11/2017</u>	Aggregate Contributions <u>\$100.00</u>
Last Name <u>Ulin</u>		First <u>Patricia</u>	
Residential Street Address <u>21 Jerome Ave</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Warranty Administrator</u>		Name of Employer <u>Executive Auto Group</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? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$20.00	
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>10/11/2017</u>	Aggregate Contributions <u>\$95.00</u>
Last Name <u>Duchaine</u>		First <u>Susan</u>	
Residential Street Address <u>102 Anthony Dr.</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Specialty Outpatient Coder</u>		Name of Employer <u>Yale - New Haven 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? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$50.00	
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>10/14/2017</u>	Aggregate Contributions <u>\$50.00</u>
SUBTOTAL Section B — This Page		\$170.00	
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 3 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Ellen for Mayor				7th Day Preceding Election			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name <u>Krinitzky</u>			First <u>Joyce</u>			MI <u>A</u>	
Residential Street Address <u>11 Fairview Ave</u>			City <u>Terryville</u>			State <u>CT</u>	Zip Code <u>06786</u>
Principal Occupation <u>Realtor</u>			Name of Employer <u>BHHS New England</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 <u>\$25.00</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> _____ <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 <u>10/14/2017</u>	Aggregate Contributions <u>\$25.00</u>			
Last Name <u>Krinitzky</u>			First <u>Lillian</u>			MI	
Residential Street Address <u>11 Fairview Ave</u>			City <u>Terryville</u>			State <u>CT</u>	Zip Code <u>06786</u>
Principal Occupation <u>None</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 <u>\$25.00</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> _____ <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 <u>10/14/17</u>	Aggregate Contributions <u>\$25.00</u>			
Last Name <u>Zomick</u>			First <u>David</u>			MI	
Residential Street Address <u>65 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				Amount of Contribution <u>\$50.00</u>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> _____ <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 <u>10/14/2017</u>	Aggregate Contributions <u>\$50.00</u>			
SUBTOTAL Section B — This Page						<u>\$100.00</u>	
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 4 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Nicastro		First Michael	
Residential Street Address 24 Hollybenny Rd		City Bristol	State CT
Principal Occupation Chief Executive Officer		Name of Employer Continuity	
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? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	\$100.00	
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 10/17/2017	Aggregate Contributions \$100.00
Last Name Marchand		First Patricia	
Residential Street Address 26 Merriman St		City Bristol	State CT
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? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	\$25.00	
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 10/17/2017	Aggregate Contributions \$25.00
Last Name Hopkins		First James	
Residential Street Address 94 Treble Rd		City Bristol	State CT
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? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	\$100.00	
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 10/17/2017	Aggregate Contributions \$100.00
SUBTOTAL Section B — This Page		\$225.00	
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 5 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Mascano		Linda			
Residential Street Address		City		State	Zip Code
78 Cricket Hill Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Retired Teacher			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		\$75.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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			10/17/2017	\$75.00	
Last Name		First		MI	
Anastasio		Jane			
Residential Street Address		City		State	Zip Code
78 Holley Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Phlebotomist			Hartford 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?		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? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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			10/17/2017	\$50.00	
Last Name		First		MI	
Palmisano		Glen		M	
Residential Street Address		City		State	Zip Code
111 Woodland St		Bristol		CT	06010
Principal Occupation			Name of Employer		
Physician			Glen Palmisano, DC, FIAMA		
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 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? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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			10/24/17	\$100.00	
SUBTOTAL Section B — This Page				\$225.00	
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 6 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Levins		James	
Residential Street Address		City	State Zip Code
88 Old Turnpike Rd.		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 #	<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"/> 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	10/24/2017	\$35.00	
Amount of Contribution	\$35.00		
Last Name		First	MI
Minor		Laura	
Residential Street Address		City	State Zip Code
88 Anderson Ave		Bristol	CT 06010
Principal Occupation		Name of Employer	
Development Manager		Wheeler Clinic	
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"/> 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	10/24/17	\$60.00	
Amount of Contribution	\$10.00		
Last Name		First	MI
Schur		Debra	
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?	<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"/> 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	10/24/17	\$67.00	
Amount of Contribution	\$17.00		
SUBTOTAL Section B — This Page		\$62.00	
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 7 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name <u>Mike</u>		First <u>Kathy</u>	
Residential Street Address <u>48 Landner Rd</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		Amount of Contribution <u>\$25.00</u>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>10/22/2017</u>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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>10/24/2017</u> Aggregate Contributions <u>\$25.00</u>	
Last Name <u>Mike</u>		First <u>Julie</u>	
Residential Street Address <u>174 Grove St</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Accountant</u>		Name of Employer <u>Itochy</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 <u>\$50.00</u>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>10/22/2017</u>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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 <u>10/24/2017</u> Aggregate Contributions <u>\$150.00</u>	
Last Name <u>Vigue</u>		First <u>Lindsay</u>	
Residential Street Address <u>59-8 West Washington St</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Photographer</u>		Name of Employer <u>Lindsay Vigue Photography</u>	
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 checked="" type="checkbox"/> No		Amount of Contribution <u>\$20.00</u>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>10/22/2017</u>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <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>10/24/2017</u> Aggregate Contributions <u>\$20.00</u>	
SUBTOTAL Section B — This Page			<u>\$95.00</u>
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 8 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Bartok		Laura			
Residential Street Address		City		State	Zip Code
140 Carriage Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Outreach Coordinator			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		\$20.00	
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 10/24/2017		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive 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			10/24/2017	\$60.00	
Last Name		First		MI	
Hanlow		Richard		J	
Residential Street Address		City		State	Zip Code
31 Peppermint Ln		Bristol		CT	06010
Principal Occupation			Name of Employer		
Project Engineer			Pratt & Whitney		
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		\$20.00	
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 10/22/2017		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive 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			10/24/17	\$45.00	
Last Name		First		MI	
Johnson		Sarah		B	
Residential Street Address		City		State	Zip Code
24 Norton Pl #3		Plainville		CT	06062
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		\$20.00	
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 10/22/17		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive 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			10/24/2017	\$20.00	
SUBTOTAL Section B — This Page				\$60.00	
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 9 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name <u>Adams</u>		First <u>Andrea</u>	MI <u>L</u>
Residential Street Address <u>67 Bayberry Dr</u>		City <u>Bristol</u>	State <u>CT</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>10/22/2017</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	Amount of Contribution	
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>10/24/17</u>	Aggregate Contributions	
		<u>\$45.00</u>	
Last Name <u>Dumelin</u>		First <u>Bruce</u>	MI
Residential Street Address <u>168 Maple Ave</u>		City <u>Bristol</u>	State <u>CT</u>
Principal Occupation <u>Graphics and Web Design</u>		Name of Employer <u>The Hartford</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>10/22/2017</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	Amount of Contribution	
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>10/24/2017</u>	Aggregate Contributions	
		<u>\$20.00</u>	
Last Name <u>McQuade</u>		First <u>David</u>	MI <u>J</u>
Residential Street Address <u>20 Whitney Ferguson Rd Unit 13</u>		City <u>Vernon</u>	State <u>CT</u>
Principal Occupation <u>Consultant</u>		Name of Employer <u>Murtha Cullina LLP</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>10/22/17</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	Amount of Contribution	
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>10/24/2017</u>	Aggregate Contributions	
		<u>\$100.00</u>	
SUBTOTAL Section B — This Page		<u>\$140.00</u>	
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 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name <u>Chase</u>		First <u>Jane</u>	
Residential Street Address <u>178 Castle Rd.</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Realtor</u>		Name of Employer <u>Self</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 <u>\$100.00</u>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/22/17</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 <u>10/24/17</u> Aggregate Contributions <u>\$100.00</u>	
Last Name <u>Bunn</u>		First <u>Katherine</u>	
Residential Street Address <u>19 Phelan St</u>		City <u>Plainville</u>	State <u>CT</u> Zip Code <u>06062</u>
Principal Occupation <u>Librarian</u>		Name of Employer <u>Town of Canton</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 <u>\$20.00</u>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/22/17</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 <u>10/24/17</u> Aggregate Contributions <u>\$45.00</u>	
Last Name <u>Ulin</u>		First <u>Patricia</u>	
Residential Street Address <u>21 Jerome Ave</u>		City <u>Bristol</u>	State <u>CT</u> Zip Code <u>06010</u>
Principal Occupation <u>Warranty Administrator</u>		Name of Employer <u>Executive Auto Group</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 <u>\$40.00</u>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/22/17</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 <u>10/24/17</u> Aggregate Contributions <u>\$75.00</u>	
SUBTOTAL Section B — This Page			<u>\$160.00</u>
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 11 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ellen for Mayor	7th Day Preceding Election
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name <u>Dail</u>		First <u>Grant</u>		MI <u>A</u>	
Residential Street Address <u>96 Country Club Rd</u>		City <u>New Britain</u>	State <u>CT</u>	Zip Code <u>06053</u>	
Principal Occupation <u>Attorney</u>		Name of Employer <u>Social Security Administration</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 <u>\$20.00</u>		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/22/17</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 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>10/24/17</u>			Aggregate Contributions <u>\$20.00</u>

Last Name <u>Guandado</u>		First <u>Ernesto</u>		MI <u>A</u>	
Residential Street Address <u>96 Country Club Rd</u>		City <u>New Britain</u>	State <u>CT</u>	Zip Code <u>06053</u>	
Principal Occupation <u>Accountant</u>		Name of Employer <u>Grant Thompson LLP</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 <u>\$20.00</u>		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/22/17</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 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>10/24/17</u>			Aggregate Contributions <u>\$20.00</u>

Last Name <u>Passamano</u>		First <u>Robert</u>		MI	
Residential Street Address <u>48 Dino Rd</u>		City <u>Bristol</u>	State <u>CT</u>	Zip Code <u>06010</u>	
Principal Occupation <u>Construction Manager</u>		Name of Employer <u>Frontier Communications</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 <u>\$100.00</u>		
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/22/17</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 <u>10/24/17</u>			Aggregate Contributions <u>\$250.00</u>

SUBTOTAL Section B — This Page	<u>\$140.00</u>
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 12 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name <u>Nelson</u>		First <u>Catherine</u>	
Residential Street Address <u>64 Payton Terr</u>		City <u>Bristol</u>	State <u>CT</u>
Principal Occupation <u>Homemaker</u>		Name of Employer <u>Self</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 <u>\$50.00</u>
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/22/17</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		Aggregate Contributions <u>\$50.00</u>	
Date Received <u>10/24/17</u>			
Last Name <u>Stein</u>		First <u>Martin</u>	
Residential Street Address <u>31 Soby Dr</u>		City <u>West Hartford</u>	State <u>CT</u>
Principal Occupation <u>Construction</u>		Name of Employer <u>Self IBIT</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 <u>\$100.00</u>
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		Aggregate Contributions <u>\$100.00</u>	
Date Received <u>10/26/17</u>			
Last Name <u>Taylor</u>		First <u>Tina</u>	
Residential Street Address <u>32 Broadview Pl</u>		City <u>Bristol</u>	State <u>CT</u>
Principal Occupation <u>Teacher</u>		Name of Employer <u>Hartford Public Schools</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 <u>\$25.00</u>
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		Aggregate Contributions <u>\$25.00</u>	
Date Received <u>10/27/17</u>			
SUBTOTAL Section B — This Page			<u>\$175.00</u>
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 13 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Bashaw		First Suzanne	MI L
Residential Street Address 32 Woodmere Rd		City Bristol	State Zip Code CT 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 \$100.00
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 10/27/17	Aggregate Contributions \$100.00	
Last Name Douglas		First Donna	MI A
Residential Street Address 123 ST		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 \$50.00
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 10/27/17	Aggregate Contributions \$50.00	
Last Name Newton		First Matthew	MI P
Residential Street Address 191 Pleasant View Ave		City Bristol	State Zip Code CT 06010
Principal Occupation Bail Commissioner		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 \$100.00
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 10/27/17	Aggregate Contributions \$100.00	
SUBTOTAL Section B — This Page		\$250.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 14 of 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Collins		Patrick		W	
Residential Street Address		City		State	Zip Code
58 Shrub Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Auditor			Voya		
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 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:			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			10/27/17	\$100.00	
Last Name		First		MI	
Blandino		Kara		E	
Residential Street Address		City		State	Zip Code
43 Glendale Dr		Bristol		CT	06010
Principal Occupation			Name of Employer		
Therapeutic Mentor			All Points Care		
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"/> 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:			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			10/27/17	\$50.00	
Last Name		First		MI	
Buzzell		Gary		T	
Residential Street Address		City		State	Zip Code
200 Blakeslee St. #249		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		\$20.00	
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"/> 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:			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			10/27/17	\$170.00	
SUBTOTAL Section B — This Page				\$170.00	
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 15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Ellen for Mayor				7th Day Preceding Election				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A				
				\$				
B. Itemized Contributions from Individuals								
Last Name <u>Holihan</u>			First <u>Anne</u>			MI <u>C</u>		
Residential Street Address <u>57 Circle St</u>			City <u>Bristol</u>			State <u>CT</u>	Zip Code <u>06010</u>	
Principal Occupation <u>Chief Clerk / Attorney</u>			Name of Employer <u>Region 19 Probate Court</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 <u>\$20.00</u>			
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 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 <u>10/27/17</u>	Aggregate Contributions <u>\$20.00</u>				
Last Name			First			MI		
Residential Street Address			City			State	Zip Code	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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"/> 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				
Last Name			First			MI		
Residential Street Address			City			State	Zip Code	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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"/> 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				
SUBTOTAL Section B — This Page						<u>\$ 20.00</u>		
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Ellen for Mayor						7th Day Preceding Election	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
AFT Connecticut PAC				Edward Leavy, Jr.			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
35 Marshall Rd			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>			\$1,500.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Rocky Hill	CT	06067	10/10/2017	\$1,500.00			
Name of Committee				Name of Treasurer			
SEIU Connecticut PAC				Steven Perruccio			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
110 Randolph Rd PO Box 1268			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>			\$500.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Middletown	CT	06457	10/10/2017	\$500.00			
Name of Committee				Name of Treasurer			
Edward Leavy, Jr. Sheet Metal Workers Local Union No. 40				John Nimmons			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
100A Old Forge Rd			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>			\$500.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Rocky Hill	CT	06067	10/17/2017	\$500.00			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type				Amount of Receipt	
		<input checked="" type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							Amount of Receipt
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input checked="" type="radio"/> Surplus Distribution					
Description							Amount of Receipt
SUBTOTAL Section C — This Page						\$2,500.00	
TOTAL of additional Section C Pages						\$2,000.00	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						\$4,500.00	

Section C1. ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ellen for Mayor	7th Day Preceding Elect.

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer			
SEIU State Council PAC				Roland J. Bishop			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
760 Capitol Ave			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			\$ 750.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Hartford	CT	06106	10/17/2017	\$ 750.00			

Name of Committee				Name of Treasurer			
CT State Employees Assoc. PAC				David Glidden			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
760 Capitol Ave			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			\$ 250.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Hartford	CT	06106	10/24/2017	\$ 250.00			

Name of Committee				Name of Treasurer			
Welch Uncas PAC				Nicholas Cutler			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
82 Michael Dr			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			\$ 500.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Southington	CT	06489	10/24/2017	\$ 1,500.00			

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							

Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							

SUBTOTAL Section C — This Page	\$1,500.00
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Section C1. ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ellen for Mayor	7th Day Preceding Election

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Carpenters Local 210 OPC			Michael R. Robinson		
Address		Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
618 Main St.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		\$500.00	
City	State	Zip Code	Date Received		
Monroe	CT	06468	10/26/17	\$500.00	

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			
City	State	Zip Code	Date Received		

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			
City	State	Zip Code	Date Received		

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address		City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution			
Description					

Name of Committee			Name of Treasurer		
Address		City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution			
Description					

SUBTOTAL Section C — This Page	\$ 500.00
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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				7th Day Preceding Election	
D. Loans Received this Period					
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	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address		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	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address		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	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address		City	State	Zip Code	
TOTAL SECTION D				None	
E. Receipts from Entities other than Individuals or Other Committees <i>(Referendum Committees ONLY)</i>					
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		
TOTAL SECTION E				Not Applicable	

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	7th Day Preceding Election

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
TOTAL SECTION F				None

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
TOTAL SECTION G		None

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	
TOTAL SECTION H		None

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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ellen for Mayor	7th Day Preceding Election

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J None

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State Zip Code
Description		
Name <td>Date of Transaction</td> <td>Amount Received</td>	Date of Transaction	Amount Received
Street Address	City	State Zip Code
Description		
Name <td>Date of Transaction</td> <td>Amount Received</td>	Date of Transaction	Amount Received
Street Address	City	State Zip Code
Description		
Name <td>Date of Transaction</td> <td>Amount Received</td>	Date of Transaction	Amount Received
Street Address	City	State Zip Code
Description		

TOTAL SECTION K None

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0

Total of Other Monetary Receipts
(Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)*

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ellen for Mayor			7th Day Preceding Election	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
10/22/17		Brunch at Broadview Manor	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
41 Broadview St		Bristol	CT	06010
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input checked="" type="radio"/> Yes <i>(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.)</i> <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 <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <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 <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 50px;" type="text"/> <input checked="" type="radio"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 50px;" type="text"/> <input checked="" type="radio"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="radio"/> Yes <i>(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.)</i> <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 <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <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 <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 50px;" type="text"/> <input checked="" type="radio"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 50px;" type="text"/> <input checked="" type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			Not Applicable	
TOTAL of additional Section L1 Pages			0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <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>	TYPE OF REPORT
Ellen for Mayor	7th Day Preceding Election

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	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	0
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	0
TOTAL of additional Section L3 Pages	0
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <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		
Ellen for Mayor			7th Day Preceding Election		
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="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			Fair Market Value of Donation	
<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			Fair Market Value of Donation	
<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			Fair Market Value of Donation	
<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			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event		
SUBTOTAL Section L4 — This Page			0		
TOTAL of additional Section L4 Pages			0		
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS			0		
<i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ellen for Mayor			7th Day Preceding Election	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Kevin Prior, Robert Boudreau, and Robert Alim			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
41 Broadview St		Bristol	CT	06010
Description of Donation			Fair Market Value of Donation	
Food and Beverages			\$300.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
10/22/2017	\$300.00	\$300		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page			\$300.00	
TOTAL of additional Section L5 Pages			0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			\$300.00	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ellen for Mayor	7th Day Preceding Election

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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		Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		

SUBTOTAL Section M — This Page	0
TOTAL of additional Section M Pages	0
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	0

N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone Company				Amount of Deposit
Street Address		City	State	
TOTAL SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>				0

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			7th Day Preceding Election	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Corso Printing & Engraving		10/5/2017	<input checked="" type="radio"/> Check #1030 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
134 Church St		Naugatuck	CT	06770
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	Printing		\$1,962.16	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Automated Mailing Services LLC		10/05/2017	<input checked="" type="radio"/> Check #1031 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1687 Reinhard Rd		Cheshire	CT	06410
Purpose of Expenditure (by code)	Description	Event #	Amount	
POST	Direct Mailing		\$2,657.30	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Automated Mailing Services LLC		10/05/2017	<input checked="" type="radio"/> Check #1032 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1687 Reinhard Rd		Cheshire	CT	06410
Purpose of Expenditure (by code)	Description	Event #	Amount	
POST	Direct Mailing		\$487.35	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Josephine O'Neil		10/10/2017	<input checked="" type="radio"/> Check #1033 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
28 Savoy St		Hamden	CT	06514
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-OTH	Graphic Design		\$1,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$ 6,106.81	
TOTAL of additional Section P Pages			\$12,388.75	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE			\$18,495.56	
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				

Section P ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			7th Day Preceding Election		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Automated Mailing Services LLC			10/18/2017		<input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
1687 Reinhard Rd		Cheshire		CT	06410
Purpose of Expenditure (by code)	Description		Event #		Amount
POST	Direct Mailing				\$2,924.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
NAACP - Bristol Chapter			10/20/2017		<input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
P.O. Box 4151		Bristol		CT	06011
Purpose of Expenditure (by code)	Description		Event #		Amount
PBA-ATT	Banquet - admission				\$150.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Automated Mailing Services LLC			10/23/2017		<input checked="" type="checkbox"/> Check # 1036 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
1687 Reinhard Rd		Cheshire		CT	06410
Purpose of Expenditure (by code)	Description		Event #		Amount
POST	Direct Mailing				\$2,808.58
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Master Engraving & Printery					<input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
134 Church St		Naugatuck		CT	06770
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	Printing				\$1,954.18
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			\$7,837.01		
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
<i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					

Section P ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			7th Day Preceding Elect.		
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Image Ink, Inc			10/24/17		<input checked="" type="checkbox"/> Check # 1038 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
102 Pane Rd		Newington		CT	06111
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	Printing				\$3,015.66
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Image Ink, Inc.			10/24/17		<input checked="" type="checkbox"/> Check # 1039 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
102 Pane Rd		Newington		CT	06111
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	Printing				\$67.80
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Master Engraving & Printery					<input checked="" type="checkbox"/> Check # 1040 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
134 Church St		Naugatuck		CT	06770
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	Printing				\$1,453.27
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Paypal			10/27/17		<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	Web fee - contributions				\$15.01
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$4,551.74	
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			7th Day Preceding Election	
Q. Campaign Expenses Paid by Candidate				
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 (by code)	Description	Event #	Amount	
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 (by code)	Description	Event #	Amount	
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 (by code)	Description	Event #	Amount	
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 (by code)	Description	Event #	Amount	
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 (by code)	Description	Event #	Amount	
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 (by code)	Description	Event #	Amount	
SUBTOTAL Section Q — This Page				0
TOTAL of additional Section Q Pages				0
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <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	7th Day Preceding Election

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section R — This Page	0
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TOTAL of additional Section R Pages	0
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TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>	0
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