

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
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3. TREASURER ADDRESS

Street Address 1175 South Main St #9	City Plantsville	State CT	Zip Code 06479
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4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)
11/02/2021

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

6. DISTRICT NUMBER

(if applicable)

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Ellen	MI A	Last Zoppo-Sassu	Suffix
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8. TYPE OF REPORT (Check One Box)

- | | | | |
|---|---|--|--|
| <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 (PACs ONLY) |
| <input checked="" 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 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 (State Central Committees Only) | <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	Ending Date
02/12/2021	thru 03/31/2021

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
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Wyland Dale Clift
PRINT NAME OF SIGNER

04/12/2021
DATE (mm/dd/yyyy)

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

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	April 10	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	11955.00	11955.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	11955.00	11955.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	11955.00	11955.00
19. Expenses Paid by Committee (Section P)	291.70	291.70
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	11663.30	11663.30
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		April 10 filing	
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 Farina		First Michael	
Residential Street Address 54 Robert Rd		City Manchester	State CT
Principal Occupation Professor		Name of Employer Yale University	
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	
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: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/18/2021	Aggregate Contributions 100
Last Name Zoppo		First Michael	
Residential Street Address 47 Kory Lane		City Bristol	State CT
Principal Occupation Benefits Director		Name of Employer Russell Reynolds Associates	
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	
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: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/21/2021	Aggregate Contributions 500
Last Name Sullivan		First Sarah	
Residential Street Address 155 Ashley Road		City Bristol	State CT
Principal Occupation Personal Care Assistant (PCA)		Name of Employer MR Homecare	
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	
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: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/22/2021	Aggregate Contributions 100
SUBTOTAL Section B — This Page		700.00	
TOTAL of additional Section B Pages		11255.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		11955.00	

Section B ADDITIONAL PAGE 1 of 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		April 10	
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>		SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals			
Last Name Patton		First Morris	
Residential Street Address 49 Field Street		City Bristol	State CT
Principal Occupation Insurance		Name of Employer Global Benefits Group	
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		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received Aggregate Contributions 100.00	
Last Name O'Donnell		First Sharon	
Residential Street Address 68 Merriman Street		City Bristol	State CT
Principal Occupation retired		Name of Employer none	
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		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/22/2021 Aggregate Contributions 100.00	
Last Name Holden		First Maryellen	
Residential Street Address 11 Conifer Lane		City Bristol	State CT
Principal Occupation retired		Name of Employer none	
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		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/22/2021 Aggregate Contributions 100.00	
SUBTOTAL Section B — This Page		300.00	
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>			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
Sampson		Mayra			
Residential Street Address		City		State	Zip Code
371 Emmett Street Apt 52		Bristol		CT	06010
Principal Occupation		Name of Employer			
Payroll Supervisor		Bristol Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="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? 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:			100.00
<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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			100.00		
Last Name		First		MI	
Lennon		Sean			
Residential Street Address		City		State	Zip Code
552 South Plains Road		Litchfield		CT	06759
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="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? 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:			250.00
<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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/22/2021	250.00		
Last Name		First		MI	
Corvo		Max			
Residential Street Address		City		State	Zip Code
47 Edrow Road		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		none			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="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? 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:			100.00
<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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/22/2021	100.00		
SUBTOTAL Section B — This Page				450.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
Marks		Jim			
Residential Street Address		City		State	Zip Code
15 Cedar Glen		West Simsbury		CT	06092
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			100.00		
Last Name		First		MI	
Quarto		Anthony			
Residential Street Address		City		State	Zip Code
34 Deer Run Road		Brookfield		CT	06804
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/22/2021	100.00		
Last Name		First		MI	
Rudolewicz		Alan			
Residential Street Address		City		State	Zip Code
53 Woodfield Road		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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/22/2021	100.00		
SUBTOTAL Section B — This Page				300.00	
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>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			April 10		
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 Wilkinson		First Brian		MI	
Residential Street Address 1245 Spindle Hill Road		City Wolcott		State CT	Zip Code 06716
Principal Occupation Firefighter		Name of Employer City of Bristol			
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		Amount of Contribution 30.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions		
			30.00		
Last Name Ingellis		First John		MI	
Residential Street Address 116 B Modley Road		City Kent		State CT	Zip Code 06757
Principal Occupation Firefighter		Name of Employer City of Bristol			
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		Amount of Contribution 30.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions		
		02/23/2021	30.00		
Last Name Brown		First Calvin		MI	
Residential Street Address 122 George Street		City Bristol		State CT	Zip Code 06010
Principal Occupation Planning Analyst		Name of Employer State of Connecticut DMV			
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		Amount of Contribution 500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions		
		02/23/2021	500.00		
SUBTOTAL Section B — This Page			560.00		
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>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		April 10	
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 Rasmussen-Tuller		First Andrew	
Residential Street Address 75 Sturbridge Court		City Bristol	State CT
Principal Occupation Realtor		Name of Employer SalCal	
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		Amount of Contribution 1000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/23/2021	Aggregate Contributions 1000.00
Last Name Correll		First Todd	
Residential Street Address 48 Flag Hill Road		City Colebrook	State CT
Principal Occupation Firefighter		Name of Employer City of Bristol	
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		Amount of Contribution 30.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/24/2021	Aggregate Contributions 30.00
Last Name Dehn		First Brian	
Residential Street Address 29 Meadowview Court		City Canton	State CT
Principal Occupation Insurance Sales		Name of Employer Tracy, Driscoll Company, Inc.	
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		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/25/2021	Aggregate Contributions 100.00
SUBTOTAL Section B — This Page		1130.00	
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)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
Kelly		Jay			
Residential Street Address		City		State	Zip Code
23 Mountain View Drive		Rocky Hill		CT	06067
Principal Occupation		Name of Employer			
Mechanic		City of Bristol - Bristol Fire			
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/25/2021	100.00		
Last Name		First		MI	
Harlow		Richard			
Residential Street Address		City		State	Zip Code
31 Peppermint Lane		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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/26/2021	50.00		
Last Name		First		MI	
Judd		Charles			
Residential Street Address		City		State	Zip Code
136 Albourne Drive		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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			250.00
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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/26/2021	250.00		
SUBTOTAL Section B — This Page				400.00	
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)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
Fitch		Matthew			
Residential Street Address		City		State	Zip Code
3379 Whitney Avenue		Hamden		CT	06518
Principal Occupation		Name of Employer			
Consultant		Merriman River			
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/27/2021	100.00		
Last Name		First		MI	
Fitch		Matthew			
Residential Street Address		City		State	Zip Code
3379 Whitney Avenue		Hamden		CT	06518
Principal Occupation		Name of Employer			
Consultant		Merriman River			
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			900.00
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		02/27/2021	1000.00		
Last Name		First		MI	
McKearney		Scott			
Residential Street Address		City		State	Zip Code
326 Cedar Mountain Road		Thomaston		CT	06787
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/07/2021	100.00		
SUBTOTAL Section B — This Page				1100.00	
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>					

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Ellen for Mayor	April 10

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 Belonick	First Chris	MI
Residential Street Address 688 Plymouth Road	City Harwinton	State CT
	Zip Code 06791	
Principal Occupation Firefighter	Name of Employer City of Bristol	
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	Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 03/08/2021	Aggregate Contributions 100.00

Last Name Butkus	First Dave	MI
Residential Street Address 21 Rambler Street	City Bristol	State CT
	Zip Code 06010	
Principal Occupation Fire Captain	Name of Employer City of Bristol	
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	Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 03/09/2021	Aggregate Contributions 100.00

Last Name Buzzell	First Gary	MI
Residential Street Address 19 Apple Tree Lane	City Windsor	State CT
	Zip Code 06095	
Principal Occupation Fire Inspector	Name of Employer City of Bristol	
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	Amount of Contribution 30.00
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 03/11/2021	Aggregate Contributions 30.00

SUBTOTAL Section B — This Page	230.00
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 9 of 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
Minor		Craig			
Residential Street Address		City		State	Zip Code
88 Anderson Avenue		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		none			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/16/2021	100.00		
Last Name		First		MI	
Limeburner		Lisa			
Residential Street Address		City		State	Zip Code
32 Lawson Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
Computer Programmer		The Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/24/2021	100.00		
Last Name		First		MI	
Kelly		Robert			
Residential Street Address		City		State	Zip Code
32 Prospect Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		none			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/26/2021	50.00		
SUBTOTAL Section B — This Page				200.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
McCauley		Kevin			
Residential Street Address		City		State	Zip Code
19 Spring Street		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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			500.00
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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/26/2021	500.00		
Last Name		First		MI	
Thorpe		Keith			
Residential Street Address		City		State	Zip Code
117 Kingston Drive		Pelzer		SC	29669
Principal Occupation		Name of Employer			
Manager		CIGNA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/28/2021	100.00		
Last Name		First		MI	
Matthews		Katherine			
Residential Street Address		City		State	Zip Code
47 Prospect Place		Bristol		CT	06010
Principal Occupation		Name of Employer			
Attorney		Allied World Insurance Company			
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			250.00
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="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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/28/2021	250.00		
SUBTOTAL Section B — This Page				850.00	
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 11 of 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			April 10	
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
Mamed		Mary Jane		
Residential Street Address		City	State	Zip Code
86 Beech Street		Bristol	CT	06010
Principal Occupation		Name of Employer		
Accounting Clerk		HRP Associates		
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/28/2021	50.00	
Last Name		First		MI
Johnson		Janelle		
Residential Street Address		City	State	Zip Code
130 George Street		Bristol	CT	06010
Principal Occupation		Name of Employer		
Health Insurance		ConnectiCare		
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		10.00
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="radio"/> Executive <input type="radio"/> Legislative		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/28/2021	10.00	
Last Name		First		MI
Casey		Mary Ellen		
Residential Street Address		City	State	Zip Code
27 Pilgrim Road		Bristol	CT	06010
Principal Occupation		Name of Employer		
retired		none		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		30.00
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="radio"/> Executive <input type="radio"/> Legislative		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/29/2021	30.00	
SUBTOTAL Section B — This Page			90.00	
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			April 10		
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	
Clift		Wyland Dale			
Residential Street Address		City		State	Zip Code
1175 South Main Street #9		Plantsville		CT	06479
Principal Occupation		Name of Employer			
Attorney		City of Bristol (PT) and 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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			1000.00
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="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		02/12/2021	1000.00		
Last Name		First		MI	
Sassu		Peter		J	
Residential Street Address		City		State	Zip Code
58 Merriman Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
seasonal snow removal		Tabacco Construction			
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="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No			1000.00
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="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		02/23/2021	1000.00		
Last Name		First		MI	
O'Brien		Thomas		P	
Residential Street Address		City		State	Zip Code
272 Center Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
Funeral Director		O'Brien Funeral Home			
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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			250.00
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="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		02/24/2021	250.00		
SUBTOTAL Section B — This Page				2250.00	
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 13 **of** 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
Casey		Steven		C	
Residential Street Address		City		State	Zip Code
83 Peach Tree Lane		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 25.00
<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"/> Executive <input checked="" 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		02/26/2021	25.00		
Last Name		First		MI	
Petosa		Michael		L	
Residential Street Address		City		State	Zip Code
30 Walnut Street		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 100.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input 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"/> Executive <input checked="" 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		03/06/2021	100.00		
Last Name		First		MI	
Papazian		Donna		S	
Residential Street Address		City		State	Zip Code
53 Elaine Drive		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 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"/> Executive <input checked="" 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		03/10/2021	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>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			April 10		
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	
Falk		Phyllis			
Residential Street Address		City		State	Zip Code
75 Bellevue Avenue		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		none			
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?			Amount of Contribution 400.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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="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		03/11/2021	400.00		
Last Name		First		MI	
Ziogas		James			
Residential Street Address		City		State	Zip Code
716 Wolcott Road		Bristol		CT	06010
Principal Occupation		Name of Employer			
Attorney		self			
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?			Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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="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		03/11/2021	250.00		
Last Name		First		MI	
Stafford		Sandra		C	
Residential Street Address		City		State	Zip Code
441 Clark Avenue #24		Bristol		CT	06010
Principal Occupation		Name of Employer			
Clerk		City of Bristol (PT)			
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?			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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="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		02/24/2021	100.00		
SUBTOTAL Section B — This Page				750.00	
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)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
Maghini		Paul			
Residential Street Address		City		State	Zip Code
44 Inwood Lane		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="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			300.00
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="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		03/18/2021	300.00		
Last Name		First		MI	
Carter		Richard		A	
Residential Street Address		City		State	Zip Code
237 Kozani Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
Revenue Examiner		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> 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="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 checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/18/2021	100.00		
Last Name		First		MI	
Varnavelias		George			
Residential Street Address		City		State	Zip Code
463 Brewster Road		Bristol		CT	06010
Principal Occupation		Name of Employer			
none		none			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			500.00
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="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		03/23/2021	500.00		
SUBTOTAL Section B — This Page				900.00	
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 16 of 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	
Sassu		Carson			
Residential Street Address		City		State	Zip Code
58 Merriman Street		Bristol		CT	06010
Principal Occupation			Name of Employer		
After School Program Assistant			Bristol Boys and Girls Club		
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="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? 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:			20.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		03/22/2021	20.00		
Last Name		First		MI	
Beucar		Ronald		A	
Residential Street Address		City		State	Zip Code
25 Dewitt Drive		Bristol		CT	06010
Principal Occupation			Name of Employer		
retired			none		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			100.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" 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		03/24/2021	100.00		
Last Name		First		MI	
Fields		Jason			
Residential Street Address		City		State	Zip Code
692 Jerome Avenue		Bristol		CT	06010
Principal Occupation			Name of Employer		
Implementation Manager			CIGNA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="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? 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:			100.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" 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		03/23/2021	100.00		
SUBTOTAL Section B — This Page				220.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 17 **of** 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			April 10		
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	
Goodine, Jr.		Richard		A	
Residential Street Address		City		State	Zip Code
47 Wildcat Road		Burlington		CT	06013
Principal Occupation		Name of Employer			
Attorney		The Goodine Law Firm, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="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>			500.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
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		03/24/2021	500.00		
Last Name		First		MI	
Vicino		Nancy		I	
Residential Street Address		City		State	Zip Code
174 Tunxis Road		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		none			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input 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>			100.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
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		03/23/2021	100.00		
Last Name		First		MI	
Burke		Kathryn		S	
Residential Street Address		City		State	Zip Code
894 Pine Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		none			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="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>			200.00
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
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		03/24/2021	200.00		
SUBTOTAL Section B — This Page				800.00	
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>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		April 10	
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	
Stein		Martin	
Residential Street Address		City	
31 Soby Drive		West Hartford	
State		Zip Code	
CT		06107	
Principal Occupation		Name of Employer	
Construction		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?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution		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="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	
<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		03/24/2021	
		Aggregate Contributions	
		100.00	
Last Name		First	
Bouvier		Doris	
Residential Street Address		City	
169 High Street		Bristol	
State		Zip Code	
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?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution		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="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	
<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		03/24/2021	
		Aggregate Contributions	
		50.00	
Last Name		First	
Lacey		Richard	
Residential Street Address		City	
344 Baldwin Drive		Bristol	
State		Zip Code	
CT		06010	
Principal Occupation		Name of Employer	
Attorney		City of Bristol (PT)	
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?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution		250.00	
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="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	
<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		03/25/2021	
		Aggregate Contributions	
		250.00	
SUBTOTAL Section B — This Page		400.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 19 of 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		April 10	
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 Langer		First Donna	MI
Residential Street Address 43 Greer Road		City Burlington	State CT
			Zip Code 06013
Principal Occupation Teacher		Name of Employer Region 10 School District	
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 checked="" type="radio"/> Yes <input type="radio"/> No	Amount of Contribution	100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/12/2021	Aggregate Contributions 100.00
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="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 checked="" type="radio"/> Yes <input type="radio"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	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="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	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	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="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	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page		100.00	
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>			

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	April 10

C1. Contributions from Other Committees

Name of Committee None	Name of Treasurer
----------------------------------	-------------------

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

Name of Committee	Name of Treasurer
-------------------	-------------------

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

Name of Committee	Name of Treasurer
-------------------	-------------------

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

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee None	Name of Treasurer
----------------------------------	-------------------

Address	City	State	Zip Code
---------	------	-------	----------

Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution	Amount of Receipt
Description			

Name of Committee	Name of Treasurer
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Address	City	State	Zip Code
---------	------	-------	----------

Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution	Amount of Receipt
Description			

SUBTOTAL Section C — This Page	0
TOTAL of additional Section C Pages	0
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>	0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Ellen for Mayor				April 10	
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				0	
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				0	

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	April 10

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

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

TOTAL SECTION F	0
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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	0
------------------------	---

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

Date of Receipt	Method of payment:	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	

TOTAL SECTION H	0
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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	April 10

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 0

K. Miscellaneous Monetary Receipts not Considered Contributions

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

TOTAL SECTION K 0

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 0
(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 (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			April 10	
L1. Event Information				
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 (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text"/> \$ <input 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 (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input 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 (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text"/> \$ <input 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 (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text"/> \$ <input 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 (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input 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 (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text"/> \$ <input 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			0	
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	April 10

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
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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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
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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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
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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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
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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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
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				0
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SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				0
---	--	--	--	---

TOTAL of additional Section L3 Pages				0
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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>				
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II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
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	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
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	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
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	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
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	Date Received	Event #	Aggregate Value for this Event		
<input type="radio"/> Sole Proprietorship					
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	Date Received	Event #	Aggregate value for this Event		
<input type="radio"/> Sole Proprietorship					
SUBTOTAL Section L4— This Page					0
TOTAL of additional Section L4 Pages					0
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, 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				April 10	
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 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			
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				0	
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>				0	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			April 10	
Q. Campaign Expenses Paid by Candidate				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				April 10	
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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				
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
SUBTOTAL Section T — This Page		0			
TOTAL of additional Section T Pages		0			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS		0			