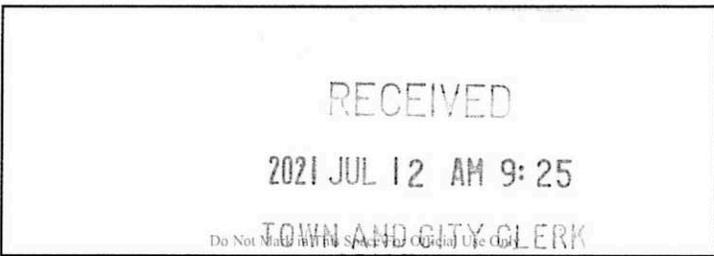


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE			
Brittany for Bristol 2021			
2. TREASURER NAME			
First Kenneth	MI S	Last Rasmussen-Tuller	Suffix
3. TREASURER ADDRESS			
Street Address 75 Sturbridge Ct	City Bristol	State CT	Zip Code 06010
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/2/2021	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> City Council		6. DISTRICT NUMBER <i>(if applicable)</i> 3
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Brittany	MI	Last Barney	Suffix
8. TYPE OF REPORT <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input checked="" type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date		Ending Date	
4/1/2021		thru 6/30/2021	
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.			
 _____ TREASURER OR DEPUTY TREASURER (SIGNATURE)		Kenneth Rasmussen-Tuller _____ PRINT NAME OF SIGNER	
		07/08/2021 _____ DATE (mm/dd/yyyy)	
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

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	
Brittany for Bristol 2021	July 10 Filing	
	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		
12. Balance on hand at the beginning of Reporting Period	\$791.58	
13. Contributions Received from Individuals (Sections A and B)	\$1720.00	\$2595.00
14. Receipts from Other Committees (Sections C1 and C2)	-	-
15. Other Monetary Receipts (Sections D through K)	-	-
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	-	-
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)	-	-
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$1720.00	\$2595.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$2511.58	\$2595.00
19. Expenses Paid by Committee (Section P)	\$90.60	\$174.02
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$2420.98	\$2420.98
21. In-Kind Donations not Considered Contributions Received (Section L4)	-	-
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	-	-
23. In-Kind Contributions Received (Section M)	-	-
24. Refundable Deposit to Telephone Company (Section N)	-	-
25. Loan Balance	-	
25a. + Loans Received (Section D)	-	-
25b. + Interest and Penalties on Loan	-	-
25c. - Payments on Loan	-	-
25d. Total Outstanding Loan Amount	-	
26. Campaign Expenses Paid by Candidate (Section Q)	-	-
27. Expenses Incurred on Committee Credit Card (Section R)	-	-
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	-	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Brittany for Bristol 2021		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 1720.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Brzezinski		Amber-leigh	
Residential Street Address		City	
282 Louisiana Ave		Bristol	
		State	Zip Code
		CT	06010
Principal Occupation		Name of Employer	
Admin		Paragon Behavioral Health	
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	
		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> 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		4/6/2021	\$50.00
Last Name		First	
McCauley		Kevin	
Residential Street Address		City	
19 Spring Street		Bristol	
		State	Zip Code
		CT	06010
Principal Occupation		Name of Employer	
Firefighter		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	
		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> 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		4/14/2021	\$50.00
Last Name		First	
Sullivan		Sarah	
Residential Street Address		City	
155 Ashley Road		Bristol	
		State	Zip Code
		CT	06010
Principal Occupation		Name of Employer	
PCA		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
		Amount of Contribution	
		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> 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		4/15/2021	\$25.00
SUBTOTAL Section B — This Page		\$125.00	
TOTAL of additional Section B Pages		\$1595.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$1720.00	

Section B ADDITIONAL PAGE 1 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Brittany for Bristol 2021				July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 1720.00	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Brown		Calvin			
Residential Street Address		City		State	Zip Code
122 George Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
Business Analyst		Novus Insight, 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?			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: <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		
		4/15/2021	\$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			
IT		The Hartford			
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 \$20.00
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: <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		
		4/15/2021	\$20.00		
Last Name		First		MI	
Ragaini		Thomas			
Residential Street Address		City		State	Zip Code
651 Lake Ave Unit 38		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		Retired			
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: <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		
		4/17/2021	\$100.00		
SUBTOTAL Section B — This Page				\$220.00	
TOTAL of additional Section B Pages				\$1500.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$1720.00	

Section B ADDITIONAL PAGE 2 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Brittany for Bristol 2021		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 1720.00	
B. Itemized Contributions from Individuals			
Last Name Hintz		First Karen	
Residential Street Address 103 Garden Street		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Director of HR		Name of Employer PNT Data Corp.	
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	
		\$50.00	
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, list Event # _____		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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		4/25/2021	\$50.00
Last Name Fortier		First Mary	
Residential Street Address 163 Goodwin Street		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Attorney		Name of Employer State of CT	
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	
		\$250.00	
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, list Event # _____		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		4/25/2021	\$250.00
Last Name Gamache		First Timothy	
Residential Street Address 1389 Stafford Ave #311		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Retired		Name of Employer Retired	
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	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, list Event # _____		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		4/26/2021	\$100.00
SUBTOTAL Section B — This Page		\$400.00	
TOTAL of additional Section B Pages		\$1320.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$1720.00	

Section B ADDITIONAL PAGE 3 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Brittany for Bristol 2021		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 1720.00	
B. Itemized Contributions from Individuals			
Last Name Gardner		First Gerald	
Residential Street Address 90 Pinehurst		City Bristol	State CT
Principal Occupation Retired		Name of Employer Retired	
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 \$25.00
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"/> 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 4/30/2021	
Last Name Phelan		First Elizabeth	
Residential Street Address 90 Pinehurst Rd		City Bristol	State CT
Principal Occupation Retired		Name of Employer Retired	
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 \$25.00
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"/> 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 4/30/2021	
Last Name Petosa		First Michael	
Residential Street Address 30 Walnut St		City Bristol	State CT
Principal Occupation Retired		Name of Employer Retired	
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"/> 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 4/30/2021	
SUBTOTAL Section B — This Page			\$150.00
TOTAL of additional Section B Pages			\$1570.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			\$1720.00

Section B ADDITIONAL PAGE 4 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Brittany for Bristol 2021				July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$ 1720.00	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Saporito		Richard			
Residential Street Address		City		State	Zip Code
212 Stafford Ave		Bristol		CT	06010
Principal Occupation			Name of Employer		
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		\$75.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <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		5/2/2021	\$75.00		
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		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <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		5/4/2021	\$50.00		
Last Name		First		MI	
Burkholder		Thomas			
Residential Street Address		City		State	Zip Code
70 Old Farm Rd		Bristol		CT	06010
Principal Occupation			Name of Employer		
Professor			Central Connecticut State Univ.		
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		\$25.00	
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"/> Executive <input type="radio"/> Legislative <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		5/4/2021	\$25.00		
SUBTOTAL Section B — This Page				\$150.00	
TOTAL of additional Section B Pages				\$1570.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$1720.00	

Section B ADDITIONAL PAGE 5 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Brittany for Bristol 2021				July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 1720.00	
B. Itemized Contributions from Individuals					
Last Name Rasmussen-Tuller			First Andrew		MI
Residential Street Address 75 Sturbridge Court			City Bristol		State CT Zip Code 06010
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 \$50.00	
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 5/4/2021			
				Aggregate Contributions \$50.00	
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 Fire Dept		
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 \$25.00	
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 5/6/2021			
				Aggregate Contributions \$25.00	
Last Name Harlow			First Richard		MI
Residential Street Address 31 Peppermint Lane			City Bristol		State CT Zip Code 06010
Principal Occupation Project Engineer			Name of Employer Pratt & Whitney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 \$25.00	
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 5/24/2021			
				Aggregate Contributions \$25.00	
SUBTOTAL Section B — This Page				\$100.00	
TOTAL of additional Section B Pages				\$1620.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$1720.00	

Section B ADDITIONAL PAGE 6 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Brittany for Bristol 2021		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 1720.00	
B. Itemized Contributions from Individuals			
Last Name LaPorte		First Nicki	
Residential Street Address 180 Lake Avenue		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Theater Artist		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	
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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 5/24/2021	Aggregate Contributions \$50.00
Last Name Patton		First Morris	
Residential Street Address 49 Field Street		City Bristol	State CT
		Zip Code 06010	
Principal Occupation		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	
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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 5/24/2021	Aggregate Contributions \$25.00
Last Name Wright		First Christopher	
Residential Street Address 35 Ruth Street Unit 49		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Patient Registrar		Name of Employer St. Francis Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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? 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 6/3/2021	Aggregate Contributions \$100.00
SUBTOTAL Section B — This Page		\$175.00	
TOTAL of additional Section B Pages		\$1545.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$1720.00	

Section B ADDITIONAL PAGE 07 of 07

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Brittany for Bristol 2021				July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 1720.00	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Kilbourne		Dean			
Residential Street Address		City		State	Zip Code
381 Fern Hill Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Attorney		Kilbourne & Tully P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/4/2021	\$100.00		
Last Name		First		MI	
Calhoun		David			
Residential Street Address		City		State	Zip Code
128 Queen Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
Storekeeper Assistance		State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<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		6/9/2021	\$150.00		
Last Name		First		MI	
Burke		Kathryn			
Residential Street Address		City		State	Zip Code
894 Pine St		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$200.00	
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		6/28/2021	\$200.00		
SUBTOTAL Section B — This Page				\$400.00	
TOTAL of additional Section B Pages				\$1320.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$1720.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Brittany for Bristol 2021						July 10 Filing	
C1. Contributions from Other Committees							
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	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution			Amount of Receipt		
Description							
Name of Committee				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							
SUBTOTAL Section C — This Page						-	
TOTAL of additional Section C Pages						-	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, 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
Brittany for Bristol 2021	July 10 Filing

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>					
Street Address		City	State	Zip Code	Amount Received
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>					
Street Address		City	State	Zip Code	Amount Received
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>					
Street Address		City	State	Zip Code	Amount Received

TOTAL SECTION D	-
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E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

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	-
------------------------	---

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Brittany for Bristol 2021	July 10 Filing

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 <input type="radio"/> No <i>If yes, list Event #</i>	Amount
TOTAL SECTION F		-

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		-

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

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

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	
Brittany for Bristol 2021		July 10 Filing	

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

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

TOTAL SECTION K

-

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Brittany for Bristol 2021			July 10 Filing	
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 <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				
<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="radio"/> No				
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				
<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No				
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?				
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="radio"/> No				
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?				
<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				
<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="radio"/> No				
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				
<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No				
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?				
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="radio"/> No				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			-	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			-	
TOTAL of additional Section L1 Pages			-	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			-	

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
Brittany for Bristol 2021	July 10 Filing

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

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

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	-
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	-
TOTAL of additional Section L3 Pages	-
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>	-

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Brittany for Bristol 2021			July 10 Filing		
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
SUBTOTAL Section L4 — This Page			-		
TOTAL of additional Section L4 Pages			-		
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>			-		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Brittany for Bristol 2021			July 10 Filing	
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		
SUBTOTAL Section L5 — This Page			-	
TOTAL of additional Section L5 Pages			-	
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>			-	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Brittany for Bristol 2021	July 10 Filing

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input 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 type="radio"/> No	Fair Market Value of this Contribution
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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>
--	---

Name

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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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 type="radio"/> No	Fair Market Value of this Contribution
--	---	---

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>
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Name

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
---	---------------	-------------------------	-------------------------------------

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No	Fair Market Value of this Contribution
--	---	---

Is this contribution associated with an event reported listed 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>
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SUBTOTAL Section M — This Page	-
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TOTAL of additional Section M Pages	-
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TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	-
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N. Refundable Deposit to Telephone Company

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Brittany for Bristol 2021				July 10 Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Anedot			4/6/2021		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
1340 Poydras St Suite 1770		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Consolidated Anedot Fees				\$2.30
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
USPS			4/9/2021		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
151 North Main St		Bristol		CT	06010
Purpose of Expenditure (by code)	Description		Event #		Amount
POST	Postage				\$55.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anedot			4/12/2021		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
1340 Poydras St Suite 1770		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Consolidated Anedot Fees				\$2.30
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anedot			4/19/2021		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
1340 Poydras St Suite 1770		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Consolidated Anedot Fees				\$9.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$68.60	
TOTAL of additional Section P Pages				\$22.00	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				\$90.60	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Brittany for Bristol 2021				July 10 Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
Anedot			4/26/2021	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City		State	Zip Code
1340 Poydras St Suite 1770		New Orleans		CT	70112
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Consolidated Anedot Fees			\$2.30	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Anedot			5/4/2021	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City		State	Zip Code
1340 Poydras St Suite 1770		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Consolidated Anedot Fees			\$3.30	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Anedot			5/11/2021	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City		State	Zip Code
1340 Poydras St Suite 1770		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Consolidated Anedot Fees			\$7.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Anedot			5/31/2021	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City		State	Zip Code
1340 Poydras St Suite 1770		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Consolidated Anedot Fees			\$4.90	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$17.70	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Brittany for Bristol 2021			July 10 Filing	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Anedot		6/14/2021	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
1340 Poydras St Suite 1770		New Orleans	CT	70112
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Consolidated Anedot Fees		\$4.30	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
SUBTOTAL Section P — This Page			\$4.30	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Brittany for Bristol 2021	July 10 Filing

Q. Campaign Expenses Paid by Candidate

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	

SUBTOTAL Section Q — This Page	-
TOTAL of additional Section Q Pages	-
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>	-

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT			
Brittany for Bristol 2021				July 10 Filing			
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <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						
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <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						
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <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						
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 # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <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						
SUBTOTAL Section T — This Page				-			
TOTAL of additional Section T Pages				-			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				-			