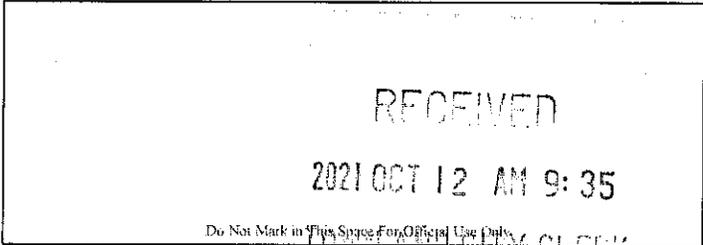


SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

TOWN AND CITY CLERK
 BRISTOL, CT

COVER PAGE

| | | | |
|--|---|--|--|
| 1. NAME OF COMMITTEE | | | |
| Ellen for Mayor | | | |
| 2. TREASURER NAME | | | |
| First Wyland | MI D | Last Clift | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 1175 South Main St #9 | | City Plantsville | State CT |
| | | Zip Code 06479 | |
| 4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> | | 6. DISTRICT NUMBER <i>(if applicable)</i> |
| 11/02/2021 | Mayor | | |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i> | | | |
| First Ellen | MI A | Last Zoppo-Sassu | Suffix |
| 8. TYPE OF REPORT <i>(Check One Box)</i> | | | |
| <input type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input type="radio"/> July 10 filing | <input type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: _____ |
| <input checked="" 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 | |
| 07/01/2021 | | thru | 09/30/2021 |
| 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) | | Wyland Dale Clift _____ PRINT NAME OF SIGNER | 10/12/2021 _____ 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 | |
|---|-------------------------|-----------------------|
| Ellen for Mayor | Oct. 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 | 25,149.77 | |
| 13. Contributions Received from Individuals (Sections A and B) | 13,695.00 | 39,160.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | 500.00 | 600.00 |
| 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) | 300.00 | 900.00 |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 14,495.00 | 40,660.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 39,644.77 | 40,660.00 |
| 19. Expenses Paid by Committee (Section P) | 6,152.26 | 7,167.49 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 33,492.51 | 33,492.51 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | 0 | 0 |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | 400.00 | 400.00 |
| 23. In-Kind Contributions Received (Section M) | 0 | 0 |
| 24. Refundable Deposit to Telephone Company (Section N) | 0 | 0 |
| 25. Loan Balance | 0 | |
| 25a. + Loans Received (Section D) | 0 | 0 |
| 25b. + Interest and Penalties on Loan | 0 | 0 |
| 25c. - Payments on Loan | 0 | 0 |
| 25d. Total Outstanding Loan Amount | 0 | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 1,137.62 | 1,137.62 |
| 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 | | Oct. 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 Demora | | First Christopher | MI J |
| Residential Street Address 100 Alexander St | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation auto industry | | Name of Employer Rich's CITGO | |
| 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:</i> <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 6/1/21 | Aggregate Contributions 100.00 |
| Last Name Lydem | | First Bruce | MI C |
| Residential Street Address 143 Harvard Pl | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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:</i> <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 6/8/21 | Aggregate Contributions 100.00 |
| Last Name Chiasson | | First Robin | MI W |
| Residential Street Address 117 Mark St | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation insurance underwriter | | Name of Employer Allied World | |
| 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:</i> <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 7/7/21 | Aggregate Contributions 100.00 |
| SUBTOTAL Section B — This Page | | 300.00 | |
| TOTAL of additional Section B Pages | | 13395.00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | | 13695.00 | |

| | | | | | |
|--|--|--|-------------------------|--------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | |
| Ellen for Mayor | | | Oct 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 | |
| Petosa | | Francine | | A | |
| Residential Street Address | | City | | State | Zip Code |
| 49 Somerset Circle | | 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 | | | 150.00 |
| 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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 7/7/21 | 150.00 | | |
| Last Name | | First | | MI | |
| Sassu | | Zachary | | | |
| Residential Street Address | | City | | State | Zip Code |
| 47 Kory La | | Bristol | | CT | 06010 |
| Principal Occupation | | Name of Employer | | | |
| college student | | UTI | | | |
| 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"/> 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 | | 7/7/21 | 50.00 | | |
| Last Name | | First | | MI | |
| Nadeau | | David | | | |
| Residential Street Address | | City | | State | Zip Code |
| 211 Blueberry Hill Rd | | Harwinton | | CT | 06791 |
| 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? <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 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 | | 7/7/21 | 50.00 | | |
| SUBTOTAL Section B — This Page | | | | 250.00 | |
| 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 | | Oct 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 Hines | | First Luke | MI |
| Residential Street Address 20 Carleton Pl | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation college student/restaurant worker | | Name of Employer UTI | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Method of Contribution: <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 | | Date Received 7/7/21 | |
| Last Name Hudon | | First Armond | MI J |
| Residential Street Address 570 Stafford Ave Apt 14A | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 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 7/12/21 | |
| Last Name Hudon | | First Sandra | MI B |
| Residential Street Address 570 Stafford Ave Apt 144 | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation retired | | Name of Employer None | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 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 7/12/21 | |
| SUBTOTAL Section B — This Page | | | 75.00 |
| 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 | | Oct 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 Steeg | | First Diane | MI L |
| Residential Street Address 214 Belridge Rd | | City Bristol | State CT |
| Principal Occupation homemaker | | 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 200.00 |
| 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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | Date Received 7/16/21 | Aggregate Contributions 200.00 | |
| Last Name Micari | | First Daniel | MI |
| Residential Street Address 29 Melinda 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 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 checked="" 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 7/21/21 | Aggregate Contributions 50.00 | |
| Last Name Wright | | First Corey | MI M |
| Residential Street Address 60 Bird Rd | | City Bristol | State CT |
| Principal Occupation Manager Office Director | | Name of Employer LLB, 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 150.00 |
| 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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | Date Received 7/21/21 | Aggregate Contributions 150.00 | |
| SUBTOTAL Section B — This Page | | 400.00 | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small> | | | |

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Ellen for Mayor | | Oct 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 |
| Vigue | | Lindsay | B |
| Residential Street Address | | City | State Zip Code |
| 26 Avon Lane | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| photographer | | Lindsay Vigue Photography | |
| 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 |
| | | <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 # _____ | <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: | 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 | 7/21/21 | 100.00 | |
| Last Name | | First | MI |
| Wilson | | Eleanor | L |
| Residential Street Address | | City | State Zip Code |
| 126 Stearns St | | 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 |
| | | <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 # _____ | <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: | 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 | 7/21/21 | 10.00 | |
| Last Name | | First | MI |
| Fuller | | Kevin | |
| Residential Street Address | | City | State Zip Code |
| 65 Ivy Drive | | 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 |
| | | <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 # _____ | <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: | 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 | 7/29/21 | 100.00 | |
| SUBTOTAL Section B — This Page | | 210.00 | |
| 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 | | | Oct 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 Della Bianca | | First Blake | | MI |
| Residential Street Address 150 Lynn Rd | | City Bristol | | State CT Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 # 1 _____ <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/3/21 | Aggregate Contributions 1000.00 | |
| Last Name Casey | | First Steven | | MI C |
| Residential Street Address 83 Peachtree Lane | | City Bristol | | State CT Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 20.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 _____ <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/3/21 | Aggregate Contributions 20.00 | |
| Last Name Ragaini | | First Thomas | | MI J |
| Residential Street Address 651 Lake Ave Unit 38 | | City Bristol | | State CT Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 # 1 _____ <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/3/21 | Aggregate Contributions 230.00 | |
| SUBTOTAL Section B — This Page | | | 1050.00 | |
| 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 | | | | Oct 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 | |
| Caron | | Kimberley | | A | |
| Residential Street Address | | City | | State | Zip Code |
| 169 Massachusetts Drive | | Bristol | | CT | 06010 |
| Principal Occupation | | Name of Employer | | | |
| Executive Assistant | | New Opportunities, Inc. | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | Amount of Contribution | |
| <input type="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> 1 | | 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 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 | | 8/3/21 | 100.00 | | |
| Last Name | | First | | MI | |
| Vigue | | James | | R | |
| Residential Street Address | | City | | State | Zip Code |
| 490 Burlington Ave | | Bristol | | CT | 06010 |
| Principal Occupation | | Name of Employer | | | |
| Legislative Advocate | | AFT 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? <i>If yes, list Event #</i> 1 | | 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 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 | | 8/3/21 | 100.00 | | |
| Last Name | | First | | MI | |
| Ferraro | | John | | F | |
| Residential Street Address | | City | | State | Zip Code |
| 124 Sherbrook St | | 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? <i>If yes, list Event #</i> 1 | | 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 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 | | 8/3/21 | 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 <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Ellen for Mayor | Oct 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 Reynolds | | First David | | MI L |
| Residential Street Address 485 West St | | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 # <u>1</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" 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 8/3/21 | Aggregate Contributions 100.00 | |

| | | | | |
|---|---|-----------------------------------|-----------------------------------|-------------------|
| Last Name Brown | | First Calvin | | MI M |
| Residential Street Address 122 George St | | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation Business Analyst | | Name of Employer Novus Lasight | | |
| 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 # <u>1</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" 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 8/3/21 | Aggregate Contributions 525.00 | |

| | | | | |
|---|---|--------------------------|----------------------------------|-------------------|
| Last Name Messier | | First Pamela | | MI M |
| Residential Street Address 140 Lynn Road | | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 # <u>1</u> | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" 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 8/3/21 | Aggregate Contributions 25.00 | |

| | |
|---|--------|
| SUBTOTAL Section B -- This Page | 150.00 |
| TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | |

| | | | | | |
|--|--|--|---------------------------|--------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | |
| Ellen for Mayor | | | Oct 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 | |
| Petosa | | Michael | | L | |
| Residential Street Address | | City | | State | Zip Code |
| 30 Walnut St | | 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 | | | 150.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 _____ | | 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 | | 8/3/21 | 250.00 | | |
| Last Name | | First | | MI | |
| Preleski | | Kathleen | | | |
| Residential Street Address | | City | | State | Zip Code |
| 193 Hollyberry Rd | | Bristol | | CT | 06010 |
| Principal Occupation | | Name of Employer | | | |
| retired | | None | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | | | Amount of Contribution |
| <input type="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 # 1 _____ | | 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 | | 8/3/21 | 250.00 | | |
| Last Name | | First | | MI | |
| Preleski | | David | | | |
| Residential Street Address | | City | | State | Zip Code |
| 193 Hollyberry Road | | Bristol | | CT | 06010 |
| Principal Occupation | | Name of Employer | | | |
| attorney | | Vitrano, Preleski & Wynne | | | |
| 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 # 1 _____ | | 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 | | 8/3/21 | 250.00 | | |
| SUBTOTAL Section B — This Page | | | | 650.00 | |
| 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 | | | | Oct 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 Cyr | | First Chester | | MI | |
| Residential Street Address 651 Lake Ave Unit 17 | | City Bristol | | State CT | Zip Code 06010 |
| Principal Occupation utility worker | | 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 50.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 _____ <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/3/21 | Aggregate Contributions 50.00 | | |
| Last Name Salvatore | | First Pina | | MI | |
| Residential Street Address 59 Strawberry Hill Rd | | City Bristol | | State CT | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer None | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 # 1 _____ <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 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 | | Date Received 8/3/21 | Aggregate Contributions 50.00 | | |
| Last Name Labadia | | First Ercole | | MI | |
| Residential Street Address 61 Dorset Way | | City Bristol | | State CT | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 75.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 _____ <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/3/21 | Aggregate Contributions 75.00 | | |
| SUBTOTAL Section B — This Page | | | | 175.00 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Ellen for Mayor | | Oct 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 Bianca | | First Jaymie | MI D |
| Residential Street Address 197 Glendale Dr | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation student | | 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 | 25.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| | | <input type="radio"/> Executive <input type="radio"/> Legislative | |
| Method of Contribution: <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 | | Date Received 8/3/21 | Aggregate Contributions 25.00 |
| Last Name Adams | | First Andrea | MI MI |
| Residential Street Address 67 Bayberry Dr | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation patient representative | | Name of Employer Bristol 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 | 25.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | 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: <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 | | Date Received 8/3/21 | Aggregate Contributions 25.00 |
| Last Name Minor | | First Craig | MI M |
| Residential Street Address 88 Anderson Ave | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 | 20.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 | 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: <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 | | Date Received 8/3/21 | Aggregate Contributions 120.00 |
| SUBTOTAL Section B— This Page | | 70.00 | |
| 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 | | Oct 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 Minor | | First Laura | MI |
| Residential Street Address 88 Anderson Ave | | 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 20.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 _____ <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 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 | | Date Received 8/3/21 | Aggregate Contributions 20.00 |
| Last Name Hart | | First Susan | MI |
| Residential Street Address 41 Brentwood Dr | | City Bristol | State CT |
| Principal Occupation Operations Manager | | 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 | | Amount of Contribution 50.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 _____ <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/3/21 | Aggregate Contributions 50.00 |
| Last Name Tintone | | First Jose | MI B |
| Residential Street Address 48 Harper Ave Apt 7 | | City Waterbury | State CT |
| Principal Occupation banker | | Name of Employer First Bristol FCU | |
| 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 # 1 _____ <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/3/21 | Aggregate Contributions 25.00 |
| SUBTOTAL Section B — This Page | | 95.00 | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small> | | | |

| | | | |
|---|---|---|-----------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Ellen for Mayor | | Oct 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 Levesque | | First Deanne | MI |
| Residential Street Address 200 Tunxis Rd | | City Bristol | State CT |
| Principal Occupation retired | | Name of Employer None | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/21 | Aggregate Contributions 500.00 |
| Last Name Stevens | | First Karen | MI A |
| Residential Street Address 146 Goodwin St | | City Bristol | State CT |
| Principal Occupation Office Manager | | Name of Employer GW Association Management | |
| 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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/21 | Aggregate Contributions 100.00 |
| Last Name Boi | | First Cindy | MI |
| Residential Street Address 70 Wintergreen Rd | | City Bristol | State CT |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/9/21 | Aggregate Contributions 100.00 |
| SUBTOTAL Section B — This Page | | 700.00 | |
| 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 | | Oct 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 Veits | | First William | MI J |
| Residential Street Address 31 Natalie Court | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation income tax preparation | | Name of Employer 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? <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 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 8/9/21 | Aggregate Contributions 50.00 |
| Last Name Brooks | | First Diane | MI |
| Residential Street Address 415 Hart St | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation Bookkeeper | | Name of Employer Brooks Ener | |
| 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 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 8/9/21 | Aggregate Contributions 100.00 |
| Last Name Talmadge | | First Charles | MI |
| Residential Street Address 71 Mattatuck Rd | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation real estate developer | | Name of Employer Development Planning Solutions LLC | |
| 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 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 8/20/21 | Aggregate Contributions 50.00 |
| SUBTOTAL Section B — This Page | | | 200.00 |
| 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 | Oct 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 Dorval | First Andre | MI D |
| Residential Street Address 435 Village St | City Bristol | State CT Zip Code 06010 |
| Principal Occupation attorney | Name of Employer Andre D. Dorval Attorney at Law | |
| 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? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input 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 8/20/21 | Aggregate Contributions 100.00 |

| | | |
|---|---|---|
| Last Name Dorval | First Maria | MI |
| Residential Street Address 435 Village St | City Bristol | State CT Zip Code 06010 |
| Principal Occupation Realtor | Name of Employer Country Manor Realty | |
| 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? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input 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 8/20/21 | Aggregate Contributions 100.00 |

| | | |
|---|---|--|
| Last Name Zaremba | First Susan | MI |
| Residential Street Address 40 Matthews St Unit 54 | City Bristol | State CT Zip Code 06010 |
| Principal Occupation retired | Name of Employer None | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 20.00 |
| 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"/> 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 9/9/21 | Aggregate Contributions 20.00 |

| | |
|---|--------|
| 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> | |

| | |
|--|-----------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Ellen for Mayor | Oct 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 Colapietro | | First Thomas | | MI A |
| Residential Street Address 40 Matthews St Unit 54 | | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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? <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 | |
| 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 9/9/21 | Aggregate Contributions 100.00 | |

| | | | | |
|---|---|---|---|-------------------|
| Last Name Marko | | First Allen | | MI A |
| Residential Street Address 41 Peppermint Lane | | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation data input | | Name of Employer Easter Seals of Waterbury, 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 100.00 | |
| 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 | |
| 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 9/9/21 | Aggregate Contributions 100.00 | |

| | | | | |
|---|---|---|---|-------------------|
| Last Name Wynne | | First Robert | | MI K |
| Residential Street Address 17 Hill Top Rd | | City Burlington | State CT | Zip Code 06013 |
| Principal Occupation attorney | | Name of Employer Robert K. Wynne Attorney | | |
| 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 125.00 | |
| 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 | |
| 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 9/9/21 | Aggregate Contributions 125.00 | |

| | |
|---|--------|
| SUBTOTAL Section B — This Page | 325.00 |
| 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 | | Oct 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 |
| Morgan | | Paul | S |
| Residential Street Address | | City | State Zip Code |
| 143 B Vance Dr | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| disabled | | 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 |
| 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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 9/9/21 | 60.00 |
| Amount of Contribution | | 60.00 | |
| Last Name | | First | MI |
| Reidy | | Robert | |
| Residential Street Address | | City | State Zip Code |
| P.O. Box 316 | | Wales | MA 01081 |
| Principal Occupation | | Name of Employer | |
| none | | 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 |
| 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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 9/14/21 | 500.00 |
| Amount of Contribution | | 500.00 | |
| Last Name | | First | MI |
| Olson | | John | W |
| Residential Street Address | | City | State Zip Code |
| 101 Pratt Rd | | Clinton | CT 06413 |
| 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? | <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> | <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 9/14/21 | 50.00 |
| Amount of Contribution | | 50.00 | |
| SUBTOTAL Section B — This Page | | 610.00 | |
| 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 | | Oct 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 Simmons | | First Maria | MI MI |
| Residential Street Address 70 Ipswitch Rd | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 200.00 |
| 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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 9/14/21 | Aggregate Contributions 200.00 |
| Last Name Wilson | | First Christopher | MI C |
| Residential Street Address 71 Perkins St | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation insurance executive | | Name of Employer CV Mason & Co. 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 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 checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Method of Contribution: <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 | | Date Received 9/14/21 | Aggregate Contributions 500.00 |
| Last Name Wilson | | First Jill | MI M |
| Residential Street Address 71 Perkins St | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation Insurance Agent | | Name of Employer CV Mason & Co. 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 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 checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Method of Contribution: <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 | | Date Received 9/14/21 | Aggregate Contributions 50.00 |
| 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 | | Oct 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 Laviero | | First Morris | MI |
| Residential Street Address 70 Maureen Dr | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 9/29/21 | Aggregate Contributions 100.00 |
| Last Name Aziz | | First Mohammed | MI |
| Residential Street Address 42 Wooding St 3rd Fl | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation clerk | | Name of Employer Fast Freddies Gas Station | |
| 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 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 | | Date Received 9/14/21 | Aggregate Contributions 100.00 |
| Last Name Santullo | | First Nicholas | MI |
| Residential Street Address 409 Barlow St | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation sewer truck driver | | 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? 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 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 | | Date Received 9/30/21 | 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: <i>(Provide Complete Name as Registered with Filing Repository)</i> | | TYPE OF REPORT | |
| Ellen for Mayor | | Oct 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 Maghini | | First Joyce | MI M |
| Residential Street Address 102 Tulip St | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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? <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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 9/30/21 | Aggregate Contributions 100.00 |
| Last Name Maghini | | First Thomas | MI L |
| Residential Street Address 102 Tulip St | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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? <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 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 | | Date Received 9/30/21 | Aggregate Contributions 100.00 |
| Last Name Pinette | | First Bruce | MI A |
| Residential Street Address 120 Sixth Street | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation maintenance | | Name of Employer Florian Properties | |
| 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> | 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 checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 9/30/21 | Aggregate Contributions 25.00 |
| 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 | | Oct 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 McLaughlin | | First Kamryn | MI |
| Residential Street Address 110 Old Farm Rd | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation student | | 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 # _____ | 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 | | |
| 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 9/30/21 | Aggregate Contributions | 100.00 |
| Last Name Rosado | | First Adrianna | MI |
| Residential Street Address 472 Stafford Ave | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation homemaker | | 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 | 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"/> Executive <input checked="" type="radio"/> Legislative | | |
| Method of Contribution: <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 | Date Received 9/30/21 | Aggregate Contributions | 100.00 |
| Last Name Calhoun | | First David | MI |
| Residential Street Address 128 Queen Street | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation storekeeper assistant | | Name of Employer UConn 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 | 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"/> Executive <input checked="" 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 9/30/21 | 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 <i>(Provide Complete Name as Registered with Filing Repository)</i> | | TYPE OF REPORT | |
| Ellen for Mayor | | Oct 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 Pinette | | First Jeannine | MI P |
| Residential Street Address 79 Fifth Street | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 10.00 |
| 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? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| Method of Contribution: <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 | | Date Received 9/30/21 | Aggregate Contributions 10.00 |
| Last Name Maghini | | First Michele | MI R |
| Residential Street Address 44 Inwood Lane | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation teacher | | Name of Employer Bristol Board of Education | |
| 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? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Method of Contribution: <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 | | Date Received 9/30/21 | Aggregate Contributions 100.00 |
| Last Name Maghini | | First Taylor | MI R |
| Residential Street Address 44 Inwood Lane | | City Bristol | State CT |
| | | | Zip Code 06010 |
| Principal Occupation Administrative Asst | | 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 400.00 |
| 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? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 9/30/21 | Aggregate Contributions 400.00 |
| SUBTOTAL Section B — This Page | | 510.00 | |
| 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 | | Oct 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 Bilodeau | | First David | MI |
| Residential Street Address 214 Stevens St | | City Bristol | State CT |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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 # _____ | 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 | <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 7/01/21 | Aggregate Contributions 100.00 |
| Last Name Gaudette | | First Robert | MI |
| Residential Street Address 4409 Station Circle | | City Dedham | State MA |
| Principal Occupation Staff Vice President, Complexd & Clinical Audit | | Name of Employer Anthem | |
| 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 # _____ | 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 | <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 7/10/21 | Aggregate Contributions 1000.00 |
| Last Name Martin | | First Ruth | MI |
| Residential Street Address 168 Plank Hill Road | | City Bristol | State CT |
| Principal Occupation Paralegal | | Name of Employer Law Office of Jefferson Jelly | |
| 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 # _____ | 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 | <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 7/22/21 | Aggregate Contributions 30.00 |
| SUBTOTAL Section B — This Page | | 1130.00 | |
| 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 | | Oct 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 Goldwasser | | First Marvin | MI |
| Residential Street Address 171 Diane Lane | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation Marketing Director | | Name of Employer Payrailz | |
| 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"/> 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 7/26/21 | Aggregate Contributions 25.00 |
| Last Name Goldwasser | | First Lisa | MI |
| Residential Street Address 171 Diane Lane | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation Accounts payable | | Name of Employer Bristol 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 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"/> 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 7/26/21 | Aggregate Contributions 25.00 |
| Last Name Jandreau | | First Dana | MI |
| Residential Street Address 79 Buckboard Lane | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="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"/> 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 7/29/21 | Aggregate Contributions 50.00 |
| 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> | | | |

| | | | |
|---|--|---|-----------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Ellen for Mayor | | Oct 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 Godin | | First David | MI |
| Residential Street Address 200 Blakeslee St U 188 | | City Bristol | State CT |
| Zip Code 06010 | | Principal Occupation retired | |
| Name of Employer retired from GE | | 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 10.00 | |
| 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 7/29/21 | Aggregate Contributions 10.00 |
| Last Name Hagarty | | First Ellen | MI |
| Residential Street Address 4720 Basilicata Lane #201 | | City North Las Vegas | State NV |
| Zip Code 89084 | | 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 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 7/29/21 | Aggregate Contributions 30.00 |
| Last Name Bogdanski | | First Sandra | MI |
| Residential Street Address 235 Fern Hill Rd | | City Bristol | State CT |
| Zip Code 06010 | | Principal Occupation Data Analyst | |
| Name of Employer 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? <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 7/29/21 | Aggregate Contributions 100.00 |
| SUBTOTAL Section B — This Page | | 140.00 | |
| 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 | | Oct 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 |
| Elliott | | Sheryl | |
| Residential Street Address | | City | State Zip Code |
| 152 Peppermint Lane | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| Paraeducator | | Bristol Board of Education | |
| 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 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 | | 7/29/21 | 50.00 |
| Last Name | | First | MI |
| Gelzinis | | Charles | |
| Residential Street Address | | City | State Zip Code |
| 2121 Mallory Circle | | Haines City | FL 33844 |
| 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? | <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? <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 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 | | 8/8/21 | 30.00 |
| Last Name | | First | MI |
| Crispino | | K | |
| Residential Street Address | | City | State Zip Code |
| 61 Summerberry Circle | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| Business Development | | Superior Products Distributors 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 |
| | | | 750.00 |
| 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 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 | | 8/9/21 | 750.00 |
| SUBTOTAL Section B — This Page | | 900.00 | |
| 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 | | Oct 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 | |
| Markowitz | | Mary Ellen | |
| Residential Street Address | | City | |
| 10 Loughlin Avenue | | Cos Cob | |
| State | | Zip Code | |
| CT | | 06807 | |
| Principal Occupation | | Name of Employer | |
| Psychotherapist | | 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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/10/21 | |
| | | Aggregate Contributions | |
| | | 100.00 | |
| Last Name | | First | |
| Ziogas | | Chris | |
| Residential Street Address | | City | |
| 32 Woodland St | | Bristol | |
| State | | Zip Code | |
| CT | | 06010 | |
| Principal Occupation | | Name of Employer | |
| financial planner | | Ziogas Financial | |
| 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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 8/8/21 | |
| | | Aggregate Contributions | |
| | | 250.00 | |
| Last Name | | First | |
| Auletta | | Mark | |
| Residential Street Address | | City | |
| 33 Ban Merrill Road | | Clinton | |
| State | | Zip Code | |
| CT | | 06413 | |
| Principal Occupation | | Name of Employer | |
| Executive | | Bauer | |
| 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 | | 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 | |
| <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 | | 8/10/21 | |
| | | Aggregate Contributions | |
| | | 500.00 | |
| SUBTOTAL Section B — This Page | | 850.00 | |
| 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 | | Oct 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 | |
| Sassu | | Cathy | |
| Residential Street Address | | City | |
| 43 Rogers Road | | Bristol | |
| State | | Zip Code | |
| CT | | 06010 | |
| Principal Occupation | | Name of Employer | |
| Senior Administrative Assistant | | The Hartford | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer 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 # _____ | | 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 | |
| <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 | | 8/13/21 | |
| | | Aggregate Contributions | |
| | | 100.00 | |
| Last Name | | First | |
| Morales | | Kendra | |
| Residential Street Address | | City | |
| 1242 River Glen Row #45 | | San Diego | |
| State | | Zip Code | |
| CA | | 92111 | |
| Principal Occupation | | Name of Employer | |
| VP Client Services | | Candidate Labs | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer 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 # _____ | | 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 | |
| <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 | | 8/15/21 | |
| | | Aggregate Contributions | |
| | | 100.00 | |
| Last Name | | First | |
| Beland | | Tracy | |
| Residential Street Address | | City | |
| 103 Haig Avenue | | Bristol | |
| State | | Zip Code | |
| CT | | 06010 | |
| Principal Occupation | | Name of Employer | |
| Cafeteria Manager | | Bristol Board of Education | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 30.00 | |
| If contribution is in excess of \$400 to a candidate for a chief executive officer 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 # _____ | | 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 | |
| <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 | | 8/22/21 | |
| | | 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> | | | |

| | | | |
|---|---|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Ellen for Mayor | | Oct 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 Nicastro | | First Michael | MI |
| Residential Street Address 24 Hollyberry Road | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation CEO | | Name of Employer Continuity | |
| 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 | 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"/> 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: <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 8/23/21 | Aggregate Contributions 200.00 |
| Last Name Scotti | | First Anthony | MI |
| Residential Street Address 258 Oakland Street | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation Teacher | | Name of Employer Plainville Board of Education | |
| 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 | 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"/> 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: <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 8/2/21 | Aggregate Contributions 300.00 |
| Last Name Nagle | | First Corey | MI |
| Residential Street Address 91 South Street Ext | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Principal Occupation teacher | | Name of Employer Bristol Board of Education | |
| 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 # _____ | 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: <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 9/3/21 | Aggregate Contributions 50.00 |
| SUBTOTAL Section B — This Page | | 550.00 | |
| 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 | | Oct 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 |
| Mike | | Julie | |
| Residential Street Address | | City | State Zip Code |
| 174 Grove St | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| Accountant | | ITOCHU Chemicals America | |
| 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? <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 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 | | 9/3/21 | 100.00 |
| Last Name | | First | MI |
| Sposato | | Anthony | |
| Residential Street Address | | City | State Zip Code |
| 435 Lake Avenue | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| Management | | PEPCO | |
| 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? <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 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 | | 9/3/21 | 500.00 |
| Last Name | | First | MI |
| Rudnick | | Stacey | |
| Residential Street Address | | City | State Zip Code |
| 12 Ipswich Road | | 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? | <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 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 | | 9/3/21 | 50.00 |
| SUBTOTAL Section B — This Page | | 650.00 | |
| 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 | | Oct 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 Darcy | | First Julia | |
| Residential Street Address 1192 Hill Street | | City Bristol | |
| | | State CT | |
| | | Zip Code 06010 | |
| Principal Occupation Teacher | | Name of Employer Bristol Board of Education | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" 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 20.00 | |
| 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 checked="" 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 9/4/21 | |
| | | Aggregate Contributions 20.00 | |
| Last Name Marra | | First Tom | |
| Residential Street Address 149 Treble Road | | City Bristol | |
| | | State CT | |
| | | Zip Code 06010 | |
| Principal Occupation retired | | Name of Employer none | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" 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? <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 9/5/21 | |
| | | Aggregate Contributions 250.00 | |
| Last Name Lagasse | | First Tom | |
| Residential Street Address 20 UConn Dr | | City Bristol | |
| | | State CT | |
| | | Zip Code 06010 | |
| Principal Occupation sales | | Name of Employer Nutmeg Spice | |
| 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? <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 9/3/21 | |
| | | Aggregate Contributions 30.00 | |
| 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 | | Oct 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 Boulanger | | First Greg | |
| Residential Street Address 4701 78th Court East | | City Bradenton | State FL |
| 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 200.00 | |
| 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"/> 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 9/8/21 | Aggregate Contributions 260.00 |
| Last Name Kowalski | | First Linda | |
| Residential Street Address 23 Sybil Creek Place | | City Branford | State CT |
| Principal Occupation Government Relations | | Name of Employer The Kowalski Group, LLC | |
| 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? 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"/> 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 9/9/21 | Aggregate Contributions 250.00 |
| Last Name Moore | | First Sean | |
| Residential Street Address 223 Hollyberry Road | | City Bristol | State CT |
| Principal Occupation Insurance Executive | | Name of Employer Zurich North America | |
| 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? 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"/> 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 9/9/21 | Aggregate Contributions 250.00 |
| SUBTOTAL Section B — This Page | | 700.00 | |
| 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 | | Oct 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 Provenzano | | First Louise | |
| Residential Street Address 316 Wolcott Street | | City Bristol | State CT |
| Principal Occupation Continuous Improvement Consultant | | Name of Employer MassMutual | |
| 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 | | |
| 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 9/9/21 | Aggregate Contributions 100.00 |
| Last Name Holihan | | First Anne | |
| Residential Street Address 57 Circle Street | | City Bristol | State CT |
| Principal Occupation attorney/chief clerk | | Name of Employer Region 19 Probate Court | |
| 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 | | |
| 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 9/13/21 | Aggregate Contributions 30.00 |
| Last Name Shojis | | First Mary | |
| Residential Street Address 500 Stafford Ave Apt 4A | | 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 60.00 | |
| 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 | | |
| 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 9/16/21 | Aggregate Contributions 60.00 |
| SUBTOTAL Section B— This Page | | 190.00 | |
| 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 | | Oct 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 |
| Schieding | | John | |
| Residential Street Address | | City | State Zip Code |
| 209 Morris Avenue | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| Sales Manager | | Hummell Bros., 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 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 | | 9/20/21 | 100.00 |
| Last Name | | First | MI |
| Benvenuto | | Anthony | |
| Residential Street Address | | City | State Zip Code |
| 74 Maxine Rd | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| paramedic | | Bristol Health 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 200.00 |
| 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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 9/22/21 | 200.00 |
| Last Name | | First | MI |
| Dunn | | Sean | |
| Residential Street Address | | City | State Zip Code |
| 35 Evelyn Road | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| Facilities Manager | | Yale Art Gallery | |
| 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 | |
| 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 | | 9/22/21 | 100.00 |
| SUBTOTAL Section B — This Page | | | 400.00 |
| 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 | | Oct 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 |
| Gonzalez | | William | |
| Residential Street Address | | City | State Zip Code |
| 52 Garfield Road | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| Facilities Manager | | currently unemployed | |
| 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"/> 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 | 9/23/21 | 10.00 | |
| Amount of Contribution | 10.00 | | |
| Last Name | | First | MI |
| Brazaitis | | Peter | |
| Residential Street Address | | City | State Zip Code |
| 155 Woodchuck Lane | | Harwinton | CT 06791 |
| Principal Occupation | | Name of Employer | |
| Engineer | | 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 |
| 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"/> 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 | 9/25/21 | 30.00 | |
| Amount of Contribution | 30.00 | | |
| Last Name | | First | MI |
| Pons | | Shelby | |
| Residential Street Address | | City | State Zip Code |
| 143 Larkspur Lane | | Bristol | CT 06010 |
| Principal Occupation | | Name of Employer | |
| Education Consultant | | CT State Dept. of Ed. | |
| 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"/> 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 | 9/28/21 | 100.00 | |
| Amount of Contribution | 100.00 | | |
| SUBTOTAL Section B— This Page | | 140.00 | |
| 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) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | |
|---|-------------------------------|---|--|-------------------|-------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | TYPE OF REPORT | |
| Ellen for Mayor | | | | | Oct. 10 | |
| C1. Contributions from Other Committees | | | | | | |
| Name of Committee | | | | Name of Treasurer | | |
| Eastern CT Area Labor Federation, AFL-CIO | | | | Michelle Proper | | |
| Address | | | Is this contribution associated with an event reported in Section L1? | | Amount of Contribution | |
| 22 Orange St | | | <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | | | |
| City | | State | Zip Code | Date Received | Aggregate Contributions | |
| Hartford | | CT | 06106 | 09/30/21 | 500.00 | |
| Name of Committee | | | | Name of Treasurer | | |
| | | | | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? | | Amount of Contribution | |
| | | | <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | | | |
| City | | State | Zip Code | Date Received | Aggregate Contributions | |
| | | | | | | |
| Name of Committee | | | | Name of Treasurer | | |
| | | | | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? | | Amount of Contribution | |
| | | | <input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | | | |
| 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 # (if applicable) | Payment Type | | | Amount of Receipt | |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | |
| Description | | | | | | |
| | | | | | | |
| Name of Committee | | | | Name of Treasurer | | |
| | | | | | | |
| Address | | | City | | State | Zip Code |
| | | | | | | |
| Date Received | Expenditure # (if applicable) | Payment Type | | | Amount of Receipt | |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | |
| Description | | | | | | |
| | | | | | | |
| SUBTOTAL Section C — This Page | | | | | 500.00 | |
| TOTAL of additional Section C Pages | | | | | 0 | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line J4, Column A of Summary Page Totals) | | | | | 500.00 | |
| | | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|--|-----------------------|
| NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small> | TYPE OF REPORT |
| Ellen for Mayor | Oct. 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 |
| Name of Cosigner/Guarantor <small>(if applicable)</small> | | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | Amount Received |
| | City | |
| | | State |
| | | Zip Code |

| | | |
|---|--|--|
| Name of Lender | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | Date of Receipt |
| Street Address | City | State |
| | | Zip Code |
| Name of Cosigner/Guarantor <small>(if applicable)</small> | | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | Amount Received |
| | City | |
| | | State |
| | | Zip Code |

| | | |
|---|--|--|
| Name of Lender | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | Date of Receipt |
| Street Address | City | State |
| | | Zip Code |
| Name of Cosigner/Guarantor <small>(if applicable)</small> | | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | Amount Received |
| | City | |
| | | State |
| | | Zip Code |

TOTAL SECTION D 0

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 0

I. MONETARY RECEIPTS (Sections A—K)

| | |
|--|---------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Ellen for Mayor | TYPE OF REPORT Oct. 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 checked="" type="radio"/> No | Amount |
|-----------------|--|--|--------|
| | | | |
| | | | |
| | | | |
| | | | |

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

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

| Date of Receipt | Date of Receipt | Date of Receipt |
|-----------------|-----------------|-----------------|
| | | |
| Amount | Amount | Amount |

| | |
|------------------------|---|
| 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 |
|------------------------|---|

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 | Oct. 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) | | |
| 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 | | 0 |
| <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 (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| Ellen for Mayor | | | Oct. 10 | |
| L1. Event Information | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
| 7/29/21 | 1 | House Party | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Location: Street Address | | City | State | Zip Code |
| 6 Pilgrim Rd | | Bristol | CT | 06010 |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | <input checked="" type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) | | |
| | | <input type="radio"/> No | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) | | |
| | | <input checked="" type="radio"/> No | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) | | \$ 0 |
| | | <input checked="" type="radio"/> No | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | <input checked="" 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.) | | \$ 0 |
| | | <input checked="" type="radio"/> No | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
| | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Location: Street Address | | City | State | Zip Code |
| | | | | |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | <input type="radio"/> Yes (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 checked="" type="radio"/> No | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | <input type="radio"/> Yes (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 checked="" type="radio"/> No | | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | 0 | |
| SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | | | 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 | | | | Oct. 10 | |
| L3. Purchases of Advertising in a Program Book or on a Sign | | | | | |
| Name of Purchaser | | | | Purchase Made By: | |
| Bristol Self Storage, LLC | | | | <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | City | | State | Zip Code |
| 7 Jennifer Lane | | Burlington | | CT | 06013 |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | |
| 7/16/21 | L1 | 300.00 | 300.00 | | |
| 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 | | | | 300.00 | |
| 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> | | | | 300.00 | |

II. EVENT ACTIVITY (Sections L1—L5)

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

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | |
|---|---|---|--|-------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | |
| Ellen for Mayor | | | Oct. 10 | |
| L5. In-Kind Donations Not Considered Contributions Associated with a House Party | | | | |
| Name of Host Debra A. Schur | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address 6 Pilgrim Rd | | City Bristol | State CT | Zip Code 06010 |
| Description of Donation food and beverage | | | Fair Market Value of Donation 400.00 | |
| Event # L1 | Aggregate Value of this Event— <i>all hosts</i> 400.00 | Aggregate Value of all Events— <i>this host/candidate</i> 400.00 | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" 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— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" 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— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" 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— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" 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— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| SUBTOTAL Section L5 — This Page | | | 400.00 | |
| 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> | | | 400.00 | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
|--|---|-----------------|--|
| Ellen for Mayor | | Oct. 10 | |
| P. Expenses Paid by Committee | | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| Anedot, Inc. | | | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | State Zip Code |
| 1340 Poydras St Ste 1770 | | New Orleans | LA 70112 |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| WEB | on-line credit card processing (consolidated for reporting period) | N/A | 264.40 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| U.S. Postal Service | | 7/13/21 | <input checked="" type="radio"/> Check # 306 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | State Zip Code |
| 151 Main St | | Bristol | CT 06010 |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| POST | stamps | N/A | 165.00 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| Blue Edge Strategies | | 7/20/21 | <input checked="" type="radio"/> Check # 307 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | State Zip Code |
| 54 Robert Rd | | Manchester | CT 06040 |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| CNSLT | polling and analysis | N/A | 2000.00 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| Image Ink, Inc. | | 7/29/21 | <input checked="" type="radio"/> Check # 308 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | State Zip Code |
| 102 Pane Road | | Newington | CT 06111 |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| PRNT | campaign materials | | 1568.66 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| SUBTOTAL Section P — This Page | | 3998.06 | |
| TOTAL of additional Section P Pages | | 2154.20 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | 6152.26 | |

Section P ADDITIONAL PAGE 1 of 2

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
|--|---|---------------------|----------------------------|---|
| Ellen for Mayor | | | October 10 | |
| P. Expenses Paid by Committee | | | | |
| Name of Payee Central CT Chamber of Commerce | | | Date of Payment 7/29/21 | Method of Payment: <input checked="" type="checkbox"/> Check # 309 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 440 Main Street | | City Bristol | State CT | Zip Code 06010 |
| Purpose of Expenditure (by code) A-SIGN | Description Tee Sign for golf tournament | Event # | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | 150.00 |
| Name of Payee Teran Chapis | | | Date of Payment 8/3/21 | Method of Payment: <input checked="" type="checkbox"/> Check # 310 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 53 Linwood Street | | City Bristol | State CT | Zip Code 06010 |
| Purpose of Expenditure (by code) CNSLT | Description consulting services | Event # N/A | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | 260.00 |
| Name of Payee Teran Chapis | | | Date of Payment 8/20/21 | Method of Payment: <input checked="" type="checkbox"/> Check # 311 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 53 Linwood Street | | City Bristol | State CT | Zip Code 06010 |
| Purpose of Expenditure (by code) CNSLT | Description consulting services | Event # N/A | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | 295.00 |
| Name of Payee U.S Postal Service | | | Date of Payment 9/1/21 | Method of Payment: <input checked="" type="checkbox"/> Check # 312 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 847 South Main Street | | City Plantsville | State CT | Zip Code 06479 |
| Purpose of Expenditure (by code) POST | Description stamps | Event # N/A | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | 200.00 |
| SUBTOTAL Section P — This Page | | | 905.00 | |
| TOTAL of additional Section P Pages | | | 2154.20 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | | 6152.26 | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
|--|---|-----------------------------------|--|
| Ellen for Mayor | | Oct. 10 | |
| P. Expenses Paid by Committee | | | |
| Name of Payee Teran Chapis | | Date of Payment 9/2/21 | Method of Payment: <input checked="" type="checkbox"/> Check # 313 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 53 Linwood St | | City Bristol | State CT Zip Code 06010 |
| Purpose of Expenditure (by code) CNSLT | Description consulting | Event # N/A | Amount 256.00 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | |
| Name of Payee Image Ink, Inc. | | Date of Payment 9/9/21 | Method of Payment: <input checked="" type="checkbox"/> Check # 314 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 102 Pane Road | | City Newington | State CT Zip Code 06111 |
| Purpose of Expenditure (by code) PRNT | Description campaign materials | Event # N/A | Amount 158.20 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | |
| Name of Payee Blue Edge Strategies | | Date of Payment 9/9/21 | Method of Payment: <input checked="" type="checkbox"/> Check # 315 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 54 Robert Road | | City Manchester | State CT Zip Code 06040 |
| Purpose of Expenditure (by code) CNSL | Description consulting | Event # N/A | Amount 750.00 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | |
| Name of Payee Teran Chapis | | Date of Payment 9/22/21 | Method of Payment: <input checked="" type="checkbox"/> Check # 316 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 53 Linwood St | | City Bristol | State CT Zip Code 06010 |
| Purpose of Expenditure (by code) PRNT | Description campaign materials | Event # N/A | Amount 85.00 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | |
| SUBTOTAL Section P — This Page | | 1249.20 | |
| TOTAL of additional Section P Pages | | 2154.20 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | 6152.26 | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|-------------|---------|-----------------|----------------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Ellen for Mayor | | | | Oct. 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 | | | | 0 | |
| <i>(Enter total on Line 26, Column A of Summary Page Totals)</i> | | | | | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|---|---------|--|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposition) | | | | TYPE OF REPORT | |
| Ellen for Mayor | | | | Oct. 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"/> 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 # (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"/> 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 # (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"/> 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 # (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"/> 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 # (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"/> 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 | | | | 0 | |
| TOTAL of additional Section T Pages | | | | 0 | |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | 0 | |