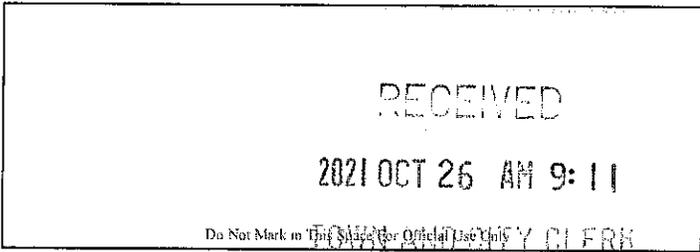


# SEEC FORM 20

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



## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Ellen for Mayor			
<b>2. TREASURER NAME</b>			
First Wyland	MI D	Last Clift	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 1175 South Main St Unit #9	City Plantsville	State CT	Zip Code 06479
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/02/2021	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> Mayor		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i> N/A
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Ellen	MI A	Last Zoppo-Sassu	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input checked="" type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date 10/01/2021		thru	Ending Date 10/24/2021
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Wyland Dale Clift PRINT NAME OF SIGNER	10/26/2021 DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Ellen for Mayor	7th Day Preceding Election	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	33,492.51	
13. Contributions Received from Individuals (Sections A and B)	2,765.00	41,925.00
14. Receipts from Other Committees (Sections C1 and C2)	6,000.00	6,600.00
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)	0	900.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	8,765.00	49,425.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	42,257.51	49,425.00
19. Expenses Paid by Committee (Section P)	20,815.68	27,983.17
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	21,441.83	21,441.83
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	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)	0	1137.62
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		7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$0	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Mancini		First RoseMarie	
Residential Street Address 81 Hollyberry 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	
Is this contribution associated with an event reported in Section LI? <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 checked="" type="radio"/> Yes <input 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 10/13/21	Aggregate Contributions 100.00
Last Name Melendez		First Nelson	
Residential Street Address 14 Boivin St		City Bristol	State CT
Principal Occupation HVAC		Name of Employer Soda Service	
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 LI? <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 checked="" type="radio"/> Yes <input 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 10/13/21	Aggregate Contributions 100.00
Last Name Padlo		First Donald	
Residential Street Address 225 Westwood Rd		City Bristol	State CT
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section LI? <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 checked="" type="radio"/> Yes <input 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 10/13/21	Aggregate Contributions 20.00
<b>SUBTOTAL Section B — This Page</b>		225.00	
<b>TOTAL of additional Section B Pages</b>		2540.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		2765.00	

Section B ADDITIONAL PAGE 1 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Cyr		First Charles	
Residential Street Address 15 Granger Road		City Bristol	State CT
Principal Occupation Judicial Research		Name of Employer State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/13/21	Aggregate Contributions 100.00
Last Name Quishi		First Joanne	
Residential Street Address 210 Perkins St		City Bristol	State CT
Principal Occupation None		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  250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <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 10/13/21	Aggregate Contributions 250.00
Last Name Phelan		First Kevin	
Residential Street Address 85 Grove St Lincoln East U-201		City Wellesly	State MA
Principal Occupation Real Estate Consultant		Name of Employer Colliers	
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"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/15/21	Aggregate Contributions 250.00
<b>SUBTOTAL Section B — This Page</b>		600.00	
<b>TOTAL of additional Section B Pages</b>		2540.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		2765.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See Instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Barbarino, Jr.		Stephen	
Residential Street Address		City	State Zip Code
68 Black Walnut Lane		Burlington	CT 06013
Principal Occupation		Name of Employer	
Owner		Stephen World of Wheels	
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	10/20/21	1000.00	
Amount of Contribution		1000.00	
Last Name		First	MI
Ziogas		James	
Residential Street Address		City	State Zip Code
716 Wolcott Road		Bristol	CT 06010
Principal Occupation		Name of Employer	
Attorney		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<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	10/20/21	500.00	
Amount of Contribution		250.00	
Last Name		First	MI
Ward		Dianne	C
Residential Street Address		City	State Zip Code
120 Chippenwood Lane		Bristol	CT 06010
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	10/20/21	100.00	
Amount of Contribution		100.00	
<b>SUBTOTAL Section B — This Page</b>		1350.00	
<b>TOTAL of additional Section B Pages</b>		2540.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		2765.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Seiflein		First Patricia		MI	
Residential Street Address 3 Sharon Street		City Bristol		State CT	Zip Code 06010
Principal Occupation Human Services		Name of Employer Mosaic			
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 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 10/01/21	Aggregate Contributions 10.00		
Last Name Stebbins		First Patricia		MI	
Residential Street Address 37 Pleasant St		City Bristol		State CT	Zip Code 06010
Principal Occupation Executive Director		Name of Employer Brian's Angels Homeless Outreacy			
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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/08/21	Aggregate Contributions 100.00		
Last Name Bartlett-Cistulli		First Laine		MI	
Residential Street Address 1001 North Twin Creek Drive #101		City Killeen		State TX	Zip Code 76543
Principal Occupation military		Name of Employer U.S. Army			
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 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 10/09/21	Aggregate Contributions 30.00		
SUBTOTAL Section B — This Page				140.00	
TOTAL of additional Section B Pages				2540.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				2765.00	

Section B ADDITIONAL PAGE 4 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A \$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Corvo		First Max	
Residential Street Address 47 Edrow Road		City Bristol	State CT
Principal Occupation Firefighter		Name of Employer City of Bristol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/14/21	Aggregate Contributions 100.00
Last Name Ziogas		First Lisa	
Residential Street Address 2 Leslie Court		City Bristol	State CT
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 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/20/21	Aggregate Contributions 100.00
Last Name Porrini		First Francis	
Residential Street Address 57 Pine Meadow Drive		City Bristol	State CT
Principal Occupation owner		Name of Employer Liberty Recycling	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input type="radio"/> No	Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <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 10/21/21	Aggregate Contributions 250.00
<b>SUBTOTAL Section B — This Page</b>		450.00	
<b>TOTAL of additional Section B Pages</b>		2540.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		2765.00	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
Ellen for Mayor					7th Day Preceding Election	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Iron Workers Local 15 PAC				James Denning		
Address			Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
49 Locus St			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		1500.00	
City	State	Zip Code	Date Received	Aggregate Contributions		
Hartford	CT	06114	10/13/2021	1500.00		
Name of Committee				Name of Treasurer		
CT Laborers Political League				Keith Brothers		
Address			Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
475 Ledyard St			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		1500.00	
City	State	Zip Code	Date Received	Aggregate Contributions		
Hartford	CT	06114	10/13/21	1500.00		
Name of Committee				Name of Treasurer		
Sheet Metal Workers Local 40 PAC				John Nimmons		
Address			Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
100 Old Forge Rd Ste A			<input type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>		500.00	
City	State	Zip Code	Date Received	Aggregate Contributions		
Rocky Hill	CT	06067	10/13/21	500.00		
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>						
Name of Committee				Name of Treasurer		
Address				City	State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type		Amount of Receipt		
		<input checked="" type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				
Description						
Name of Committee				Name of Treasurer		
Address				City	State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type		Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				
Description						
<b>SUBTOTAL Section C — This Page</b>					3500.00	
<b>TOTAL of additional Section C Pages</b>					2500.00	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>					6000.00	

Section C1. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Ellen for Mayor						7th Day Preceding Election	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
UA Plumbers & Pipefitters Local 777 PAC				Michael Rosario			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution	
1250 E Main St			If yes, list Event # _____			1500.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Meriden	CT	06450	10/23/2021	1500.00			
Name of Committee				Name of Treasurer			
IBEW Local 90 PAC				Michael Crisci			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution	
2 North Plains Industrial Road			If yes, list Event # _____			1000.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Wallingford	CT	06492	10/23/2021	1000.00			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (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							
<b>SUBTOTAL Section C — This Page</b>						2500.00	

# I. MONETARY RECEIPTS (Sections A—K)

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

### D. Loans Received this Period

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

**TOTAL SECTION D**

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)

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

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

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

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

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

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

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

### I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

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

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

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

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

**TOTAL SECTION J** 0

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

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name <th>Date of Transaction</th> <th>Amount Received</th>	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name <th>Date of Transaction</th> <th>Amount Received</th>	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name <th>Date of Transaction</th> <th>Amount Received</th>	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)	+	
<b>Total of Other Monetary Receipts</b>		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			7th Day Preceding Election	
<b>L1. Event Information</b>				
<b>Event #</b>	<b>Date of Event</b>	<b>Description</b>	<b>Was this a fundraising event?</b>	
	Letter		<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?			<input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes (If yes, enter Total Receipts here.)    →    \$ <input style="width: 50px;" type="text"/> <input type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes (If yes, enter Total Receipts here.)    →    \$ <input style="width: 50px;" type="text"/> <input type="radio"/> No	
<b>Event #</b>				
<b>Date of Event</b>	<b>Letter</b>	<b>Description</b>	<b>Was this a fundraising event?</b>	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?			<input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes (If yes, enter Total Receipts here.)    →    \$ <input style="width: 50px;" type="text"/> <input type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes (If yes, enter Total Receipts here.)    →    \$ <input style="width: 50px;" type="text"/> <input type="radio"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			0	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			0	
<b>TOTAL of additional Section L1 Pages</b>			0	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0	

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

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

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

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

Name of Purchaser		Purchase Made By:	
		<input type="radio"/> Business Entity	<input type="radio"/> Other
		<input type="radio"/> Individual/Sole Proprietorship	

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

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser		Purchase Made By:	
		<input type="radio"/> Business Entity	<input type="radio"/> Other
		<input type="radio"/> Individual/Sole Proprietorship	

Street Address	City	State	Zip Code
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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
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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
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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
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	0
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<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	0
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<b>TOTAL of additional Section L3 Pages</b>	0
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<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	0
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## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				7th Day Preceding Election	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
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		
<b>SUBTOTAL Section L4 — This Page</b>				0	
<b>TOTAL of additional Section L4 Pages</b>				0	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				0	

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

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



### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				7th Day Preceding Election	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Webster Bank			10/13/21		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
Webster Plaza		Waterbury		CT	06702
Purpose of Expenditure (by code)	Description		Event #	Amount	
BANK	stop payment fee		N/A	35.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
U.S. Postal Service			10/13/2021		<input checked="" type="radio"/> Check #317 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
847 South Main St		Plantsville		CT	06479
Purpose of Expenditure (by code)	Description		Event #	Amount	
POST	Stamps		N/A	1740.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
U.S. Postal Service			10/19/21		<input checked="" type="radio"/> Check #319 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
847 South Main St		Plantsville		CT	06479
Purpose of Expenditure (by code)	Description		Event #	Amount	
POST	Stamps		N/A	58.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Central CT Communications			10/19/21		<input checked="" type="radio"/> Check #320 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1 Liberty Square		New Britain		CT	06050
Purpose of Expenditure (by code)	Description		Event #	Amount	
A-NEWS	Advertising - The Bristol Press		N/A	3192.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				5025.00	
<b>TOTAL of additional Section P Pages</b>				15790.68	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				20815.68	

Section P ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			7th Day Preceding Election	
P. Expenses Paid by Committee				
Name of Payee Ellen A. Zoppo-Sassu		Date of Payment 10/24/2021	Method of Payment: <input checked="" type="checkbox"/> Check # <u>321</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Kory Lane		City Bristol	State CT	Zip Code 06010
Purpose of Expenditure (by code) RMB	Description Reimbursement for Yard Signs - See Sawick & Son	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			1308.00
Name of Payee Blue Edge Strategies		Date of Payment 10/24/2021	Method of Payment: <input checked="" type="checkbox"/> Check # <u>322</u> <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) A-DM	Description Mailer	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			6907.88
Name of Payee Blue Edge Strategies		Date of Payment 10/24/2021	Method of Payment: <input checked="" type="checkbox"/> Check # <u>323</u> <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) A-DM	Description Mailer	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			7349.40
Name of Payee Ellen A. Zoppo-Sassu		Date of Payment 10/24/2021	Method of Payment: <input checked="" type="checkbox"/> Check # <u>324</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Kory Lane		City Bristol	State CT	Zip Code 06010
Purpose of Expenditure (by code) RMB	Description Reimbursement for Pizza - post debate	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$200.00
SUBTOTAL Section P — This Page			15765.28	
TOTAL of additional Section P Pages			15790.68	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			20815.68	

**Section P ADDITIONAL PAGE 2 of 2**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			7th Day Preceding Election	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Anedot		Date of Payment 10/21/2021	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description On-line credit card processing cumulative for the reporting period	Event # N/A	<b>Amount</b>	
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			25.40
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			25.40	
<b>TOTAL of additional Section P Pages</b>			15790.68	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			20815.68	

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th Day Preceding Election	
<b>Q. Campaign Expenses Paid by Candidate</b>			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
<b>SUBTOTAL Section Q — This Page</b>		0	
<b>TOTAL of additional Section Q Pages</b>		0	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b>		0	
<i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			





### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repastors)</i>			TYPE OF REPORT		
Ellen for Mayor			7th Day Preceding Election		
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Zoppo-Sassu		Ellen		A	10/05/21
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
Sawicki & Son			<input checked="" type="radio"/> Check #321 <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
1521 W Lafayette		Detroit		MI	48216
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
A-SIGN	Yard Signs	N/A		1308.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Zoppo-Sassu		Ellen		A	10/21/21
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
Max's Pizza			<input type="radio"/> Check #324 <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
108 Stafford Ave		Bristol		CT	06010
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
FOOD	Pizza for workers after debate at St. Paul's	N/A		200.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
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 #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section T — This Page</b>		1508.00			
<b>TOTAL of additional Section T Pages</b>		0			
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>		1508.00			