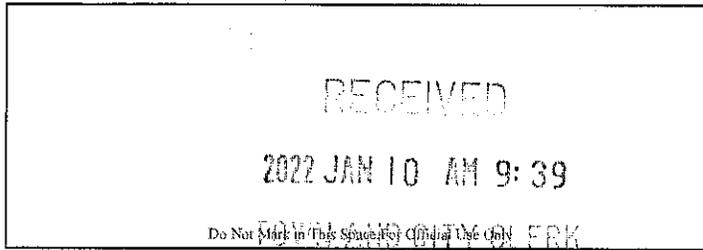


SEEC FORM 20

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



COVER PAGE

| | | | |
|--|---|--|--|
| 1. NAME OF COMMITTEE | | | |
| Ellen for Mayor | | | |
| 2. TREASURER NAME | | | |
| First Wyland | MI D | Last Clift | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 1175 South Main Street Unit 9 | City Plantsville | State CT | Zip Code 06479 |
| 4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/02/2021 | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> Mayor | | 6. DISTRICT NUMBER <i>(if applicable)</i> |
| 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 type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> | <input checked="" type="radio"/> Termination | _____ |
| <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| Beginning Date 10/25/2021 | | Ending Date 12/31/2021 | |
| 10. CERTIFICATION | | | |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | |
|  TREASURER OR DEPUTY TREASURER (SIGNATURE) | | Wyland Dale Clift PRINT NAME OF SIGNER | 01/10/2022 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. | | | |

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT | |
|---|-------------------------|-----------------------|
| Ellen for Mayor | Termination | |
| | 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 | \$22,918.92 | |
| 13. Contributions Received from Individuals (Sections A and B) | \$3,648.60 | \$44,988.60 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$2,000.00 | \$10,100.00 |
| 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) | \$5,648.60 | \$55,988.60 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | \$28,567.52 | \$55,988.60 |
| 19. Expenses Paid by Committee (Section P) | \$28,567.52 | \$55,988.60 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 0 | 0 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | 0 | \$400.00 |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | 0 | 0 |
| 23. In-Kind Contributions Received (Section M) | 0 | 0 |
| 24. Refundable Deposit to Telephone Company (Section N) | 0 | 0 |
| 25. Loan Balance | 0 | |
| 25a. + Loans Received (Section D) | 0 | 0 |
| 25b. + Interest and Penalties on Loan | 0 | 0 |
| 25c. - Payments on Loan | 0 | 0 |
| 25d. Total Outstanding Loan Amount | 0 | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 0 | 0 |
| 27. Expenses Incurred on Committee Credit Card (Section R) | 0 | 0 |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | 0 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | 0 | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|--|---------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Ellen for Mayor | Termination |
| 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 Duchaine | First Susan | MI B |
| Residential Street Address 102 Anthony Dr | City Bristol | State CT |
| | Zip Code 06010 | |
| Principal Occupation Oncology Outpatient Coder | Name of Employer Yale New Haven Health | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | Amount of Contribution \$50.00 |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> 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 10/30/2021 | Aggregate Contributions \$50.00 |

| | | |
|---|---|---|
| Last Name Gutsfeld | First Jeffrey | MI R |
| Residential Street Address 7 Minister Brook Dr | City Simsbury | State CT |
| | Zip Code 06089 | |
| Principal Occupation executive | Name of Employer Downes Construction | |
| 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 \$198.60 |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| 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 10/30/2021 | Aggregate Contributions \$198.60 |

| | | |
|---|---|---|
| Last Name Tomasso | First William | MI A |
| Residential Street Address 111 Kent Rd | City New Britain | State CT |
| | Zip Code 06052 | |
| Principal Occupation executive | Name of Employer Tomasso Brothers 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 \$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"/> 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 10/30/2021 | Aggregate Contributions \$500.00 |

| | |
|---|------------|
| SUBTOTAL Section B — This Page | \$748.60 |
| TOTAL of additional Section B Pages | \$2,900 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | \$3,648.60 |

| | | | |
|--|--|--|------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Ellen for Mayor | | Termination | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Passamano | | First Robert | MI J |
| Residential Street Address 48 Dino Rd | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation executive | | Name of Employer Eversource | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | Amount of Contribution \$250.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | |
| 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 | | 10/30/2021 | \$250.00 |
| Last Name Cercone | | First Edward | MI A |
| Residential Street Address 173 Crown Street | | City Bristol | State CT Zip Code 06010 |
| Principal Occupation None | | Name of Employer None | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input checked="" type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? | 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: | |
| 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 | | 11/10/2021 | \$50.00 |
| Last Name Soucy | | First Donald | MI R |
| Residential Street Address 566 Willis 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? | 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: | |
| 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 | | 11/10/2021 | \$200.00 |
| SUBTOTAL Section B -- This Page | | \$500.00 | |
| TOTAL of additional Section B Pages | | \$2,900 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | | \$3,648.60 | |

| | | | |
|---|---|--|--|
| NAME OF COMMITTEE: <i>(Provide Complete Name as Registered with Filing Repository)</i> | | TYPE OF REPORT | |
| Ellen for Mayor | | Termination | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Cavallari | | First Michael | |
| Residential Street Address 41 Knob Hill Lane | | City Bristol | State CT |
| Principal Occupation manager | | 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 | | |
| 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 11/10/2021 | |
| Last Name Ghio | | First William | |
| Residential Street Address 8 Summerberry Circle | | 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 \$1000.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | |
| 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 11/10/2021 | |
| Last Name DaCruz | | First Victor | |
| Residential Street Address 9 Serra Drive | | City Unionville | State CT |
| Principal Occupation Business Owner | | Name of Employer DeCruz Manufacturing | |
| 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 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 10/27/2021 | |
| SUBTOTAL Section B — This Page | | \$1350.00 | |
| TOTAL of additional Section B Pages | | \$2,900.00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | | \$3,648.60 | |

Section B ADDITIONAL PAGE 3 of 3

| | |
|--|-----------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Ellen for Mayor | Termination |
| 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 Jakubowski | | First Nick | | MI |
| Residential Street Address 51 Rockwell Avenue | | City Bristol | State CT | Zip Code 06010 |
| Principal Occupation Executive Director | | Name of Employer Pathways/Senderos Center N.B. | | |
| 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 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 11/27/2021 | Aggregate Contributions \$50.00 | |

| | | | | |
|---|---|--|---|-------------------|
| Last Name Stillman | | First Roy | | MI |
| Residential Street Address 534 Hudson Street 3B | | City New York | State NY | Zip Code 10014 |
| Principal Occupation real estate developer | | Name of Employer Stillman Development Internatonal, 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 \$1000.00 | |
| 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 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 10/27/2021 | Aggregate Contributions \$1000.00 | |

| | | | | |
|---|---|------------------|---|----------|
| Last Name | | First | | MI |
| Residential Street Address | | City | State | Zip Code |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received | Aggregate Contributions | |

| | |
|---|------------|
| SUBTOTAL Section B — This Page | \$1050.00 |
| TOTAL of additional Section B Pages | \$2,900.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | \$3,648.60 |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | | |
|---|-------------------------------|--|---|------------------------|-------------------------|------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| Ellen for Mayor | | | | | | Termination | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Bricklayers & Allied Craftworkers Local 1 CT | | | | John Chandler | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? | | | Amount of Contribution | |
| 17 N Plains Industrial Road | | | <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____ | | | | |
| City | | State | Zip Code | Date Received | Aggregate Contributions | | |
| Wallingford | | CT | 06492 | 10/31/2021 | \$500.00 | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Int'l Union of Painters and Allied Trades IUPAT Pol. Action Together Legis. I | | | | James A. Williams, Jr. | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? | | | Amount of Contribution | |
| 1492 Berlin Turnpike | | | <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____ | | | | |
| City | | State | Zip Code | Date Received | Aggregate Contributions | | |
| Berlin | | CT | 06037 | 11/01/2021 | \$1,500.00 | | |
| 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 checked="" type="radio"/> No If yes, list Event # _____ | | | | |
| 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 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 # (if applicable) | Payment Type | | | Amount of Receipt | | |
| | | <input checked="" type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | | |
| Description | | | | | | | |
| | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | \$2,000.00 | |
| TOTAL of additional Section C Pages | | | | | | 0 | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <small>(Sections C1 + C2) (Enter total on Line 1A, Column A of Summary Page Totals)</small> | | | | | | \$2,000.00 | |

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 | Termination |
|-----------------|-------------|

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 | |

| | |
|-------------------------|--|
| Aggregate Contributions | |
|-------------------------|--|

| | | | |
|----------------|--|--|--|
| Name of Entity | | | |
|----------------|--|--|--|

| | | |
|----------------|---------------|------------------------|
| Street Address | Date Received | Amount Received |
| City | State | |

| | |
|-------------------------|--|
| Aggregate Contributions | |
|-------------------------|--|

| | | | |
|----------------|--|--|--|
| Name of Entity | | | |
|----------------|--|--|--|

| | | |
|----------------|---------------|------------------------|
| Street Address | Date Received | Amount Received |
| City | State | |

| | |
|-------------------------|--|
| Aggregate Contributions | |
|-------------------------|--|

| | |
|------------------------|---|
| TOTAL SECTION E | 0 |
|------------------------|---|

I. MONETARY RECEIPTS (Sections A—K)

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

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? | If yes, list Event # | Amount |
|-----------------|--|----------------------|--------|
| | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |

| | |
|------------------------|---|
| 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 | Termination |

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

TOTAL SECTION K 0

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

| | | |
|--|---|---|
| Total Loans Received this Period (Section D) | 0 | |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) | + | 0 |
| Total Amount Transferred from Affiliated Business Treasury (Section F) | + | 0 |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) | + | 0 |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | + | 0 |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | + | 0 |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | + | 0 |
| Total of Other Monetary Receipts <i>(Add Sections D through K) (Enter total on Line 15, 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 | | | Termination | |
| L1. Event Information | | | | |
| Event # | Date of Event | Letter | Description | Was this a fundraising event? |
| | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Location: Street Address | | City | | State Zip Code |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | | <input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | | <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 50px;" type="text"/> \$ <input type="radio"/> No | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | | <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No | |
| Subpart 3: (Town Committees ONLY) | | | | |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? | | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 50px;" type="text"/> \$ <input type="radio"/> No | |
| Event # | Date of Event | Letter | Description | Was this a fundraising event? |
| | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Location: Street Address | | City | | State Zip Code |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | | <input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | | <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 50px;" type="text"/> \$ <input type="radio"/> No | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | | <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No | |
| Subpart 3: (Town Committees ONLY) | | | | |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? | | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 50px;" type="text"/> \$ <input type="radio"/> No | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | 0 | |
| SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | | | 0 | |
| TOTAL of additional Section L1 Pages | | | 0 | |
| TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i> | | | 0 | |

II. EVENT ACTIVITY (Sections L1—L5)

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

| | | | | | | |
|---|---------|------------------------------------|-------------------------------|-------------------------|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | | TYPE OF REPORT | |
| Ellen for Mayor | | | | | Termination | |
| L3. Purchases of Advertising in a Program Book or on a Sign | | | | | | |
| Name of Purchaser | | | | | Purchase Made By: | |
| | | | | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | | |
| | | | | | | |
| Name of Purchaser | | | | | Purchase Made By: | |
| | | | | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | | |
| | | | | | | |
| Name of Purchaser | | | | | Purchase Made By: | |
| | | | | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | | |
| | | | | | | |
| Name of Purchaser | | | | | Purchase Made By: | |
| | | | | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | | |
| | | | | | | |
| Name of Purchaser | | | | | Purchase Made By: | |
| | | | | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | | |
| | | | | | | |
| Name of Purchaser | | | | | Purchase Made By: | |
| | | | | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | |
| Street Address | | | City | | State | Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase | | |
| | | | | | | |
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page | | | | | 0 | |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page | | | | | 0 | |
| TOTAL of additional Section L3 Pages | | | | | 0 | |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i> | | | | | 0 | |

II. EVENT ACTIVITY (Sections L1—L5)

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

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 |
| 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 |
| 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 |
| 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 | | |

| | |
|--|---|
| SUBTOTAL Section L4 — This Page | 0 |
| TOTAL of additional Section L4 Pages | 0 |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i> | 0 |

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

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | |
|--|---|---|---|-------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| Ellen for Mayor | | | Termination | |
| L5. In-Kind Donations Not Considered Contributions Associated with a House Party | | | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| | | | | |
| 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 |
| | | | | |
| 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 |
| | | | | |
| 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 |
| | | | | |
| 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 |
| | | | | |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| | | | | |
| SUBTOTAL Section L5 — This Page | | | 0 | |
| TOTAL of additional Section L5 Pages | | | 0 | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (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 | | | | Termination | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| Central CT Communications | | | 11/01/2021 | | <input checked="" type="radio"/> Check #325 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| 1 Liberty Square | | New Britain | | CT | 06051 |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| A-NEWS | newspaper ad | | | | \$1,099.91 |
| 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: |
| Blue Edge Strategies | | | 11/5/2021 | | <input checked="" type="radio"/> Check #326 <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 |
| A-DM | Direct Mail | | | | \$14,257.29 |
| 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: |
| Blue Edge Strategies | | | 11/05/2021 | | <input checked="" type="radio"/> Check #327 <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 |
| A-ATM | Telephone Survey | | | | \$52.07 |
| 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: |
| Blue Edge Strategies | | | 11/05/2021 | | <input checked="" type="radio"/> Check #328 <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 | Consulting | | | | \$500.00 |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | | \$15,909.27 | |
| TOTAL of additional Section P Pages | | | | \$12,658.25 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | | | \$28,567.52 | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
|--|---|-------------------------------|--|
| Ellen for Mayor | | Termination | |
| P. Expenses Paid by Committee | | | |
| Name of Payee Teran Chapis | | Date of Payment 11/10/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>329</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 21 Wellesly College Rd Unit 1243 | | City Wellesley | State MA |
| Zip Code 02481 | | | |
| Purpose of Expenditure (by code) CNSLT | Description Consulting | Event # | Amount \$50.00 |
| 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 Roy Stillman | | Date of Payment 11/15/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>330</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 534 Hudson Street Apt 3B | | City New York | State NY |
| Zip Code 10014 | | | |
| Purpose of Expenditure (by code) EWF | Description Refund of contribution | Event # | Amount \$1,000.00 |
| 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 Ellen A. Zoppo-Sassu | | Date of Payment 11/22/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>331</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 of campaign expenses paid personally | Event # | Amount \$942.50 |
| 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 U.S. Postal Service | | Date of Payment 11/22/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>332</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 847 South Main St | | City Plantsville | State CT |
| Zip Code 06479 | | | |
| Purpose of Expenditure (by code) POST | Description stamps | Event # | Amount \$174.00 |
| 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 | | \$2,166.50 | |
| TOTAL of additional Section P Pages | | \$12,658.25 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | \$28,567.52 | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
|--|---|-----------------|---|----------|
| Ellen for Mayor | | | Termination | |
| P. Expenses Paid by Committee | | | | |
| Name of Payee | | Date of Payment | Method of Payment: | |
| Bristol Historical Society | | 12/31/2021 | <input checked="" type="checkbox"/> Check # 333 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| P.O. Box 1393 | | Bristol | CT | 06011 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| SRPLS | Distribution of surplus | | \$500.00 | |
| 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 | | Date of Payment | Method of Payment: | |
| Memorial Military Museum | | 12/31/2021 | <input checked="" type="checkbox"/> Check # 334 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| 252 Fern Hill Rd | | Bristol | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| SRPLS | Distribution of surplus | | \$500.00 | |
| 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 | | Date of Payment | Method of Payment: | |
| City of Bristol - Arts and Culture Commission | | 12/31/2021 | <input checked="" type="checkbox"/> Check # 335 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| 111 North Main St | | Bristol | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| SRPLS | Distribution of surplus | | \$500.00 | |
| 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 | | Date of Payment | Method of Payment: | |
| City of Bristol - Diversity Council | | 12/31/2021 | <input checked="" type="checkbox"/> Check # 336 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| 111 North Main St | | Bristol | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | Amount | |
| SRPLS | Distribution of surplus | | \$500.00 | |
| 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 | | | \$2,000.00 | |
| TOTAL of additional Section P Pages | | | \$12,658.25 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | | \$28,567.52 | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
|--|---|-------------------------------|--|
| Ellen for Mayor | | Termination | |
| P. Expenses Paid by Committee | | | |
| Name of Payee City of Bristol - CERT | | Date of Payment 12/31/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>337</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 111 North Main Street | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Purpose of Expenditure (by code) SRPLS | Description Distribution of surplus | Event # | Amount \$500.00 |
| 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 Boys and Girls Club - Cambridge Park Unit | | Date of Payment 12/31/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>338</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 255 West Street | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Purpose of Expenditure (by code) SRPLS | Description Distribution of surplus | Event # | Amount \$250.00 |
| 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 Bristol Brass and Wind Ensemble | | Date of Payment 12/31/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>339</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address 145 Redwood Drive | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Purpose of Expenditure (by code) SRPLS | Description Distribution of surplus | Event # | Amount \$250.00 |
| 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 Bristol Arts and Culture Foundation | | Date of Payment 12/31/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>340</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address c/o Zoppo - 47 Kory Lane | | City Bristol | State CT |
| | | Zip Code 06010 | |
| Purpose of Expenditure (by code) SRPLS | Description Distribution of surplus | Event # | Amount \$400.00 |
| 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 | | \$1,400.00 | |
| TOTAL of additional Section P Pages | | \$12,658.25 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | \$28,567.52 | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
|--|---|-------------------------------|--|-------------------|
| Ellen for Mayor | | | Termination | |
| P. Expenses Paid by Committee | | | | |
| Name of Payee Ellen A. Zoppo Sassu | | Date of Payment 12/31/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>341</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 of campaign expenses from personal funds | Event # | Amount \$551.63 | |
| 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 Bristol Democratic Town Committee | | Date of Payment 12/31/2021 | Method of Payment: <input checked="" type="checkbox"/> Check # <u>342</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address c/o Gerald Gardner, 90 Pinehurst Rd. | | City Bristol | State CT | Zip Code 06010 |
| Purpose of Expenditure (by code) SRPLS | Description Distribution of campaign funds surplus | Event # | Amount \$6,540.12 | |
| 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 | | 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 # | 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 | | | |
| Name of Payee | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # <u>332</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | 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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | |
| SUBTOTAL Section P — This Page | | | \$7,091.75 | |
| TOTAL of additional Section P Pages | | | \$12,658.25 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | | \$28,567.52 | |

IV. EXPENDITURES (Sections P—T)

| | |
|--|-----------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|--|-----------------------|

| | |
|-----------------|-------------|
| Ellen for Mayor | Termination |
|-----------------|-------------|

Q. Campaign Expenses Paid by Candidate

| | | |
|---|-----------------|---|
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
|---|-----------------|---|

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

| | | | |
|-------------------------------------|-------------|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
|-------------------------------------|-------------|---------|---------------|

| | | |
|---|-----------------|---|
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
|---|-----------------|---|

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

| | | | |
|-------------------------------------|-------------|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
|-------------------------------------|-------------|---------|---------------|

| | | |
|---|-----------------|---|
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
|---|-----------------|---|

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

| | | | |
|-------------------------------------|-------------|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
|-------------------------------------|-------------|---------|---------------|

| | | |
|---|-----------------|---|
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
|---|-----------------|---|

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

| | | | |
|-------------------------------------|-------------|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
|-------------------------------------|-------------|---------|---------------|

| | | |
|---|-----------------|---|
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
|---|-----------------|---|

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

| | | | |
|-------------------------------------|-------------|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
|-------------------------------------|-------------|---------|---------------|

| | | |
|---|-----------------|---|
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
|---|-----------------|---|

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

| | | | |
|-------------------------------------|-------------|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
|-------------------------------------|-------------|---------|---------------|

SUBTOTAL Section Q — This Page

0

TOTAL of additional Section Q Pages

0

TOTAL OF ALL EXPENSES PAID BY CANDIDATE
(Enter total on Line 26, 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 | | | Termination | |
| R. Expenses Incurred on Committee Credit Card | | | | |
| Name of Issuing Institution | | Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other: | | |
| Name of Vendor, Person or Entity | | | Date of Transaction | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R 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"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Vendor, Person or Entity | | | Date of Transaction | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R 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"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Vendor, Person or Entity | | | Date of Transaction | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R 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"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Vendor, Person or Entity | | | Date of Transaction | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R 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"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| SUBTOTAL Section R — This Page | | | 0 | |
| TOTAL of additional Section R Pages | | | 0 | |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, Column A of Summary Page Totals)</i> | | | 0 | |

