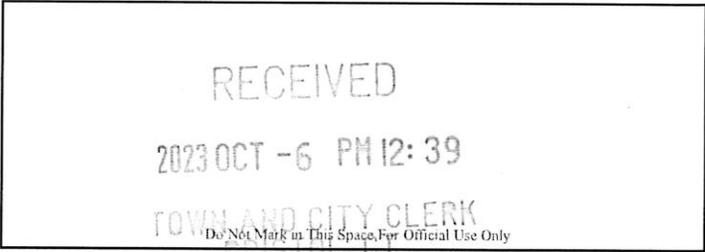


# SEEC FORM 20

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



## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Reelect Andrew			
<b>2. TREASURER NAME</b>			
First Jon	MI P	Last FitzGerald	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 99 Gregory Rd	City Bristol	State CT	Zip Code 06010
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/07/2023	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> City Council		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i> 2
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Andrew	MI G	Last Howe	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 type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date July 1 2023		Ending Date thru September 30, 2023	
<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)		Jon P. FitzGerald PRINT NAME OF SIGNER	
		Oct 6, 2023 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	
Reelect Andrew	October 10	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	1058.23	
13. Contributions Received from Individuals (Sections A and B)	1380	3205
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	2438.23	3205
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2438.23	3205
19. Expenses Paid by Committee (Section P)	1144.94	1911.71
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1293.29	1293.29
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	316.54	316.54
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)**

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Reelect Andrew	October 10
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$655
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Betts	First George	MI
Residential Street Address 1924 Perkins St	City Bristol	State CT
Principal Occupation retired	Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> 50
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 09082023A <input checked="" type="radio"/> Yes <input 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 9.8.23	Aggregate Contributions 100

Last Name Caggiano	First Jeffrey	MI
Residential Street Address 27 Cricket Hill Rd	City Bristol	State CT
Principal Occupation mayor	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	<b>Amount of Contribution</b> 100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input checked="" type="radio"/> Yes <input 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 type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 09/08/2023	Aggregate Contributions 125

Last Name Carlson	First Eric	MI
Residential Street Address 182 Morningside Dr East	City Bristol	State CT
Principal Occupation electrician	Name of Employer Morningside Electric	
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	<b>Amount of Contribution</b> 75
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 09082023A <input checked="" type="radio"/> Yes <input 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 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 09/08/2023	Aggregate Contributions 100

<b>SUBTOTAL Section B — This Page</b>	225
<b>TOTAL of additional Section B Pages</b>	500
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	725

**Section B ADDITIONAL PAGE** 30 **of** 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Reelect Andrew				October 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Carello		Richard			
Residential Street Address		City		State	Zip Code
23 Mount Pleasant St		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b> 100
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>09082023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/8/2023	100		
Last Name		First		MI	
Collins		Andrew			
Residential Street Address		City		State	Zip Code
159 Redstone Hill Rd., #184		Bristol		CT	06010
Principal Occupation		Name of Employer			
auditor		State of Connecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b> 50
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>09082023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/8/2023	70		
Last Name		First		MI	
Erosenko		Michael			
Residential Street Address		City		State	Zip Code
40 Palmorr PL		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b> 100
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/18/23	140		
<b>SUBTOTAL Section B — This Page</b>				250	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 36 of 17

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Reelect Andrew				October 10	
<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	
Erosenko		Michael			
Residential Street Address		City		State	Zip Code
40 Palmorr PL		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		50	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7.21.23	190		
Last Name		First		MI	
Gregoire		Diane			
Residential Street Address		City		State	Zip Code
301 Main Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		50	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/8/23	85		
Last Name		First		MI	
Gregoire		Donald			
Residential Street Address		City		State	Zip Code
301 Main Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		50	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/8/23	85		
<b>SUBTOTAL Section B — This Page</b>				150	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE 30 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Reelect Andrew		October 10	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		<b>SUBTOTAL SECTION A</b> \$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Parenti		First Robert	
Residential Street Address 101 Dipietro Lane		City Bristol	State CT
Principal Occupation teacher		Name of Employer West Hartford Bd of Ed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution 100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09082323A</u>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9.14.23	Aggregate Contributions 200
Last Name		First	
Residential Street Address		City	State
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	
Residential Street Address		City	State
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>			100
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Reelect Andrew						October 10	
<b>C1. Contributions from Other Committees</b>							
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			
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			
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>						0	
<b>TOTAL of additional Section C Pages</b>							
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)						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>
Reelect Andrew	October 10

### D. Loans Received this Period

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

<b>TOTAL SECTION D</b>	0
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### E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

<b>Name of Entity</b>			
<b>Street Address</b>		<b>Date Received</b>	<b>Amount Received</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Aggregate Contributions</b>
<b>Name of Entity</b>			
<b>Street Address</b>		<b>Date Received</b>	<b>Amount Received</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Aggregate Contributions</b>
<b>Name of Entity</b>			
<b>Street Address</b>		<b>Date Received</b>	<b>Amount Received</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Aggregate Contributions</b>

<b>TOTAL SECTION E</b>	0
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# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Reelect Andrew	TYPE OF REPORT October 10
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### F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

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

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

**TOTAL SECTION H**      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>
Reelect Andrew	October 10

## J. Interest from Deposits in Authorized Accounts

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

**TOTAL SECTION J**    0

## K. Miscellaneous Monetary Receipts not Considered Contributions

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

**TOTAL SECTION K**    0

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	0	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0
<b>Total of Other Monetary Receipts</b> <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
Reelect Andrew	October 10

### L1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event?
09082023	A	cocktail party	<input checked="" type="radio"/> Yes <input type="radio"/> No

Location: Street Address 1960 Perkins St	City Bristol	State CT	Zip Code 06010
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**Subpart 1: (All Committees)**  
Was this event hosted at a personal residence?  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.)  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?  Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)  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?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  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?  Yes (If yes, enter Total Receipts here.)  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?  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.)  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?  Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes (If yes, enter Total Receipts here.)  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?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  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?  Yes (If yes, enter Total Receipts here.)  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	
Reelect Andrew				October 10	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>					
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	
<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>				0	
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>				0	
<b>TOTAL of additional Section L3 Pages</b>				0	
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>				0	
<i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>					

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Reelect Andrew	October 10

**L4. In-Kind Donations Not Considered Contributions**

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	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			<b>Fair Market Value of Donation</b>	
	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			<b>Fair Market Value of Donation</b>	
	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			<b>Fair Market Value of Donation</b>	
	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

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

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Reelect Andrew	October 10

**L5. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host Cara Pavalock D'Amato		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address 1960 Perkins St	City Bristol	State CT	Zip Code 06010
Description of Donation None. Food, beverages, and invitations purchased by campaign.		<b>Fair Market Value of Donation</b> 0	
Event # 09082023A	Aggregate Value of this Event—all hosts 0	Aggregate Value of all Events—this host/candidate 0	

Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code
Description of Donation		<b>Fair Market Value of Donation</b>	
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 checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code
Description of Donation		<b>Fair Market Value of Donation</b>	
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 checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code
Description of Donation		<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	

<b>SUBTOTAL Section L5 — This Page</b>	0
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<b>TOTAL of additional Section L5 Pages</b>	0
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<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>	0
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### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Reelect Andrew	October 10

#### M. In-Kind Contributions

Name			
Street Address		City	State    Zip Code

Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Fair Market Value of this Contribution</b>
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Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	
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Name			
Street Address		City	State    Zip Code

Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Fair Market Value of this Contribution</b>
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Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	
--	---	--

Name			
Street Address		City	State    Zip Code

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

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Fair Market Value of this Contribution</b>
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Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>	
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<b>SUBTOTAL Section M — This Page</b>	0
<b>TOTAL of additional Section M Pages</b>	0
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	0

#### N. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made
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Residential Street Address	City	State	Zip Code	<b>Amount of Deposit</b>
Name of Telephone Company				

Street Address	City	State	Zip Code
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<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>	0
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**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Reelect Andrew		October 10	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment:
160 Strategies		7/7/2023	<input checked="" type="radio"/> Check # 103 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
139 Grove St		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	CNSLT, PRNT		292.50
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:
Andrew Howe		8/23/23	<input checked="" type="radio"/> Check # 107 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
70 John Ave		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	RMB stamps and envelopes	09082023A	70.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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"/> 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:
Andrew Howe		9/8/23	<input checked="" type="radio"/> Check # 108 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
70 John Ave		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	RMB for beverages	09082023A	245.79
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:
Southside Catering		9/11/23	<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
145 West Street		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	food	09082023A	500
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>		1109.04	
<b>TOTAL of additional Section P Pages</b>		7.50	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>		1116.54	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Reelect Andrew			October 10	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Jon P. FitzGerald		9.11.23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
99 Gregory Rd		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
RMB	printing for fundraiser	09082023	7.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>		<b>7.50</b>		

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Reelect Andrew		October 10	

**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?
Walgreens		8.21.23	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
525 Farmington Ave	Bristol	CT	06010
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
FNDR	stamps	09082023A	52.80
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed?
Walmart		8/22/2023	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
1400 Farmington Ave	Bristol	CT	06010
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
FNDR	envelops	0908223A	17.95
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed?
Maple End Package Store		9.7.2023	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
192 North Stree	Bristol	CT	06010
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
FNDR	beverages	09082323A	245.79
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 <i>(by code)</i>	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 <i>(by code)</i>	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 <i>(by code)</i>	Description	Event #	Amount

**SUBTOTAL Section Q — This Page** 316.54

**TOTAL of additional Section Q Pages** 0

**TOTAL OF ALL EXPENSES PAID BY CANDIDATE** 316.54  
*(Enter total on Line 26, Column A of Summary Page Totals)*





