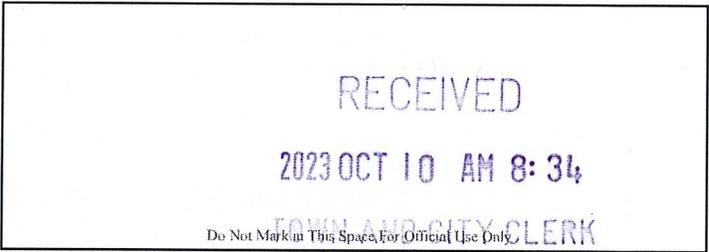


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE

Reelect Andrew

2. TREASURER NAME

| | | | |
|--------------|---------|--------------------|--------|
| First Jon | MI P | Last FitzGerald | Suffix |
|--------------|---------|--------------------|--------|

3. TREASURER ADDRESS

| | | | |
|---------------------------------|-----------------|-------------|-------------------|
| Street Address 99 Gregory Rd | City Bristol | State CT | Zip Code 06010 |
|---------------------------------|-----------------|-------------|-------------------|

| | | |
|---|---|--|
| 4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/2023 | 5. OFFICE SOUGHT (Complete only if Candidate Committee) City Council | 6. DISTRICT NUMBER (if applicable) 2 |
|---|---|--|

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

| | | | |
|-----------------|---------|--------------|--------|
| First Andrew | MI G | Last Howe | Suffix |
|-----------------|---------|--------------|--------|

8. TYPE OF REPORT (Check One Box)

| | | | |
|---|---|--|--|
| <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 (PACs ONLY) |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input checked="" 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 (State Central Committees Only) | <input type="radio"/> Termination | October 10 |
| <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |

9. PERIOD COVERED

| | |
|----------------|-------------------------|
| Beginning Date | Ending Date |
| July 1 2023 | thru September 30, 2023 |

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) | Jon P. FitzGerald PRINT NAME OF SIGNER | 10/10/2023 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.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

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

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

B. Itemized Contributions from Individuals

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

| | | | | | |
|---|---|--|---------------------------------------|---|----------|
| Last Name Caggiano | | First Jeffrey | | MI MI | |
| Residential Street Address 27 Cricket Hill Rd | | City Bristol | | State CT | Zip Code |
| 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 | | | Amount of Contribution 100 | |
| 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 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 MI | |
| Residential Street Address 182 Morningside Dr East | | City Bristol | | State CT | Zip Code 06010 |
| 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 | | | Amount of Contribution 75 | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 09082023A | <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 09/08/2023 | Aggregate Contributions 100 | | |

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

| | | | | | |
|--|--|--|-------------------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Reelect Andrew | | | | October 10 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| 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? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100 | |
| 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 | |
| 09082023A | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 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? | | 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? 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 | |
| 09082023A | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 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? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | 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 | | |
| SUBTOTAL Section B — This Page | | | | 250 | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | | |

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

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--------------------------------|---|-------------------|
| Last Name Erosenko | | First Michael | | MI | |
| Residential Street Address 40 Palmorr PL | | City Bristol | | State CT | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution 50 | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input checked="" 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 checked="" type="radio"/> Executive <input checked="" type="radio"/> Legislative <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7.21.23 | Aggregate Contributions 190 | | |

| | | | | | |
|--|--|--|-------------------------------|---|-------------------|
| Last Name Gregoire | | First Diane | | MI | |
| Residential Street Address 301 Main Street | | City Bristol | | State CT | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution 50 | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>090823A</u> <input checked="" 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 checked="" type="radio"/> Executive <input checked="" type="radio"/> Legislative <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 9/8/23 | Aggregate Contributions 85 | | |

| | | | | | |
|--|--|--|-------------------------------|---|-------------------|
| Last Name Gregoire | | First Donald | | MI | |
| Residential Street Address 301 Main Street | | City Bristol | | State CT | Zip Code 06010 |
| Principal Occupation retired | | Name of Employer retired | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution 50 | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>09082023A</u> <input checked="" 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 checked="" type="radio"/> Executive <input checked="" type="radio"/> Legislative <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 9/8/23 | Aggregate Contributions 85 | | |

| | |
|---|-----|
| SUBTOTAL Section B — This Page | 150 |
| TOTAL of additional Section B Pages | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | |

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 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | |
| Parenti | | Robert | |
| Residential Street Address | | City | State |
| 101 Dipietro Lane | | Bristol | CT |
| Principal Occupation | | Name of Employer | |
| teacher | | 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 |
| 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: | | Date Received | Aggregate Contributions |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 9.14.23 | 200 |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | State |
| | | | MI |
| 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 |
| 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: | | Date Received | Aggregate Contributions |
| <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 | | | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | State |
| | | | MI |
| 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 |
| 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: | | Date Received | Aggregate Contributions |
| <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 | | | |
| SUBTOTAL Section B — This Page | | 100 | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | | |
|---|--------------------------------------|---|--|-------------------|-------|-------------------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | | | TYPE OF REPORT | |
| Reelect Andrew | | | | | | October 10 | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No | | | Amount of Contribution | |
| | | | <i>If yes, list Event # _____</i> | | | | |
| City | | State | Zip Code | Date Received | | Aggregate Contributions | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No | | | Amount of Contribution | |
| | | | <i>If yes, list Event # _____</i> | | | | |
| City | | State | Zip Code | Date Received | | Aggregate Contributions | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No | | | Amount of Contribution | |
| | | | <i>If yes, list Event # _____</i> | | | | |
| City | | State | Zip Code | Date Received | | Aggregate Contributions | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | State | Zip Code | |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | Amount of Receipt | |
| Description | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | State | Zip Code | |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | Amount of Receipt | |
| Description | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | 0 | |
| TOTAL of additional Section C Pages | | | | | | | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i> | | | | | | 0 | |
| | | | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

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

D. Loans Received this Period

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

| | |
|------------------------|---|
| TOTAL SECTION D | 0 |
|------------------------|---|

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

| | | | | |
|----------------|-------|----------|-------------------------|------------------------|
| Name of Entity | | | | |
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| Name of Entity | | | | |
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| Name of Entity | | | | |
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |

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

I. MONETARY RECEIPTS (Sections A—K)

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

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

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

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

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

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

| | |
|------------------------|---|
| TOTAL SECTION G | 0 |
|------------------------|---|

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

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

| | |
|------------------------|---|
| TOTAL SECTION H | 0 |
|------------------------|---|

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

| | |
|--|-----------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| 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 |
| 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 <i>(Provide Complete Name as Registered with Filing Repository)</i> | 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 | | City | State Zip Code |
| 1960 Perkins St | | Bristol | CT 06010 |

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 → \$

| | |
|--|---|
| 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 |
| Reelect Andrew | October 10 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | |
|--|---|
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page | 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 |
| Reelect Andrew | October 10 |

L4. In-Kind Donations Not Considered Contributions

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

| | | | |
|----------------|--|-------|----------|
| Name of Donor | | | |
| Street Address | | City | |
| | | State | Zip Code |

| | | | |
|--|-------------------------|---------|--------------------------------------|
| Donation Given By: | Description of Donation | | Fair Market Value of Donation |
| <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Date Received | Event # | |

| | | | |
|----------------|--|-------|----------|
| Name of Donor | | | |
| Street Address | | City | |
| | | State | Zip Code |

| | | | |
|--|-------------------------|---------|--------------------------------------|
| Donation Given By: | Description of Donation | | Fair Market Value of Donation |
| <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Date Received | Event # | |

| | | | |
|----------------|--|-------|----------|
| Name of Donor | | | |
| Street Address | | City | |
| | | State | Zip Code |

| | | | |
|--|-------------------------|---------|--------------------------------------|
| Donation Given By: | Description of Donation | | Fair Market Value of Donation |
| <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Date Received | Event # | |

| | |
|--|---|
| 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 <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | |
|---|--|--|---|-------------------|
| 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. | | | Fair Market Value of Donation 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 | | | 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 checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i> | | |
| Street Address | | City | | State |
| | | | | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—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 | | | 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 checked="" type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i> | | |
| Street Address | | City | | State |
| | | | | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—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 <i>(Enter total on Line 22, Column A of Summary Page Totals)</i> | | | 0 | |

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 |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input 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> | | |
| SUBTOTAL Section M — This Page | | | |
| | | | 0 |
| TOTAL of additional Section M Pages | | | |
| | | | 0 |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS <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 |
| Residential Street Address | | City | State Zip Code |
| Name of Telephone Company | | | Amount of Deposit |
| Street Address | | City | |
| TOTAL SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i> | | | |
| | | | 0 |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
|--|---|-----------------|--|----------|
| Reelect Andrew | | | October 10 | |
| P. Expenses Paid by Committee | | | | |
| 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"/> 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: | |
| 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"/> 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: | |
| 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"/> 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: | |
| 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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| SUBTOTAL Section P — This Page | | | 1109.04 | |
| TOTAL of additional Section P Pages | | | 35.90 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | | 1144.94 | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
|--|---|------------------------------|--|
| Reelect Andrew | | October 10 | |
| P. Expenses Paid by Committee | | | |
| Name of Payee Jon P. FitzGerald | | Date of Payment 9.11.23 | Method of Payment: <input checked="" type="radio"/> Check # 110 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address 99 Gregory Rd | | City Bristol | State CT |
| Zip Code 06010 | | | |
| Purpose of Expenditure (by code) RMB | Description printing for fundraiser | Event # 09082023 | Amount 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 Anedot | | Date of Payment 7/21/2023 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address 1920 McKinley Ave | | City Dallas | State TX |
| Zip Code 75201 | | | |
| Purpose of Expenditure (by code) web | Description fee for online contributions | Event # | Amount 10 |
| 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 Anedot | | Date of Payment 8.25.2023 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address 1920 McKinley Ave | | City Dallas | State TX |
| Zip Code 75201 | | | |
| Purpose of Expenditure (by code) web | Description fee for online contributions | Event # | Amount 3.60 |
| 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 Anedot | | Date of Payment 9.10.23 | Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address 1920 McKinley Ave | | City Dallas | State TX |
| Zip Code 75201 | | | |
| Purpose of Expenditure (by code) web | Description fee for online contributions | Event # 09082023A | Amount 14.80 |
| 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 | | |
| SUBTOTAL Section P — This Page | | 35.90 | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|-------------|-----------|-----------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Reelect Andrew | | | | October 10 | |
| Q. Campaign Expenses Paid by Candidate | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| 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 (by code) | Description | Event # | | Amount | |
| FNDR | stamps | 09082023A | | 52.80 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | 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 (by code) | Description | Event # | | Amount | |
| FNDR | envelops | 0908223A | | 17.95 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | 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 (by code) | Description | Event # | | Amount | |
| FNDR | beverages | 09082323A | | 245.79 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| | | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| | | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| | | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| SUBTOTAL Section Q — This Page | | | | 316.54 | |
| TOTAL of additional Section Q Pages | | | | 0 | |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i> | | | | 316.54 | |

