

# SEEC FORM 20

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



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## COVER PAGE

### 1. NAME OF COMMITTEE

Re-Elect Cheryl

### 2. TREASURER NAME

First	MI	Last	Suffix
Dante	A	Tagariello	

### 3. TREASURER ADDRESS

Street Address	City	State	Zip Code
139 Grove St	Bristol	CT	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)  
3

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

First	MI	Last	Suffix
Cheryl		Thibeault	

### 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 type="radio"/> Amendment to                                     |
| <input type="radio"/> July 10 filing  | <input checked="" type="radio"/> 7th day preceding election                       | <input type="radio"/> Deficit                      | Type of Report:  |
| <input type="radio"/> October 10 filing   | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination                  | _____  |
| <input type="radio"/> 24 Hour Independent Expenditure<br><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
10/01/2023	thru 10/29/2023

### 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.

	Dante Tagariello	10/31/2023
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	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	
Re-Elect Cheryl	7th Day Preceding	
	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	2,884.24	
13. Contributions Received from Individuals (Sections A and B)	65.00	3,340
14. Receipts from Other Committees (Sections C1 and C2)	-	
15. Other Monetary Receipts (Sections D through K)	-	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	-	
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)	-	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	65.00	3,340
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)	2,235.04	2,625.80
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	714.20	714.20
21. In Kind Donations not Considered Contributions Received (Section L4)	-	-
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	-	-
23. In-Kind Contributions Received (Section M)	-	-
24. Refundable Deposit to Telephone Company (Section N)	-	-
25. Loan Balance	-	
25a. + Loans Received (Section D)	-	-
25b. + Interest and Penalties on Loan	-	-
25c. - Payments on Loan	-	-
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	-	-
27. Expenses Incurred on Committee Credit Card (Section R)	-	-
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	-	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	-	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Re-Elect Cheryl		7 Day Preceding	
<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 Bonoia		First Margaret	
Residential Street Address 94 Birch 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	Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/03/2023	Aggregate Contributions 50.00
Last Name Collins		First Andrew	
Residential Street Address 155 Redstone Hill Rd, Apt 184		City Bristol	State CT
Principal Occupation Auditor		Name of Employer State of Connecticut	
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 15.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> 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 10/06/2023	Aggregate Contributions 70.00
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 # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
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>		65.00 —	
<b>TOTAL of additional Section B Pages</b>		—	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>		65.00 —	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Re-Elect Cheryl	7 Day Preceding

### 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			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 # <i>(if applicable)</i>	Payment Type			Amount of Receipt
<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description					

**SUBTOTAL Section C — This Page**

**TOTAL of additional Section C Pages**

**TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS  
(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Re-Elect Cheryl	7 Day Preceding

**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**

**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**

**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>
Re-Elect Cheryl	7 Day Preceding

**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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount

**TOTAL SECTION F**

**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**

**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**

**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.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Re-Elect Cheryl	7 Day Preceding

**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**

**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**

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

Total Loans Received this Period (Section D)	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+
Total Amount Transferred from Affiliated Business Treasury (Section F)	+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+
<b>Total of Other Monetary Receipts</b> (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Re-Elect Cheryl	7 Day Preceding

**L1. Event Information**

Event # <small>Date of Event</small>	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 → \$

Event # <small>Date of Event</small>	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>	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>	
TOTAL of additional Section L1 Pages	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>	

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 (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Re-Elect Cheryl	7 Day Preceding

**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	

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

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Re-Elect Cheryl				7 Day Preceding	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
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 #	Aggregate Value for this 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 #	Aggregate Value for this 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 #	Aggregate Value for this 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 #	Aggregate value for this Event		
Name of Donor					
Street Address			City		State
Zip Code					
<b>SUBTOTAL Section L4 — This Page</b>					
<b>TOTAL of additional Section L4 Pages</b>					
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b>					
<i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Re-Elect Cheryl			7 Day Preceding	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
				Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input 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— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input 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— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input 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— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
<b>SUBTOTAL Section L5 — This Page</b>				
<b>TOTAL of additional Section L5 Pages</b>				
<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>				

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Re-Elect Cheryl	7 Day Preceding

**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 type="radio"/> No		<b>Fair Market Value of this Contribution</b>
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 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 type="radio"/> No		<b>Fair Market Value of this Contribution</b>
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 type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported listed 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 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>		

**SUBTOTAL Section M — This Page**

**TOTAL of additional Section M Pages**

**TOTAL OF ALL IN-KIND CONTRIBUTIONS** *(Enter total on Line 23, Column A of Summary Page Totals)*

**N. Refundable Deposit to Telephone Company**

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

**TOTAL SECTION N** *(Enter total on Line 24, Column A of Summary Page Totals)*

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Re-Elect Cheryl				7 Day Preceding	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Steven Jacruso			10/20/2023		<input checked="" type="radio"/> Check # <u>108</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
173 Hard Hill Rd South		Bethlehem		CT	06751
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	Design				200.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <span style="margin-left: 100px;"><input type="radio"/> Independent</span> <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:
US Postmater - Cheshire					<input checked="" type="radio"/> Check # <u>106</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
210 Mapie Avenue		Cheshire		CT	06410
Purpose of Expenditure (by code)	Description		Event #		Amount
POST					494.14
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) <span style="margin-left: 100px;"><input type="radio"/> Independent</span> <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:
US Postmaster - Cheshire			10/24/2023		<input checked="" type="radio"/> Check # <u>104</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
210 Mapie Avenue		Cheshire		CT	06410
Purpose of Expenditure (by code)	Description		Event #		Amount
POST					256.48
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) <span style="margin-left: 100px;"><input type="radio"/> Independent</span> <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:
US Postmaster - Cheshire			10/24/2023		<input checked="" type="radio"/> Check # <u>105</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
210 Mapie Avenue		Cheshire		CT	06410
Purpose of Expenditure (by code)	Description		Event #		Amount
POST					120.92
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) <span style="margin-left: 100px;"><input type="radio"/> Independent</span> <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>				1,072.04	
<b>TOTAL of additional Section P Pages</b>				1,163.00	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				2,235.04	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Re-Elect Cheryl	7th Day Precedeing

**P. Expenses Paid by Committee**

Name of Payee Eyes on Media	Date of Payment 10/29/2023	Method of Payment: <input checked="" type="radio"/> Check # 721.51 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 200 Reynolds Bridge Rd	City Thomaston	State   Zip Code CT   06787

Purpose of Expenditure (by code) PRNT	Description	Event #	<b>Amount</b>
			721.51
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 169 Strategies LLC	Date of Payment 10/29/2023	Method of Payment: <input checked="" type="radio"/> Check # 110 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 139 Grove St	City Bristol	State   Zip Code CT   06010

Purpose of Expenditure (by code) CNSLT	Description	Event #	<b>Amount</b>
			379.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (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 Mpression Marketing Group	Date of Payment 10/26/2023	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 1 Town Line Rd, Unit 8	City Plainville	State   Zip Code CT   06010

Purpose of Expenditure (by code) Misc	Description Design	Event #	<b>Amount</b>
			62.50
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 checked="" 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		

**SUBTOTAL Section P — This Page 1,163.00**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Re-Elect Cheryl	7 Day Preceding

**Q. Campaign Expenses Paid by Candidate**

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State    Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>
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 #	<b>Amount</b>
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 #	<b>Amount</b>
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 #	<b>Amount</b>
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 #	<b>Amount</b>
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 #	<b>Amount</b>
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 #	<b>Amount</b>

<b>SUBTOTAL Section Q — This Page</b>			
<b>TOTAL of additional Section Q Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			





<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Re-Elect Cheryl	7 Day Preceding

**T. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
--	--

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
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Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section T — This Page</b>	
<b>TOTAL of additional Section T Pages</b>	
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>	