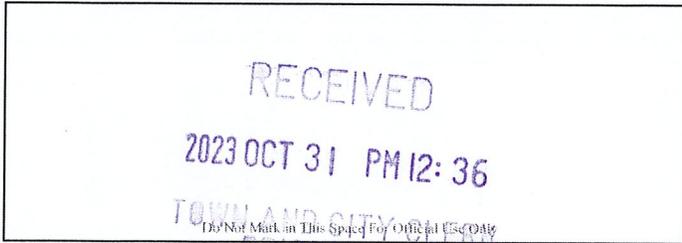


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE			
Liza for city council District 2			
2. TREASURER NAME			
First JASON	MI P	Last SINCO	Suffix
3. TREASURER ADDRESS			
Street Address 21 Aldbourne Drive		City Bristol	State CT
		Zip Code 06010	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER
(mm/dd/yyyy) 11-07-2023	City Council		(if applicable) 2
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Liza	MI	Last Salgado-Sinco	Suffix
8. TYPE OF REPORT <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing <input type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> <input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to <input type="radio"/> July 10 filing <input checked="" type="radio"/> 7th day preceding election <input type="radio"/> Deficit Type of Report: _____ <input type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> <input type="radio"/> Termination <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election <input type="radio"/> 45 days following election not held in November			
9. PERIOD COVERED			
Beginning Date		Ending Date	
10-1-2023		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.			
TREASURER OR DEPUTY TREASURER (SIGNATURE)		JASON SINCO PRINT NAME OF SIGNER	10-30-2023 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	
	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	412.00	
13. Contributions Received from Individuals (Sections A and B)	1,125.00	1,537.00
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)		
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)	348.05	348.05
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		1,188.95
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			
Liza for City Council District 2				7th Day Primary election			
A. Total Contributions from Small Contributors-Received this Period ONLY <small>(See instructions for definition of Small Contributor)</small>				SUBTOTAL SECTION A			
				\$ 0			
B. Itemized Contributions from Individuals							
Last Name Casey			First Steven			MI	
Residential Street Address 83 Peach Tree Lane			City Bristol		State CT	Zip Code 06010	
Principal Occupation retired			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 25.00	
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"/> Executive <input type="radio"/> Legislative					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10-27-23		Aggregate Contributions 25.00			
Last Name Hahn			First Gregory			MI	
Residential Street Address 145 Redwood Dr			City Bristol		State CT	Zip Code 06010	
Principal Occupation IT Program mng'r			Name of Employer Cigna				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Amount of Contribution 30.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10-27-2023		Aggregate Contributions 30.00			
Last Name Pomini			First Frances			MI	
Residential Street Address 681 Broad St			City Bristol		State CT	Zip Code 06010	
Principal Occupation owner			Name of Employer Liberty Recycling				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Amount of Contribution 230-	
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"/> Executive <input type="radio"/> Legislative					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10-26-2023		Aggregate Contributions 230			
SUBTOTAL Section B — This Page						335.00	
TOTAL of additional Section B Pages						800.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>						1,135.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Liza for City Council District 2				7th Day Primary election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 0	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Ragaini		Thomas			
Residential Street Address		City		State	Zip Code
651 West St / unit 38		Bristol		CT	06010
Principal Occupation			Name of Employer		
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		100.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10-26-2023	100.00	
Last Name		First		MI	
Granatek		Kris			
Residential Street Address		City		State	Zip Code
489 Wolcott St		Bristol		CT	06010
Principal Occupation			Name of Employer		
Clinical supervisor			Elevance Health		
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		25.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10-26-2023	25.00	
Last Name		First		MI	
Mc Cauley		Kevin			
Residential Street Address		City		State	Zip Code
19 Spring St		Bristol		CT	06010
Principal Occupation			Name of Employer		
Firefighter			City of Bristol		
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		50.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10-20-2023	50.00	
SUBTOTAL Section B — This Page				175.00	
TOTAL of additional Section B Pages				950.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				1125.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Liza for City Council District 2				7th Day Preceding election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 0	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Roberge		Stacie			
Residential Street Address		City		State	Zip Code
61 Peppermint Lane		Bristol		CT	06010
Principal Occupation		Name of Employer			
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		25.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10-26-2023	25.00		
Last Name		First		MI	
Minor		Craig			
Residential Street Address		City		State	Zip Code
88 Anderson Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
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		25.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10-26-2023	25.00		
Last Name		First		MI	
Minor		Craig			
Residential Street Address		City		State	Zip Code
88 Anderson Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
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		25.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10-23-2023	25.00		
SUBTOTAL Section B — This Page				75.00	
TOTAL OF additional Section B Pages				4030.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				1,125.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Liza for City Council District 2				7th Day Preceding election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 0	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Grover		Nancy			
Residential Street Address		City		State	Zip Code
126 Lawrence Lane		Bristol		CT	06010
Principal Occupation		Name of Employer			
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		75.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10-05-2023	75.00		
Last Name		First		MI	
Sampson		Mayra			
Residential Street Address		City		State	Zip Code
371 Emmett St		Bristol		CT	06010
Principal Occupation		Name of Employer			
/		/			
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		75.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10-11-2023	75.00		
Last Name		First		MI	
Monahan		Rhonda			
Residential Street Address		City		State	Zip Code
124 Old Waterbury Rd		Temple		CT	/
Principal Occupation		Name of Employer			
Nurse		Bristol Hospital			
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		50.00	
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"/> Executive <input type="radio"/> Legislative			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10-11-2023	50.00		
SUBTOTAL Section B — This Page				200.00	
TOTAL of additional Section B Pages				925.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				1,125.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lize for City Council District 2		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Sinko		Jason	P
Residential Street Address		City	State Zip Code
21 Aldbourne Dr		Bristol	CT 06010
Principal Occupation		Name of Employer	
Landscaping		Touch of Pride Landscaping LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	<input checked="" 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
		10-28-2023	100.00
Last Name		First	MI
Pabon		Christian	M
Residential Street Address		City	State Zip Code
21 Aldbourne Dr		Bristol	CT 06010
Principal Occupation		Name of Employer	
Construction		Burgo's construction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	<input checked="" 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
		10-28-2023	100.00
Last Name		First	MI
Gardner		Gerald	
Residential Street Address		City	State Zip Code
90 Ainehurst Rd		Bristol	CT 06010
Principal Occupation		Name of Employer	
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section 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"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate Contributions
		10-26-2023	50.00
SUBTOTAL Section B — This Page		250.00	
TOTAL of additional Section B Pages		875.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		1,125.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lizza for City Council District 2		7th Day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0	
B. Itemized Contributions from Individuals			
Last Name		First	
Manna		Francois	
Residential Street Address		City	
81 Field St		Bristol	
Principal Occupation		State	
Retired		CT	
Name of Employer		Zip Code	
		06010	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		100.00	
Is contribution 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	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10-26-2023	
		Aggregate Contributions	
		100.00	
Last Name		First	
Residential Street Address		City	
Principal Occupation		State	
Name of Employer		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is contribution 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	
<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			
		Aggregate Contributions	
Last Name		First	
Residential Street Address		City	
Principal Occupation		State	
Name of Employer		Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is contribution 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	
<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			
		Aggregate Contributions	
SUBTOTAL Section B — This Page		100.00	
TOTAL of additional Section B Pages		11025.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		11125.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Liza for City Council District 2						7th Day Primary election	
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	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
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)							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Liza for City Council District 2	TYPE OF REPORT 7th Day Primary Election
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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	
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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	
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I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lizy Sm City Council District 2		7th Day Recurring Election	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)			
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No	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:		Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card		
TOTAL SECTION H			
I. Anonymous Contributions			
Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> 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	
Liza for City Council District 2				7th Precinct Election	
J. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address	City		State	Zip Code	
Name of Institution			Date Received		Amount
Street Address	City		State	Zip Code	
TOTAL SECTION J					
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)					+
Total of Other Monetary Receipts					
<i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> hiza for City Council District 2	TYPE OF REPORT 7th Day Precinct Election
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L1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City	State Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? 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	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
<i>Liza for City Council District 2</i>	<i>7th Day Preceding Election</i>

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	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				
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SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				
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TOTAL of additional Section L3 Pages				
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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>				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
12ca for City Council District 2			7th Day Preceding Election	
L4. In-Kind Donations Not Considered Contributions				
Name of Donor				
Street Address		City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State Zip Code
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State Zip Code
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State Zip Code
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this Event	
SUBTOTAL Section L4— This Page				
TOTAL of additional Section L4 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS				
<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
<i>IRA for City Council District 2</i>	<i>Monthly Proceeding Report</i>
L5. In-Kind Donations Not Considered Contributions Associated with a House Party	

Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code

Description of Donation		Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	

Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code

Description of Donation		Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	

Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code

Description of Donation		Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	

Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address	City	State	Zip Code

Description of Donation		Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate	

SUBTOTAL Section L5 — This Page	
--	--

TOTAL of additional Section L5 Pages	
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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>	
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III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Lizee for City Council District 2				7th Day Proceby Election			
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				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 If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
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				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 If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
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				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 If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
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				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 If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
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
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	
Ira for City Council District 2			7th Day Preceding Election	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Blue Edge Strategies		10-13-2013	<input checked="" type="radio"/> Check # 91 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
54 Robert Rd		Manchester	CT	06040
Purpose of Expenditure (by code)	Description	Event #	Amount	
na	4x4 sign	na	319.05	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
na	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Anedot		10-1/10-29	<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1340 Paydus St Suite 1770		New Orleans		
Purpose of Expenditure (by code)	Description	Event #	Amount	
na	Fee's online payment	—	29.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
na	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			348.05	
TOTAL of additional Section P Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			348.05	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
1124 for city council District 2		7th Day Safety clinic	
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 #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount
SUBTOTAL Section Q — This Page			
TOTAL of additional Section Q Pages			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			

