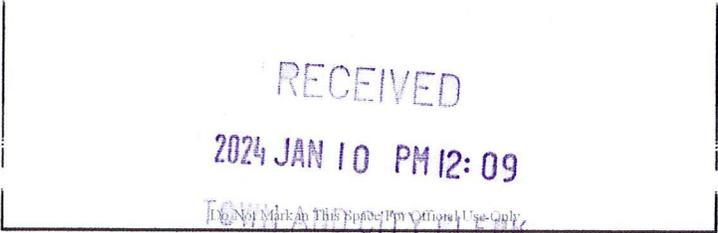


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE

Re-Elect Cheryl

2. TREASURER NAME

First Dante	MI A	Last Tagariello	Suffix
----------------	---------	--------------------	--------

3. TREASURER ADDRESS

Street Address 139 Grove Street	City Bristol	State CT	Zip Code 06010
------------------------------------	-----------------	-------------	-------------------

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)
11/07/2023

5. OFFICE SOUGHT (Complete only if Candidate Committee)

City Council

6. DISTRICT NUMBER

(if applicable)
3

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

First Cheryl	MI	Last Thibeault	Suffix
-----------------	----	-------------------	--------

8. TYPE OF REPORT (Check One Box)

- | | | | |
|---|---|--|--|
| <input type="radio"/> January 10 filing | <input type="radio"/> 15 day preceding primary | <input type="radio"/> 15 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 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 checked="" type="radio"/> Termination | |
| <input type="radio"/> 24 Hour Independent Expenditure
<input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |

9. PERIOD COVERED

Beginning Date	Ending Date
10/30/2023	thru 1/10/2023

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)

Dante Tagariello
PRINT NAME OF SIGNER

1/10/2024
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		
	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	714.20	
13. Contributions Received from Individuals (Sections A and B)	-	3,340.00
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)	714.20	3,340.00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	-	-
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 <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Re-Elect Cheryl		Termination	
A. Total Contributions from Small Contributors—Received in this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <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>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <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>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <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>		
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
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

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

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	
		<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	
		<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	
		<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 <i>(Sections C1 + C2) (Enter total on Line 14, 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	Termination

D. Loans Received this Period

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

TOTAL SECTION D

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

F. MONETARY RECEIPTS (Sections A—K)

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

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

Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input 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: <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) Re-Elect Cheryl	TYPE OF REPORT Termination
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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 (Add Sections D through K) (Enter total on Line 15, 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		Termination	
L1. Event Information			
Event # <i>Date of Event</i>	Description <i>Date</i>	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?		<input type="radio"/> Yes <i>(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.)</i> <input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No	
<hr/>			
Event # <i>Date of Event</i>	Letter	Description <i>Date</i>	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?		<input type="radio"/> Yes <i>(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.)</i> <input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> 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 SWAG PURCHASES			
<i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			

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 1.2. removed*

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

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

Name of Purchaser		Purchase Made By:		
		<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	

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

Name of Purchaser		Purchase Made By:		
		<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	

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

Name of Purchaser		Purchase Made By:		
		<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	

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

Name of Purchaser		Purchase Made By:		
		<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	

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

Name of Purchaser		Purchase Made By:		
		<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship		
Street Address	City	State	Zip Code	

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

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
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>	

III. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Re-Elect Cheryl	Termination
L4. In-Kind Donations Not Considered Contributions	

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

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>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Re-Elect Cheryl				Termination	
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 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				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section I.1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>				
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section I.1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>				
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section I.1? <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>				
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	Amount of Deposit
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			Termination	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment	
169 Strategies LLC		1/9/2024	<input checked="" type="radio"/> Check # 111 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
139 Grove Street		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Fees		459.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment	
Bristol Republican Town Committee		1/9/2024	<input type="radio"/> Check # 112 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
P.O. Box 1983		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
SRPLS	Surplus funds distributed to town committee		55.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment	
Grace Food Pantry		1/9/2024	<input checked="" type="radio"/> Check # 113 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
736 King Street		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
SRPLS	Surplus funds distributed to food pantry -501(c)3		100.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment	
NEW Animal Control Facility Building Fund		1/9/2024	<input checked="" type="radio"/> Check # 114 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
111 North Main Street		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
SRPLS	Surplus funds distributed to fund		100.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			714.20	
TOTAL of additional Section P Pages			—	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			714.20	

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

Q. Campaign Expenses Paid by Candidate

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

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

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

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

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

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

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

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

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

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

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

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

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