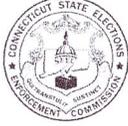


SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE			
Dickau for Bristol			
2. TREASURER NAME			
First Ken	MI	Last Rasmussen-Tuller	Suffix
3. TREASURER ADDRESS			
Street Address 75 Sturbridge Court	City Bristol	State CT	Zip Code 06010
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/04/2025	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> City Council		6. DISTRICT NUMBER <i>(if applicable)</i> 3
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Mark	MI A	Last Dickau	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 type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date <u>07/01/2025</u>	thru	Ending Date <u>09/30/2025</u>	
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)	Ken Rasmussen-Tuller _____ PRINT NAME OF SIGNER	10/01/2025 _____ DATE (mm/dd/yyyy)	
<i>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.</i>			

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	
Dickau for Bristol	Oct 10 Filing	
	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	1338.20	
13. Contributions Received from Individuals (Sections A and B)	1685.00	3070.00
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)	3023.20	
19. Expenses Paid by Committee (Section P)	1472.42	1519.22
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1550.78	1550.78
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	341.00	341.00
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			
Dickau for Bristol				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A			
				\$ 100.00			
B. Itemized Contributions from Individuals							
Last Name Caron			First Kimberly			MI	
Residential Street Address 69 Massachusetts Dr			City Bristol			State CT	Zip Code 06010
Principal Occupation Executive Administrator			Name of Employer New Opportunities Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
						Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/9/25		50.00		
Last Name Erosenko			First Michael			MI	
Residential Street Address 40 Palmorr Pl			City Bristol			State CT	Zip Code 06010
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
						Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/18/25		50.00		
Last Name Sullivan			First Sarah			MI	
Residential Street Address 155 Ashley Rd			City Bristol			State CT	Zip Code 06010
Principal Occupation Officiant			Name of Employer Sarah Sullivan				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
						Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
				<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/20/25		100.00		
SUBTOTAL Section B — This Page						300.00	
TOTAL of additional Section B Pages						1385.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						1685.00	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Dickau for Bristol			Oct 10 Filing	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
080225	A	BBQ Fundraiser	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
205 Village St		Bristol	CT	06010
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input checked="" 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 checked="" 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: 50px;" type="text" value="\$"/> <input checked="" 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 checked="" 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: 50px;" type="text" value="\$"/> <input checked="" type="radio"/> 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?		<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 checked="" 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 checked="" 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: 50px;" type="text" value="\$"/> <input checked="" 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 checked="" 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: 50px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0.00	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			0.00	
TOTAL of additional Section L1 Pages			0.00	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0.00	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Dickau for Bristol			Oct 10 Filing	
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 checked="" type="radio"/> No	
Melissa Dickau			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
205 Village St		Bristol	CT	06010
Description of Donation			Fair Market Value of Donation	
food & beverages			200.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
080225A	341.00	200.00		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Ken Rasmussen-Tuller			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
75 Sturbridge Court		Bristol	CT	06010
Description of Donation			Fair Market Value of Donation	
food & balloons			45.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
080225A	341.00	45.00		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Kimberly Caron			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
69 Massachusetts Dr		Bristol	CT	06010
Description of Donation			Fair Market Value of Donation	
food			96.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
080225A	341.00	96.00		
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			341.00	
TOTAL of additional Section L5 Pages			341.00	
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>			341.00	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Dickau for Bristol				Oct 10 Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Anedot			9/30/25		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
1340 Poydras St. Suite 1770		New Orleans		LA	70112
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Consolidated Anedot fees				51.60
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Image Ink			7/21/25		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
102 Pane Rd		Newington		CT	06111
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	Walk cards				797.63
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Vistaprint			8/4/25		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
100 Hayden Ave		Lexington		MA	02421
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	post it notes				144.61
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Image Ink			8/25/25		<input checked="" type="radio"/> Check # 101 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
102 Pane Rd		Newington		CT	06111
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	yard sign stickers				478.58
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				1472.42	
TOTAL of additional Section P Pages				0.00	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				1472.42	

Section B ADDITIONAL PAGE 1 **of** 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Dickau for Bristol				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name Pons			First Shelby			MI	
Residential Street Address 143 Larkspur Ln			City Bristol		State CT	Zip Code 06010	
Principal Occupation Education Consultant			Name of Employer CT State Department of Education				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/20/25		Aggregate Contributions 50.00		
Last Name Hintz			First Karen			MI	
Residential Street Address 103 Garden St			City Bristol		State CT	Zip Code 06010	
Principal Occupation HR Director			Name of Employer PNT Data Corp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/20/25		Aggregate Contributions 50.00		
Last Name Rao			First Maureen			MI	
Residential Street Address 233 Woodland St			City Bristol		State CT	Zip Code 06010	
Principal Occupation Sr Data Analyst			Name of Employer UHG				
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 # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/21/25		Aggregate Contributions 25.00		
SUBTOTAL Section B — This Page					125.00		
TOTAL of additional Section B Pages					1560.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					1685.00		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Dickau for Bristol		Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Williams		First Logan	MI
Residential Street Address 44 Hull St		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Political Communicator		Name of Employer AFSCME Council 4	
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? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 7/23/25	Aggregate Contributions 250.00
Last Name Grover		First Nancy	MI
Residential Street Address 126 Lawrence Ln		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input 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? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> 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 7/22/25	Aggregate Contributions 50.00
Last Name Gamache		First Timothy	MI
Residential Street Address 1389 Stafford Ave. #311		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input 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? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> 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 7/22/25	Aggregate Contributions 50.00
SUBTOTAL Section B — This Page		350.00	
TOTAL of additional Section B Pages		1335.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		1685.00	

Section B ADDITIONAL PAGE 3 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Dickau for Bristol				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name Roberge			First Christopher			MI	
Residential Street Address 61 Peppermint Ln			City Bristol			State CT	Zip Code 06010
Principal Occupation Tech Sales Support			Name of Employer IMI Norgren				
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 20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No					
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 7/22/25		Aggregate Contributions 20.00		
Last Name Heering			First Ann Marie			MI	
Residential Street Address 86 Roberts Trace			City Bristol			State CT	Zip Code 06010
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/28/25		Aggregate Contributions 25.00		
Last Name Petosa			First Michael			MI	
Residential Street Address 30 Walnut St			City Bristol			State CT	Zip Code 06010
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>080225A</u> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No					
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 8/2/25		Aggregate Contributions 100.00		
SUBTOTAL Section B — This Page					145.00		
TOTAL of additional Section B Pages					1540.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					1685.00		

Section B ADDITIONAL PAGE 4 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Dickau for Bristol				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name			First			MI	
Ragaini			Thomas				
Residential Street Address			City			State	Zip Code
65 Lake Ave Unit 38			Bristol			CT	06010
Principal Occupation			Name of Employer				
Retired			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?				Amount of Contribution
			<input type="radio"/> Yes <input checked="" type="radio"/> No				100.00
Is this contribution associated with an event reported in Section L1?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event # <u>080225A</u>				
			Is contributor a principal of a state contractor or prospective state contractor?				<input type="radio"/> Yes <input checked="" type="radio"/> No
			If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<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			8/2/25		100.00		
Last Name			First			MI	
Rasmussen-Tuller			Ken				
Residential Street Address			City			State	Zip Code
75 Sturbridge Court			Bristol			CT	06010
Principal Occupation			Name of Employer				
VP Supply Chain			Spire Orthopedic Partners				
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?				Amount of Contribution
			<input type="radio"/> Yes <input checked="" type="radio"/> No				20.00
Is this contribution associated with an event reported in Section L1?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event # <u>080225A</u>				
			Is contributor a principal of a state contractor or prospective state contractor?				<input type="radio"/> Yes <input checked="" type="radio"/> No
			If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<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			8/2/25		20.00		
Last Name			First			MI	
Schur			Debra				
Residential Street Address			City			State	Zip Code
6 Pilgrim Rd			Bristol			CT	06010
Principal Occupation			Name of Employer				
Retired			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?				Amount of Contribution
			<input type="radio"/> Yes <input checked="" type="radio"/> No				30.00
Is this contribution associated with an event reported in Section L1?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event # <u>080225A</u>				
			Is contributor a principal of a state contractor or prospective state contractor?				<input type="radio"/> Yes <input checked="" type="radio"/> No
			If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			8/2/25		30.00		
SUBTOTAL Section B — This Page					150.00		
TOTAL of additional Section B Pages					1535.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					1685.00		

Section B ADDITIONAL PAGE 5 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Dickau for Bristol		Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	
Soucy		Stacey	
Residential Street Address		City	
229 Newfield Rd		Torrington	
		State	Zip Code
		CT	06790
Principal Occupation		Name of Employer	
Medical Billing & Intake		Visiting Nurse & Hospice of Litchfield County	
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?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution		50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>080225A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> 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		8/2/25	50.00
Last Name		First	
Dickau		G Gale	
Residential Street Address		City	
15 Brace Ave		Bristol	
		State	Zip Code
		CT	06010
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution		100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>080225A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> 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		8/2/25	100.00
Last Name		First	
Castro		Aaron	
Residential Street Address		City	
48 Munchausen Ave		Bristol	
		State	Zip Code
		CT	06010
Principal Occupation		Name of Employer	
Media Ops		ESPN	
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?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Amount of Contribution		100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>080225A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> 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		8/2/25	100.00
SUBTOTAL Section B — This Page		250.00	
TOTAL of additional Section B Pages		1435.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		1685.00	

Section B ADDITIONAL PAGE 6 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Dickau for Bristol				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name Ledger			First Kara			MI	
Residential Street Address 159 Brewster Rd			City Bristol			State CT	Zip Code 06010
Principal Occupation Training Specialist			Name of Employer LIMRA				
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? <i>If yes, list Event # 080225A</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/2/25		Aggregate Contributions 25.00		
Last Name Seymour			First Steve			MI	
Residential Street Address 29 Carleton Pl			City Bristol			State CT	Zip Code 06010
Principal Occupation Digital Marketing			Name of Employer Seymour Media				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 080225A</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/2/25		Aggregate Contributions 100.00		
Last Name Bronin			First Luke			MI	
Residential Street Address 93 Elm St			City Hartford			State CT	Zip Code 06106
Principal Occupation Higher Ed			Name of Employer Yale Law School				
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 40.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 080225A</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/2/25		Aggregate Contributions 40.00		
SUBTOTAL Section B — This Page						165.00	
TOTAL of additional Section B Pages						1520.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						1685.00	

Section B ADDITIONAL PAGE 7 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Dickau for Bristol				Oct 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A				
				\$				
B. Itemized Contributions from Individuals								
Last Name Hahn			First Gregory			MI		
Residential Street Address 145 Redwood Dr			City Bristol			State CT	Zip Code 06010	
Principal Occupation IT			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 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 080225A		<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	
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 8/2/25		Aggregate Contributions 25.00			
Last Name Cowles			First Erin			MI		
Residential Street Address 60 Rourke Ave			City Southington			State CT	Zip Code 06489	
Principal Occupation Talent Acquisition			Name of Employer USI					
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 # 080225A		<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	
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 8/2/25		Aggregate Contributions 25.00			
Last Name Barney			First Brittany			MI		
Residential Street Address 128 Queen St			City Bristol			State CT	Zip Code 06010	
Principal Occupation Sr Product Manager			Name of Employer Aetna					
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 # 080225A		<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	
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 8/2/25		Aggregate Contributions 25.00			
SUBTOTAL Section B — This Page						75.00		
TOTAL of additional Section B Pages						1610.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						1685.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Dickau for Bristol				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name Harlow			First Richard			MI	
Residential Street Address 31 Peppermint Ln			City Bristol			State CT	Zip Code 06010
Principal Occupation Tool Design and Project Engineer			Name of Employer Pratt & Whitney				
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?				Amount of Contribution 25.00
			<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 080225A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="radio"/> Yes <input checked="" type="radio"/> No	
			<input type="radio"/> Executive <input checked="" type="radio"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			8/2/25		25.00		
Last Name Ferraro			First John			MI	
Residential Street Address 124 Sherbrook St			City Bristol			State CT	Zip Code 06010
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input 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?				Amount of Contribution 25.00
			<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 080225A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="radio"/> Yes <input checked="" type="radio"/> No	
			<input type="radio"/> Executive <input checked="" type="radio"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			8/2/25		25.00		
Last Name Goldwasser			First Mickey			MI	
Residential Street Address 171 Diane Ln			City Bristol			State CT	Zip Code 06010
Principal Occupation Marketing			Name of Employer OMNICOMMANDER				
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?				Amount of Contribution 25.00
			<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 080225A	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			<input type="radio"/> Yes <input checked="" type="radio"/> No	
			<input type="radio"/> Executive <input checked="" type="radio"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			8/2/25		25.00		
SUBTOTAL Section B — This Page						75.00	
TOTAL of additional Section B Pages						1610.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						1685.00	

Section B ADDITIONAL PAGE 9 of 9

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Dickau for Bristol				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name McCauley			First Kevin			MI	
Residential Street Address 19 Spring St			City Bristol			State CT	Zip Code 06010
Principal Occupation Registrar of Voters			Name of Employer City of Bristol				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution 50.00	
				<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"/> 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 9/19/25		Aggregate Contributions 50.00		
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?		Amount of Contribution	
				<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"/> 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		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?		Amount of Contribution	
				<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"/> 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		Aggregate Contributions		
SUBTOTAL Section B — This Page					50.00		
TOTAL of additional Section B Pages					1635.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					1685.00		