

SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE			
St John For Bristol Families			
2. TREASURER NAME			
First Stephanie	MI L	Last Daniele	Suffix MRS.
3. TREASURER ADDRESS			
Street Address 141-1 Frederick St	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> ONE
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Jennifer	MI A	Last St. John	Suffix Mrs.
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		Ending Date	
07/01/2025		thru 09/30/2025	
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)		Stephanie Daniele PRINT NAME OF SIGNER	10/06/2025 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	
St John For Bristol Families	October 10	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$620.00
12. Balance on hand at the beginning of Reporting Period	\$620.00	
13. Contributions Received from Individuals (Sections A and B)	\$2766.60	\$2766.60
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D through K)	\$200.00	\$200.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$2966.60	\$2966.60
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$3586.60	\$3586.60
19. Expenses Paid by Committee (Section P)	\$2,581.16	\$2581.16
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1005.44	\$1005.44
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$550.00	\$550.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
St John For Bristol Families				October 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ \$1,466.60	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Sinkwich		Edward			
Residential Street Address		City		State	Zip Code
23 Dorset Horn Lane		Bristol		CT	06010
Principal Occupation		Name of Employer			
n/a		n/a			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>0/182025A</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 checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			\$150.00
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		07/18/2025	0		
Last Name		First		MI	
Coan		Steve		J	
Residential Street Address		City		State	Zip Code
331 Main street		Bristol		CT	06010
Principal Occupation		Name of Employer			
Fleet MGR		Amerit Fleet			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>0/182025A</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			\$60.00
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		07/18/2025	0		
Last Name		First		MI	
Giantonio		Kristen		M	
Residential Street Address		City		State	Zip Code
275 Allentown Road		Bristol		CT	06010
Principal Occupation		Name of Employer			
IT Project MGR		State Of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>0/182025A</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			\$100.00
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		07/18/2025	0		
SUBTOTAL Section B — This Page				\$310.00	
TOTAL of additional Section B Pages				3	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$2,826.60	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
St John For Bristol Families						October 10	
C1. Contributions from Other Committees							
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
City		State	Zip Code	Date Received	Aggregate Contributions		
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page						\$0.00	
TOTAL of additional Section C Pages						0	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						\$0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
St John For Bristol Families	October 10

D. Loans Received this Period

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

TOTAL SECTION D	\$0.00
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E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

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

TOTAL SECTION E	\$0.00
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I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
St John For Bristol Families	October 10

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

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount
TOTAL SECTION F			\$0.00

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

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		\$0.00

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

Date of Receipt	Method of payment:	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
TOTAL SECTION H		\$0.00

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
St John For Bristol Families				October 10	
J. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
TOTAL SECTION J				\$0.00	
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				\$200.00	
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)					
Total Loans Received this Period (Section D)				\$0.00	
Total Receipts from Entities other than Individuals or Other Committees (Section E)				+	\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)				+	\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)				+	\$0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)				+	\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)				+	\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)				+	\$200.00
Total of Other Monetary Receipts				\$200.00	
<i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
St John For Bristol Families			October 10		
L1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event?		
7/18/2025	A	Campaign Fundraiser	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
541 North Main Street		Bristol	CT	06010	
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 checked="" 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" 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: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
<hr/>					
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 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" value="\$"/> <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" value="\$"/> <input 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		
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)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
St John For Bristol Families					October 10	
L3. Purchases of Advertising in a Program Book or on a Sign						
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
Name of Purchaser					Purchase Made By:	
					<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$0.00		
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				\$0.00		
TOTAL of additional Section L3 Pages				0		
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				\$0.00		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
St John For Bristol Families			October 10		
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Tramonti					
Street Address		City		State	Zip Code
76 Watertown Ave		Thomaston		CT	06787
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input checked="" type="radio"/> Business Entity	Multiple trays of food				
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		\$250.00
<input type="radio"/> Sole Proprietorship	7/18/2025	07182025A	\$250.00		
Name of Donor					
Ed Pagan					
Street Address		City		State	Zip Code
857 Highland Ave		Waterbury		CT	06708
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity	Pizza's				
<input checked="" type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		100.00
<input type="radio"/> Sole Proprietorship	07/18/2025	07182025A	\$100.00		
Name of Donor					
Greer's					
Street Address		City		State	Zip Code
64 Mathews St		Bristol		CT	06010
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input checked="" type="radio"/> Business Entity	1/2 Tray of Wings				
<input type="radio"/> Individual	Date Received	Event #	Aggregate Value for this Event		\$50.00
<input type="radio"/> Sole Proprietorship	07/18/2025	07182025A	\$50.00		
Name of Donor					
First Impression Salon LLC					
Street Address		City		State	Zip Code
208 North St Rt 6		Bristol		CT	06010
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input checked="" type="radio"/> Business Entity	Salon Items Raffle Basket				
<input type="radio"/> Individual	Date Received	Event #	Aggregate value for this Event		\$150.00
<input type="radio"/> Sole Proprietorship	07/18/2025	07182025A	\$150.00		
SUBTOTAL Section L4 — This Page				\$550.00	
TOTAL of additional Section L4 Pages				0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				\$550.00	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
St John For Bristol Families			October 10	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
SUBTOTAL Section L5 — This Page			\$0.00	
TOTAL of additional Section L5 Pages			0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			\$0.00	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
St John For Bristol Families	October 10

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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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
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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>	
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Name

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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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
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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>	
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Name

Street Address	City	State	Zip Code
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Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
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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
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Is this contribution associated with an event reported listed 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>	
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SUBTOTAL Section M — This Page	\$0.00
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TOTAL of additional Section M Pages	0
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TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	\$0.00
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N. Refundable Deposit to Telephone Company

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

Street Address	City	State	Zip Code
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TOTAL SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>	\$0.00
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
St John For Bristol Families				October 10	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
CompuMail Corp.			07/18/2025	<input checked="" type="radio"/> Check # <u>102</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
298 Captain Lewis Dr		Southington		CT	06489
Purpose of Expenditure (by code)	Description	Event #		Amount	
SIGN	Yared Signs-Rush	07182025A		\$255.24	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Bristol Police Department - Permits			07/15/2025	<input checked="" type="radio"/> Check # <u>101</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
131 N Main St		Bristol		CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Raffle Permit Request	07182025A		\$15.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
BPACC-Bristol Polish American Citizens Club			07/18/2025	<input checked="" type="radio"/> Check # <u>103</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
541 N Main St		Bristol		CT	06010
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Hall including deposit	07182025A		\$450.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
CompuMail Corp.			07/28/2025	<input checked="" type="radio"/> Check # <u>131</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
298 Captain Lewis Dr		Southington		CT	06489
Purpose of Expenditure (by code)	Description	Event #		Amount	
SIGN	Lawn Sign Bulk Order			\$1,302.26	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Organization <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			\$2,022.50		
TOTAL of additional Section P Pages			1		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$2581.16		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
St John For Bristol Families				October 10	
Q. Campaign Expenses Paid by Candidate					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>				Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
SUBTOTAL Section Q — This Page				\$0.00	
TOTAL of additional Section Q Pages				0	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				\$0.00	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
St John For Bristol Families			October 10	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section S-This Page			\$0.00	
TOTAL of additional Section S Pages			0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			\$0.00	
Previously reported Expenses Unpaid and still Outstanding			\$0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>			\$0.00	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
St John For Bristol Families			October 10		
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page			\$0.00		
TOTAL of additional Section T Pages			0		
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			\$0.00		

Section B ADDITIONAL PAGE 1 **of** 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
St John For Bristol Families				October 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Campion		First Paula		MI M	
Residential Street Address 57 Suffolk Place		City Bristol		State CT	Zip Code 06010
Principal Occupation RN		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>0/182025A</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 checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/18/25	Aggregate Contributions		
Last Name Pelletier		First Donald		MI C	
Residential Street Address 128 Cherry Hill RD		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? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/15/2025	Aggregate Contributions		
Last Name Mocabee		First Art		MI	
Residential Street Address 70 Wolcott Rd		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>0/182025A</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 checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/18/25	Aggregate Contributions		
SUBTOTAL Section B — This Page				\$250.00	
TOTAL of additional Section B Pages				3	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$2,766.60	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
St John For Bristol Families				October 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Daniele		First Stephanie		MI L	
Residential Street Address 141-1 Frederick Street		City Bristol		State CT	Zip Code 06010
Principal Occupation Cafeteria Sub		Name of Employer BPS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input checked="" type="radio"/> Yes <input 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 07/19/2025	Aggregate Contributions \$100.00		
Last Name Hoxha		First Joe		MI L	
Residential Street Address 18 Mills St		City Bristol		State CT	Zip Code 06010
Principal Occupation Legislator		Name of Employer CGA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input checked="" type="radio"/> Yes <input 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 07/03/2025	Aggregate Contributions 0		
Last Name Jeffrey		First Massicotte		MI N	
Residential Street Address 1506 West St		City Southington		State CT	Zip Code 06489
Principal Occupation Accountant		Name of Employer FAS			
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 # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 08/27/25	Aggregate Contributions		
SUBTOTAL Section B — This Page				\$500.00	
TOTAL of additional Section B Pages				3	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$2,766.60	

Section B ADDITIONAL PAGE 3 **of** 3

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
St John For Bristol Families		October 10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Massicotte		First Allen	MI O
Residential Street Address 80 Broadview Street		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Dentist		Name of Employer Waterbury Dental	
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 \$200.00
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: <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 08/02/25	Aggregate Contributions
Last Name Kelley		First Shawn	MI
Residential Street Address 14 Wood Side lane		City Terryville	State CT
		Zip Code 06786	
Principal Occupation Corrections		Name of Employer State of CT	
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 \$150.00
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: <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 08/15/2025	Aggregate Contributions 0
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? <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 type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page		\$350.00	
TOTAL of additional Section B Pages		3	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$2766.60	

Section P. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
St John For City Council			October 10	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Anedot		9/30/2025	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
1340 Poydras Street, Suite 1770		New Orleans	LA	70112
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	Credit card processing fees 7/1/25-9/30/25		\$3.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Thomaston Savings bank		9/30/2025	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
120 Farmington Ave		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	Paper Statement Charges 7/1/2025-9/30/2025		\$15.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Garrett Printing & Graphics, Inc.		08/29/2025	<input checked="" type="radio"/> Check # 105 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
331 Riverside Avenue		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	1000 PostCards		\$210.57	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Garrett Printing & Graphics, INC		08/06/2025	<input checked="" type="radio"/> Check # 104 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
331 Riverside Avenue		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	Palm Cards		\$329.69	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$558.66	