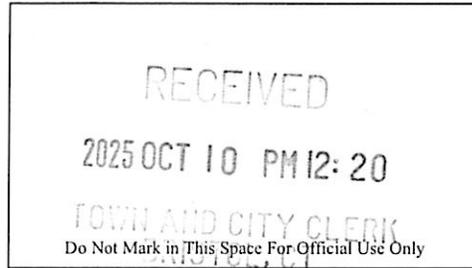


# SEEC FORM 20

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



## COVER PAGE

| 1. NAME OF COMMITTEE                                                                                                                                                                                                              |                                                                                             |                                                       |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|
| Ellen for Mayor                                                                                                                                                                                                                   |                                                                                             |                                                       |                                                                                  |
| 2. TREASURER NAME                                                                                                                                                                                                                 |                                                                                             |                                                       |                                                                                  |
| First<br>Wyland                                                                                                                                                                                                                   | MI<br>D                                                                                     | Last<br>Clift                                         | Suffix                                                                           |
| 3. TREASURER ADDRESS                                                                                                                                                                                                              |                                                                                             |                                                       |                                                                                  |
| Street Address<br>1175 South Main St, Unit 9                                                                                                                                                                                      | City<br>Plantsville                                                                         | State<br>CT                                           | Zip Code<br>06479                                                                |
| 4. ELECTION/REFERENDUM DATE                                                                                                                                                                                                       | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>                              | 6. DISTRICT NUMBER                                    |                                                                                  |
| (mm/dd/yyyy)<br>11/04/2025                                                                                                                                                                                                        | Mayor                                                                                       | <i>(if applicable)</i><br>0                           |                                                                                  |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>                                                                                                                                                    |                                                                                             |                                                       |                                                                                  |
| First<br>Ellen                                                                                                                                                                                                                    | MI<br>A                                                                                     | Last<br>Zoppo-Sassu                                   | Suffix                                                                           |
| 8. TYPE OF REPORT <i>(Check One Box)</i>                                                                                                                                                                                          |                                                                                             |                                                       |                                                                                  |
| <input type="checkbox"/> January 10 filing                                                                                                                                                                                        | <input type="checkbox"/> 7th day preceding primary                                          | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> |
| <input type="checkbox"/> April 10 filing                                                                                                                                                                                          | <input type="checkbox"/> 30 days following primary                                          | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to                                            |
| <input type="checkbox"/> July 10 filing                                                                                                                                                                                           | <input type="checkbox"/> 7th day preceding election                                         | <input type="checkbox"/> Deficit                      | Type of Report: _____                                                            |
| <input checked="" type="checkbox"/> October 10 filing                                                                                                                                                                             | <input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i> | <input type="checkbox"/> Termination                  |                                                                                  |
| <input type="checkbox"/> 24 Hour Independent Expenditure                                                                                                                                                                          | <input type="checkbox"/> 45 days following election not held in November                    |                                                       |                                                                                  |
| <input type="checkbox"/> Primary                                                                                                                                                                                                  | <input type="checkbox"/> Election                                                           |                                                       |                                                                                  |
| 9. PERIOD COVERED                                                                                                                                                                                                                 |                                                                                             |                                                       |                                                                                  |
| Beginning Date<br>07/01/2025                                                                                                                                                                                                      | thru                                                                                        | Ending Date<br>09/30/2025                             |                                                                                  |
| 10. CERTIFICATION                                                                                                                                                                                                                 |                                                                                             |                                                       |                                                                                  |
| <p>I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.</p> |                                                                                             |                                                       |                                                                                  |
| _____<br>TREASURER OR DEPUTY TREASURER (SIGNATURE)                                                                                                                                                                                | Wyland Dale Clift<br>_____<br>PRINT NAME OF SIGNER                                          | 10/02/2025<br>_____<br>DATE (mm/dd/yyyy)              |                                                                                  |
| <p><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></p>                                                       |                                                                                             |                                                       |                                                                                  |

# SEEC FORM 20

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page 2 of 63

### SUMMARY PAGE TOTALS

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                    | TYPE OF REPORT          |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| Ellen for Mayor                                                                                                                                          | October 10 filing       |                       |
|                                                                                                                                                          | COLUMN A<br>This Period | COLUMN B<br>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 |                         | \$0.00                |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | \$55,601.75             |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | \$18,285.00             | \$74,265.00           |
| 14. Receipts from Other Committees (Sections C1 and C2)                                                                                                  | \$8,750.00              | \$10,550.00           |
| 15. Other Monetary Receipts (Sections D through K)                                                                                                       | \$0.00                  | \$0.00                |
| 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)                                                                                  | \$700.00                | \$1,250.00            |
| 17. Total Monetary Receipts (add totals for lines 13-16c)                                                                                                | \$27,735.00             | \$86,065.00           |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)                                                                  | \$83,336.75             | \$86,065.00           |
| 19. Expenditures Paid by Committee (Section P)                                                                                                           | \$20,903.31             | \$23,631.56           |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)                                                         | \$62,433.44             | \$62,433.44           |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)                                                                                 | \$0.00                  | \$0.00                |
| 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)                                                                                                                        | \$0.00                  | \$0.00                |
| 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 <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                       |  |                                                                                                                                                                                                                                           |                  | TYPE OF REPORT                |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | October 10 filing             |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                          |  |                                                                                                                                                                                                                                           |                  | Subtotal Section A            |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | \$2,830.00                    |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                  |                               |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Stebbins                                                                                                                                                                                                    |  | Patricia                                                                                                                                                                                                                                  |                  | A                             |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 37 Pleasant St                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-6254 |
| 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 committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$50.00</b>                |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 08/12/2025       | \$700.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Stebbins                                                                                                                                                                                                    |  | Patricia                                                                                                                                                                                                                                  |                  | A                             |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 37 Pleasant St                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-6254 |
| 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 committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$100.00</b>               |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 08/16/2025       | \$700.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Stebbins                                                                                                                                                                                                    |  | Patricia                                                                                                                                                                                                                                  |                  | A                             |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 37 Pleasant St                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-6254 |
| 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 committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$500.00</b>               |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 09/02/2025       | \$700.00                      |            |

|                                                                                                                                  |             |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$650.00    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                             |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                           |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                              |                                                                                                                                                                                                                         | TYPE OF REPORT                                                                                                                                                                                                                            |                                                                            |
| Ellen for Mayor                                                                                                                             |                                                                                                                                                                                                                         | October 10 filing                                                                                                                                                                                                                         |                                                                            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor) |                                                                                                                                                                                                                         | Subtotal Section A                                                                                                                                                                                                                        |                                                                            |
|                                                                                                                                             |                                                                                                                                                                                                                         | \$2,830.00                                                                                                                                                                                                                                |                                                                            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                           |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                           |                                                                            |
| Last Name                                                                                                                                   |                                                                                                                                                                                                                         | First                                                                                                                                                                                                                                     | M.I.                                                                       |
| Berrios-Sampson                                                                                                                             |                                                                                                                                                                                                                         | Mayra                                                                                                                                                                                                                                     | I                                                                          |
| Residential Street Address                                                                                                                  |                                                                                                                                                                                                                         | City                                                                                                                                                                                                                                      | State Zip Code                                                             |
| 371 Emmett St, Apt 52                                                                                                                       |                                                                                                                                                                                                                         | Bristol                                                                                                                                                                                                                                   | CT 06010-7779                                                              |
| Principal Occupation                                                                                                                        |                                                                                                                                                                                                                         | Name of Employer                                                                                                                                                                                                                          |                                                                            |
| Payroll Supervisor                                                                                                                          |                                                                                                                                                                                                                         | Town of Plainville                                                                                                                                                                                                                        |                                                                            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     |
| Is this contribution associated with an event reported in Section L1?                                                                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                  | If yes, list Event #                                                                                                                                                                                                                      | 090225a                                                                    |
| Is contributor a principal of a state contractor or prospective state contractor?                                                           | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             | <input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative |
| Method of contribution:                                                                                                                     | <input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order | Date Received                                                                                                                                                                                                                             | 09/02/2025                                                                 |
| Aggregate contributions                                                                                                                     | \$200.00                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |                                                                            |
| Last Name                                                                                                                                   |                                                                                                                                                                                                                         | First                                                                                                                                                                                                                                     | M.I.                                                                       |
| Ragaini                                                                                                                                     |                                                                                                                                                                                                                         | Thomas                                                                                                                                                                                                                                    | J                                                                          |
| Residential Street Address                                                                                                                  |                                                                                                                                                                                                                         | City                                                                                                                                                                                                                                      | State Zip Code                                                             |
| 651 Lake Ave, Unit 38                                                                                                                       |                                                                                                                                                                                                                         | Bristol                                                                                                                                                                                                                                   | CT 06010-8439                                                              |
| Principal Occupation                                                                                                                        |                                                                                                                                                                                                                         | Name of Employer                                                                                                                                                                                                                          |                                                                            |
| Retired                                                                                                                                     |                                                                                                                                                                                                                         | Retired                                                                                                                                                                                                                                   |                                                                            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     |
| Is this contribution associated with an event reported in Section L1?                                                                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                  | If yes, list Event #                                                                                                                                                                                                                      | 090225a                                                                    |
| Is contributor a principal of a state contractor or prospective state contractor?                                                           | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             | <input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative |
| Method of contribution:                                                                                                                     | <input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order | Date Received                                                                                                                                                                                                                             | 09/02/2025                                                                 |
| Aggregate contributions                                                                                                                     | \$600.00                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |                                                                            |
| Last Name                                                                                                                                   |                                                                                                                                                                                                                         | First                                                                                                                                                                                                                                     | M.I.                                                                       |
| Simmons                                                                                                                                     |                                                                                                                                                                                                                         | Maria                                                                                                                                                                                                                                     |                                                                            |
| Residential Street Address                                                                                                                  |                                                                                                                                                                                                                         | City                                                                                                                                                                                                                                      | State Zip Code                                                             |
| 70 Ipswitch Rd                                                                                                                              |                                                                                                                                                                                                                         | Bristol                                                                                                                                                                                                                                   | CT 06010-7113                                                              |
| Principal Occupation                                                                                                                        |                                                                                                                                                                                                                         | Name of Employer                                                                                                                                                                                                                          |                                                                            |
| Retired                                                                                                                                     |                                                                                                                                                                                                                         | Retired                                                                                                                                                                                                                                   |                                                                            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     |
| Is this contribution associated with an event reported in Section L1?                                                                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                  | If yes, list Event #                                                                                                                                                                                                                      | 090225a                                                                    |
| Is contributor a principal of a state contractor or prospective state contractor?                                                           | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             | <input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative |
| Method of contribution:                                                                                                                     | <input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order | Date Received                                                                                                                                                                                                                             | 09/02/2025                                                                 |
| Aggregate contributions                                                                                                                     | \$200.00                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |                                                                            |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$300.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  |                                              |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------|------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |  |                                                                                                                                                                                                                                           |                  | TYPE OF REPORT                               |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | October 10 filing                            |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |  |                                                                                                                                                                                                                                           |                  | Subtotal Section A \$2,830.00                |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                  |                                              |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                         |            |
| Sassu                                                                                                                                                                                                       |  | Shirley                                                                                                                                                                                                                                   |                  |                                              |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                        | Zip Code   |
| 5 Birchwood Ter, # U-60                                                                                                                                                                                     |  | Bristol                                                                                                                                                                                                                                   |                  | CT                                           | 06010-9125 |
| 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 committee 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? |                  | <b>Amount of Contribution</b><br><br>\$50.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                              |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>Amount of Contribution</b><br><br>\$50.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                                              |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions                      |            |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/05/2025       | \$100.00                                     |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                         |            |
| Coddell                                                                                                                                                                                                     |  | Robin                                                                                                                                                                                                                                     |                  |                                              |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                        | Zip Code   |
| 29 Overlook Ave                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                  | CT                                           | 06010-7931 |
| 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 committee 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? |                  | <b>Amount of Contribution</b><br><br>\$50.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                              |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>Amount of Contribution</b><br><br>\$50.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                                              |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions                      |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/01/2025       | \$150.00                                     |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                         |            |
| Kelly                                                                                                                                                                                                       |  | Judy                                                                                                                                                                                                                                      |                  |                                              |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                        | Zip Code   |
| 52 Prospect Pl                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                  | CT                                           | 06010-5044 |
| 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 committee 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? |                  | <b>Amount of Contribution</b><br><br>\$50.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                              |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>Amount of Contribution</b><br><br>\$50.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                                              |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions                      |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/01/2025       | \$100.00                                     |            |

|                                                                                                                                  |             |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$150.00    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     |                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                    |                                        |
| Ellen for Mayor                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | October 10 filing                 |                                        |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A \$2,830.00     |                                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                   |                                        |
| Last Name<br>Barnett                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     | First<br>Robert<br>M.I.<br>T      |                                        |
| Residential Street Address<br>105 Jerome Ave                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                   | State<br>CT<br>Zip Code<br>06010-3751  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired       |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                   | Amount of Contribution<br><br>\$100.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                   |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/23/2025       | Aggregate contributions<br>\$300.00    |
| Last Name<br>Demora                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                     | First<br>Christopher<br>M.I.      |                                        |
| Residential Street Address<br>100 Alexander St                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                   | State<br>CT<br>Zip Code<br>06010-7505  |
| Principal Occupation<br>Car Sales                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Self-Employed |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                   | Amount of Contribution<br><br>\$100.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                   |                                        |
| Method of contribution:<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/23/2025       | Aggregate contributions<br>\$100.00    |
| Last Name<br>Bellonio                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | First<br>Barbara<br>M.I.          |                                        |
| Residential Street Address<br>222 Boulder Ct                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                   | State<br>CT<br>Zip Code<br>06010-1609  |
| Principal Occupation<br>Retired                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired       |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                   | Amount of Contribution<br><br>\$30.00  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                   |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Personal Check<br><input checked="" type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/31/2025       | Aggregate contributions<br>\$60.00     |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$230.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                                  |                               |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                       |  |                                                                                                                                                                                                                                           |                                  | TYPE OF REPORT                |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                                  | October 10 filing             |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                          |  |                                                                                                                                                                                                                                           |                                  | Subtotal Section A            |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                                  | \$2,830.00                    |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                                  |                               |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                                  | M.I.                          |            |
| Mariano                                                                                                                                                                                                     |  | Martin                                                                                                                                                                                                                                    |                                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                                  | State                         | Zip Code   |
| 3162 29th St                                                                                                                                                                                                |  | Astoria                                                                                                                                                                                                                                   |                                  | NY                            | 11106-3365 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer                 |                               |            |
| Executive Residential                                                                                                                                                                                       |  |                                                                                                                                                                                                                                           | The Phillips Club                |                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                                  | \$125.00                      |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |                                  | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 08/30/2025                                                                                                                                                                                                                                |                                  | \$250.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                                  | M.I.                          |            |
| Agastra                                                                                                                                                                                                     |  | Elionda                                                                                                                                                                                                                                   |                                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                                  | State                         | Zip Code   |
| 148 Daley St                                                                                                                                                                                                |  | Bristol                                                                                                                                                                                                                                   |                                  | CT                            | 06010-7819 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer                 |                               |            |
| Hair Stylist                                                                                                                                                                                                |  |                                                                                                                                                                                                                                           | Self-Employed/Elle's Hair Studio |                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                                  | \$100.00                      |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |                                  | Aggregate contributions       |            |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 08/01/2025                                                                                                                                                                                                                                |                                  | \$100.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                                  | M.I.                          |            |
| Roberge                                                                                                                                                                                                     |  | Stacie                                                                                                                                                                                                                                    |                                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                                  | State                         | Zip Code   |
| 61 Peppermint Ln                                                                                                                                                                                            |  | Bristol                                                                                                                                                                                                                                   |                                  | CT                            | 06010-2275 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer                 |                               |            |
| Not Employed                                                                                                                                                                                                |  |                                                                                                                                                                                                                                           | Not Employed                     |                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                                  | \$30.00                       |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |                                  | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 09/19/2025                                                                                                                                                                                                                                |                                  | \$105.00                      |            |

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|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$255.00    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  |                               |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                       |  |                                                                                                                                                                                                                                           |                  | TYPE OF REPORT                |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | October 10 filing             |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                          |  |                                                                                                                                                                                                                                           |                  | Subtotal Section A            |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | \$2,830.00                    |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                  |                               |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Courchaine                                                                                                                                                                                                  |  | Thomas                                                                                                                                                                                                                                    |                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 24 Winthrop St                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-5675 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer |                               |            |
| Security Guard                                                                                                                                                                                              |  |                                                                                                                                                                                                                                           | ESPN inc.        |                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$50.00</b>                |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                    |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 08/19/2025       | \$100.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Therriault                                                                                                                                                                                                  |  | Howie                                                                                                                                                                                                                                     |                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 55 Willoughby St                                                                                                                                                                                            |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-3549 |
| 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 committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$50.00</b>                |            |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><i>If yes, list Event #</i> 090225a                                                                                               |  | <i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                    |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 08/21/2025       | \$75.00                       |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Pearson                                                                                                                                                                                                     |  | Erica                                                                                                                                                                                                                                     |                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 190 Moody St                                                                                                                                                                                                |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-4443 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer |                               |            |
| Manager                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | State of ct dds  |                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$10.00</b>                |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                    |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 08/12/2025       | \$130.00                      |            |

|                                                                                                                                  |                    |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$110.00           |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | <b>\$18,285.00</b> |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                                                  |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                              |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                           |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                                                     |  | Subtotal Section A <b>\$2,830.00</b>                                                                                                                                                                                                                                                                                        |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                             |  |
| Last Name<br>Cerrina                                                                                                                                                                                                                   |  | First<br>Michael M.I.                                                                                                                                                                                                                                                                                                       |  |
| Residential Street Address<br>100 Stiles St                                                                                                                                                                                            |  | City<br>Stratford State<br>CT Zip Code<br>06614-4228                                                                                                                                                                                                                                                                        |  |
| Principal Occupation<br>Clerk                                                                                                                                                                                                          |  | Name of Employer<br>Big Y                                                                                                                                                                                                                                                                                                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                            |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025 Aggregate contributions<br>\$60.00                                                                                                                                                                                                                                                              |  |
| Last Name<br>Woolford                                                                                                                                                                                                                  |  | First<br>Sean M.I.                                                                                                                                                                                                                                                                                                          |  |
| Residential Street Address<br>70 Boardman St, Apt A11                                                                                                                                                                                  |  | City<br>Bristol State<br>CT Zip Code<br>06010-3836                                                                                                                                                                                                                                                                          |  |
| Principal Occupation<br>Scientist                                                                                                                                                                                                      |  | Name of Employer<br>Self Employed                                                                                                                                                                                                                                                                                           |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                            |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/10/2025 Aggregate contributions<br>\$70.00                                                                                                                                                                                                                                                              |  |
| Last Name<br>Woolford                                                                                                                                                                                                                  |  | First<br>Sean M.I.                                                                                                                                                                                                                                                                                                          |  |
| Residential Street Address<br>70 Boardman St, Apt A11                                                                                                                                                                                  |  | City<br>Bristol State<br>CT Zip Code<br>06010-3836                                                                                                                                                                                                                                                                          |  |
| Principal Occupation<br>Scientist                                                                                                                                                                                                      |  | Name of Employer<br>Self Employed                                                                                                                                                                                                                                                                                           |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                            |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/18/2025 Aggregate contributions<br>\$70.00                                                                                                                                                                                                                                                              |  |

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| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$65.00     |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                                              |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                               |                                       |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing                            |                                       |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A \$2,830.00                |                                       |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                              |                                       |
| Last Name<br>Woolford                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     | First<br>Sean M.I.                           |                                       |
| Residential Street Address<br>70 Boardman St, Apt A11                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                              | State<br>CT Zip Code<br>06010-3836    |
| Principal Occupation<br>Scientist                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Self Employed            |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                              | Amount of Contribution<br><br>\$15.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                              |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/30/2025                  | Aggregate contributions<br>\$70.00    |
| Last Name<br>Stevens                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Kelly M.I.                          |                                       |
| Residential Street Address<br>56 Gridley St                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                              | State<br>CT Zip Code<br>06010-6206    |
| Principal Occupation<br>Administrator                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Carrier Construction Inc |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                              | Amount of Contribution<br><br>\$50.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                              |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/30/2025                  | Aggregate contributions<br>\$80.00    |
| Last Name<br>Zabawa                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | First<br>Denise M.I.                         |                                       |
| Residential Street Address<br>30 Dorset Horn Ln                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                              | State<br>CT Zip Code<br>06010-8941    |
| Principal Occupation<br>Teacher                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Self Employed            |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                              | Amount of Contribution<br><br>\$50.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                              |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/12/2025                  | Aggregate contributions<br>\$80.00    |

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| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$115.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                                                                |                                                      |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing                                                             |                                                      |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                                                     |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A <b>\$2,830.00</b>                                          |                                                      |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                      |
| Last Name<br><b>Clark</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | First<br><b>Craig</b> M.I.                                                    |                                                      |
| Residential Street Address<br><b>259 Hill St</b>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     | City<br><b>Bristol</b>                                                        | State<br><b>CT</b> Zip Code<br><b>06010-2907</b>     |
| Principal Occupation<br><b>Caregiver</b>                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br><b>CCARC</b>                                              |                                                      |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                               | <b>Amount of Contribution</b><br><br><b>\$30.00</b>  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                         | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                         |                                                                               |                                                      |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br><b>08/12/2025</b> Aggregate contributions<br><b>\$105.00</b> |                                                      |
| Last Name<br><b>Kosenko</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | First<br><b>Diane</b> M.I.                                                    |                                                      |
| Residential Street Address<br><b>212 Shagbark Dr</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | City<br><b>Bristol</b>                                                        | State<br><b>CT</b> Zip Code<br><b>06010-3219</b>     |
| Principal Occupation<br><b>CT Technologist</b>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br><b>Radiology Associates of Hartford</b>                   |                                                      |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                               | <b>Amount of Contribution</b><br><br><b>\$10.00</b>  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                         | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                         |                                                                               |                                                      |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br><b>08/31/2025</b> Aggregate contributions<br><b>\$135.00</b> |                                                      |
| Last Name<br><b>Parenti</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | First<br><b>Elizabeth</b> M.I.                                                |                                                      |
| Residential Street Address<br><b>329 Stevens St</b>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | City<br><b>Bristol</b>                                                        | State<br><b>CT</b> Zip Code<br><b>06010-2768</b>     |
| Principal Occupation<br><b>Homemaker</b>                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br><b>N/A</b>                                                |                                                      |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                               | <b>Amount of Contribution</b><br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                         | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                         |                                                                               |                                                      |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br><b>08/12/2025</b> Aggregate contributions<br><b>\$100.00</b> |                                                      |

|                                                                                                                                  |                    |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | <b>\$140.00</b>    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | <b>\$15,455.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | <b>\$18,285.00</b> |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  |                                               |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------|------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |  |                                                                                                                                                                                                                                           |                  | TYPE OF REPORT                                |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | October 10 filing                             |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |  |                                                                                                                                                                                                                                           |                  | Subtotal Section A \$2,830.00                 |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                  |                                               |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                          |            |
| Rahman                                                                                                                                                                                                      |  | MD                                                                                                                                                                                                                                        |                  |                                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                         | Zip Code   |
| 6 Penny Ln                                                                                                                                                                                                  |  | Manchester                                                                                                                                                                                                                                |                  | CT                                            | 06040-6870 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer |                                               |            |
| President                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                           | Anushka inc      |                                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                  | <b>Amount of Contribution</b><br><br>\$500.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>Amount of Contribution</b><br><br>\$100.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                    |                  |                                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions                       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 08/30/2025       | \$500.00                                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                          |            |
| Lacey                                                                                                                                                                                                       |  | Richard                                                                                                                                                                                                                                   |                  |                                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                         | Zip Code   |
| 344 Baldwin Dr                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                  | CT                                            | 06010-3082 |
| 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 committee 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? |                  | <b>Amount of Contribution</b><br><br>\$100.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>Amount of Contribution</b><br><br>\$100.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                    |                  |                                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions                       |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/23/2025       | \$200.00                                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                          |            |
| Lacey                                                                                                                                                                                                       |  | Richard                                                                                                                                                                                                                                   |                  |                                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                         | Zip Code   |
| 344 Baldwin Dr                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                  | CT                                            | 06010-3082 |
| 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 committee 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? |                  | <b>Amount of Contribution</b><br><br>\$100.00 |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>Amount of Contribution</b><br><br>\$100.00 |            |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><i>If yes, list Event #</i> 090225a                                                                                               |  | <i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                    |                  |                                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions                       |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 09/02/2025       | \$200.00                                      |            |

|                                                                                                                                  |                    |
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| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$700.00           |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | <b>\$18,285.00</b> |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                                                  |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                              |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                           |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                                                     |  | Subtotal Section A <span style="float:right">\$2,830.00</span>                                                                                                                                                                                                                                                              |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                             |  |
| Last Name<br>Erosenko                                                                                                                                                                                                                  |  | First M.I.<br>Michael                                                                                                                                                                                                                                                                                                       |  |
| Residential Street Address<br>40 Palmorr Pl                                                                                                                                                                                            |  | City State Zip Code<br>Bristol CT 06010-3165                                                                                                                                                                                                                                                                                |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>US Army                                                                                                                                                                                                                                                                                                 |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                            |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received Aggregate contributions<br>07/17/2025 \$200.00                                                                                                                                                                                                                                                                |  |
| Last Name<br>Holden                                                                                                                                                                                                                    |  | First M.I.<br>Maryellen                                                                                                                                                                                                                                                                                                     |  |
| Residential Street Address<br>11 Conifer Ln                                                                                                                                                                                            |  | City State Zip Code<br>Avon CT 06001-4514                                                                                                                                                                                                                                                                                   |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                                 |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, list Event # 090225a</i>                                                    |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received Aggregate contributions<br>09/02/2025 \$750.00                                                                                                                                                                                                                                                                |  |
| Last Name<br>McCauley                                                                                                                                                                                                                  |  | First M.I.<br>Kevin                                                                                                                                                                                                                                                                                                         |  |
| Residential Street Address<br>19 Spring St                                                                                                                                                                                             |  | City State Zip Code<br>Bristol CT 06010-5048                                                                                                                                                                                                                                                                                |  |
| Principal Occupation<br>Registrar of Voters                                                                                                                                                                                            |  | Name of Employer<br>City of Bristol                                                                                                                                                                                                                                                                                         |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, list Event # 090225a</i>                                                    |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received Aggregate contributions<br>08/26/2025 \$265.00                                                                                                                                                                                                                                                                |  |

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| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$200.00    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                |                                       |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing             |                                       |
| A. Total Contributions from Small Contributors - Received this Period ONLY<br>(See instructions for definition of Small Contributor)                                                                                                   |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A \$2,830.00 |                                       |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                               |                                       |
| Last Name<br>Mamed                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | First<br>Mary Jane            |                                       |
| Residential Street Address<br>86 Beech St                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                           |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired   |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$50.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>07/18/2025   |                                       |
| Last Name<br>Mamed                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | First<br>Mary Jane            |                                       |
| Residential Street Address<br>86 Beech St                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                           |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired   |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$50.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/12/2025   |                                       |
| Last Name<br>Rao                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     | First<br>Maureen              |                                       |
| Residential Street Address<br>233 Woodland St                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                           |
| Principal Occupation<br>Sr. Business Analyst                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>UHG       |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$30.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/30/2025   |                                       |

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| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$130.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                                  |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                   |                                        |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing                |                                        |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A \$2,830.00    |                                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                  |                                        |
| Last Name<br>Clark                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | First<br>Karen M.I.              |                                        |
| Residential Street Address<br>164 Larkspur Ln                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                  | State<br>CT Zip Code<br>06010-8938     |
| Principal Occupation<br>Homemaker                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Not Employed |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Amount of Contribution<br><br>\$60.00  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                  |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>07/21/2025      | Aggregate contributions<br>\$210.00    |
| Last Name<br>Barney                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | First<br>Brittany M.I.           |                                        |
| Residential Street Address<br>128 Queen St                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                  | State<br>CT Zip Code<br>06010-5804     |
| Principal Occupation<br>Sr product manager                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Aetna        |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Amount of Contribution<br><br>\$10.00  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                  |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/30/2025      | Aggregate contributions<br>\$55.00     |
| Last Name<br>DeNote                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | First<br>Jay M.I.                |                                        |
| Residential Street Address<br>32 Glendale Dr                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                  | State<br>CT Zip Code<br>06010-3039     |
| Principal Occupation<br>Manager                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Voya         |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Amount of Contribution<br><br>\$125.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                  |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/27/2025      | Aggregate contributions<br>\$250.00    |

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| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$195.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |                                                                        |                                                                                                                                                                                                                                           |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |                                                                        | TYPE OF REPORT                                                                                                                                                                                                                            |                                                                        |
| Ellen for Mayor                                                                                                                                                                                             |                                                                        | October 10 filing                                                                                                                                                                                                                         |                                                                        |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |                                                                        | Subtotal Section A                                                                                                                                                                                                                        |                                                                        |
|                                                                                                                                                                                                             |                                                                        | \$2,830.00                                                                                                                                                                                                                                |                                                                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                           |                                                                        |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Schur                                                                                                                                                                                                       |                                                                        | Debra                                                                                                                                                                                                                                     |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State                                                                  |
| 6 Pilgrim Rd, # 3126                                                                                                                                                                                        |                                                                        | Bristol                                                                                                                                                                                                                                   | CT                                                                     |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Retired                                                                                                                                                                                                     |                                                                        | Retired                                                                                                                                                                                                                                   |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Amount of Contribution                                                                                                                                                                                      |                                                                        | \$25.00                                                                                                                                                                                                                                   |                                                                        |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                           |                                                                        |
| If yes, list Event #                                                                                                                                                                                        |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                                                                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |                                                                        |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 09/30/2025                                                                                                                                                                                                                                | \$131.00                                                               |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Lagasse                                                                                                                                                                                                     |                                                                        | Tom                                                                                                                                                                                                                                       |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State                                                                  |
| 20 Uconn Dr                                                                                                                                                                                                 |                                                                        | Bristol                                                                                                                                                                                                                                   | CT                                                                     |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Supervisor                                                                                                                                                                                                  |                                                                        | Nutmeg Spice                                                                                                                                                                                                                              |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Amount of Contribution                                                                                                                                                                                      |                                                                        | \$30.00                                                                                                                                                                                                                                   |                                                                        |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                           |                                                                        |
| If yes, list Event #                                                                                                                                                                                        |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                                                                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |                                                                        |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 07/18/2025                                                                                                                                                                                                                                | \$115.00                                                               |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Lagasse                                                                                                                                                                                                     |                                                                        | Tom                                                                                                                                                                                                                                       |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State                                                                  |
| 20 Uconn Dr                                                                                                                                                                                                 |                                                                        | Bristol                                                                                                                                                                                                                                   | CT                                                                     |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Supervisor                                                                                                                                                                                                  |                                                                        | Nutmeg Spice                                                                                                                                                                                                                              |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Amount of Contribution                                                                                                                                                                                      |                                                                        | \$25.00                                                                                                                                                                                                                                   |                                                                        |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                           |                                                                        |
| If yes, list Event #                                                                                                                                                                                        |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                                                                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |                                                                        |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 09/24/2025                                                                                                                                                                                                                                | \$115.00                                                               |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$80.00     |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                         |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                          |                                     |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                       |                                     |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |  | Subtotal Section A \$2,830.00                                                                                                                                                                                                                                                                                           |                                     |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                         |                                     |
| Last Name<br>LaVertu                                                                                                                                                                                                                   |  | First<br>Glenn M.I.                                                                                                                                                                                                                                                                                                     |                                     |
| Residential Street Address<br>589 Ridge Rd                                                                                                                                                                                             |  | City<br>Middletown State<br>CT Zip Code<br>06457-5235                                                                                                                                                                                                                                                                   |                                     |
| Principal Occupation<br>Professor                                                                                                                                                                                                      |  | Name of Employer<br>Central Connecticut State University                                                                                                                                                                                                                                                                |                                     |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     |                                     |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025                                                                                                                                                                                                                                                                                             | Aggregate contributions<br>\$185.00 |
| Last Name<br>Hagarty                                                                                                                                                                                                                   |  | First<br>Ellen M.I.                                                                                                                                                                                                                                                                                                     |                                     |
| Residential Street Address<br>4720 Basilicata Ln, Unit 201                                                                                                                                                                             |  | City<br>North Las Vegas State<br>NV Zip Code<br>89084-2137                                                                                                                                                                                                                                                              |                                     |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                             |                                     |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     |                                     |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/30/2025                                                                                                                                                                                                                                                                                             | Aggregate contributions<br>\$110.00 |
| Last Name<br>Elliott                                                                                                                                                                                                                   |  | First<br>Sheryl M.I.                                                                                                                                                                                                                                                                                                    |                                     |
| Residential Street Address<br>152 Peppermint Ln                                                                                                                                                                                        |  | City<br>Bristol State<br>CT Zip Code<br>06010-8521                                                                                                                                                                                                                                                                      |                                     |
| Principal Occupation<br>Para Educadutor                                                                                                                                                                                                |  | Name of Employer<br>Bristol Board of Education                                                                                                                                                                                                                                                                          |                                     |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     |                                     |
| Is this contribution associated with an event reported in Section L1?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # 090225a                                                        |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/23/2025                                                                                                                                                                                                                                                                                             | Aggregate contributions<br>\$245.00 |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$245.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                   |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |  | Subtotal Section A \$2,830.00                                                                                                                                                                                                                                                                                    |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                  |  |
| Last Name<br>Elliott                                                                                                                                                                                                                   |  | First<br>Sheryl M.I.                                                                                                                                                                                                                                                                                             |  |
| Residential Street Address<br>152 Peppermint Ln                                                                                                                                                                                        |  | City<br>Bristol State<br>CT Zip Code<br>06010-8521                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Para Educadutor                                                                                                                                                                                                |  | Name of Employer<br>Bristol Board of Education                                                                                                                                                                                                                                                                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025 Aggregate contributions<br>\$245.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Rudnick                                                                                                                                                                                                                   |  | First<br>Stacey M.I.                                                                                                                                                                                                                                                                                             |  |
| Residential Street Address<br>12 Ipswich Rd                                                                                                                                                                                            |  | City<br>Bristol State<br>CT Zip Code<br>06010-7112                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/08/2025 Aggregate contributions<br>\$150.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Rudnick                                                                                                                                                                                                                   |  | First<br>Stacey M.I.                                                                                                                                                                                                                                                                                             |  |
| Residential Street Address<br>12 Ipswich Rd                                                                                                                                                                                            |  | City<br>Bristol State<br>CT Zip Code<br>06010-7112                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025 Aggregate contributions<br>\$150.00                                                                                                                                                                                                                                                  |  |

|                                                                                                                           |  |             |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     |  | \$225.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           |  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) |  | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  |                               |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                       |  |                                                                                                                                                                                                                                           |                  | TYPE OF REPORT                |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | October 10 filing             |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                          |  |                                                                                                                                                                                                                                           |                  | Subtotal Section A            |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | \$2,830.00                    |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                  |                               |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Provenzano                                                                                                                                                                                                  |  | Louise                                                                                                                                                                                                                                    |                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 316 Wolcott St                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-6427 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer |                               |            |
| Consultant                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                           | MassMutual       |                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$250.00</b>               |            |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><i>If yes, list Event # 090225a</i>                                                                                               |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 08/20/2025       | \$500.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Benvenuto                                                                                                                                                                                                   |  | Anthony                                                                                                                                                                                                                                   |                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 74 Maxine Rd                                                                                                                                                                                                |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-2353 |
| 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 committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$125.00</b>               |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/18/2025       | \$600.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                          |            |
| Benvenuto                                                                                                                                                                                                   |  | Anthony                                                                                                                                                                                                                                   |                  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                         | Zip Code   |
| 74 Maxine Rd                                                                                                                                                                                                |  | Bristol                                                                                                                                                                                                                                   |                  | CT                            | 06010-2353 |
| 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 committee 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? |                  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  | <b>\$100.00</b>               |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received    | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/31/2025       | \$600.00                      |            |

|                                                                                                                                  |                    |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$475.00           |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | <b>\$18,285.00</b> |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                     |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                                     |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                      |                         |
| Ellen for Mayor                                                                                                                                                                                                                                    |  | October 10 filing                                                                                                                                                                                                                                                                                                   |                         |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                                        |  | Subtotal Section A                                                                                                                                                                                                                                                                                                  |                         |
|                                                                                                                                                                                                                                                    |  | \$2,830.00                                                                                                                                                                                                                                                                                                          |                         |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                     |                         |
| Last Name                                                                                                                                                                                                                                          |  | First                                                                                                                                                                                                                                                                                                               |                         |
| Benvenuto                                                                                                                                                                                                                                          |  | Anthony                                                                                                                                                                                                                                                                                                             |                         |
| Residential Street Address                                                                                                                                                                                                                         |  | City                                                                                                                                                                                                                                                                                                                |                         |
| 74 Maxine Rd                                                                                                                                                                                                                                       |  | Bristol                                                                                                                                                                                                                                                                                                             |                         |
| State                                                                                                                                                                                                                                              |  | Zip Code                                                                                                                                                                                                                                                                                                            |                         |
| CT                                                                                                                                                                                                                                                 |  | 06010-2353                                                                                                                                                                                                                                                                                                          |                         |
| Principal Occupation                                                                                                                                                                                                                               |  | Name of Employer                                                                                                                                                                                                                                                                                                    |                         |
| Retired                                                                                                                                                                                                                                            |  | Retired                                                                                                                                                                                                                                                                                                             |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         |
| Is this contribution associated with an event reported in Section L1?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # 090225a                                                                    |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                         |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |  | Date Received                                                                                                                                                                                                                                                                                                       | Aggregate contributions |
|                                                                                                                                                                                                                                                    |  | 09/02/2025                                                                                                                                                                                                                                                                                                          | \$600.00                |
| Last Name                                                                                                                                                                                                                                          |  | First                                                                                                                                                                                                                                                                                                               |                         |
| BRAZAITIS                                                                                                                                                                                                                                          |  | PETER                                                                                                                                                                                                                                                                                                               |                         |
| Residential Street Address                                                                                                                                                                                                                         |  | City                                                                                                                                                                                                                                                                                                                |                         |
| 155 Woodchuck Ln                                                                                                                                                                                                                                   |  | Harwinton                                                                                                                                                                                                                                                                                                           |                         |
| State                                                                                                                                                                                                                                              |  | Zip Code                                                                                                                                                                                                                                                                                                            |                         |
| CT                                                                                                                                                                                                                                                 |  | 06791-1512                                                                                                                                                                                                                                                                                                          |                         |
| Principal Occupation                                                                                                                                                                                                                               |  | Name of Employer                                                                                                                                                                                                                                                                                                    |                         |
| Engineer                                                                                                                                                                                                                                           |  | State of Connecticut                                                                                                                                                                                                                                                                                                |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                         |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |  | Date Received                                                                                                                                                                                                                                                                                                       | Aggregate contributions |
|                                                                                                                                                                                                                                                    |  | 07/30/2025                                                                                                                                                                                                                                                                                                          | \$60.00                 |
| Last Name                                                                                                                                                                                                                                          |  | First                                                                                                                                                                                                                                                                                                               |                         |
| DaCruz                                                                                                                                                                                                                                             |  | Victor                                                                                                                                                                                                                                                                                                              |                         |
| Residential Street Address                                                                                                                                                                                                                         |  | City                                                                                                                                                                                                                                                                                                                |                         |
| 100 Broderick Rd                                                                                                                                                                                                                                   |  | Bristol                                                                                                                                                                                                                                                                                                             |                         |
| State                                                                                                                                                                                                                                              |  | Zip Code                                                                                                                                                                                                                                                                                                            |                         |
| CT                                                                                                                                                                                                                                                 |  | 06010-7724                                                                                                                                                                                                                                                                                                          |                         |
| Principal Occupation                                                                                                                                                                                                                               |  | Name of Employer                                                                                                                                                                                                                                                                                                    |                         |
| Company President                                                                                                                                                                                                                                  |  | DACRUZ Mfg                                                                                                                                                                                                                                                                                                          |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                         |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Personal Check<br><input checked="" type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |  | Date Received                                                                                                                                                                                                                                                                                                       | Aggregate contributions |
|                                                                                                                                                                                                                                                    |  | 07/31/2025                                                                                                                                                                                                                                                                                                          | \$375.00                |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$310.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                                  |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                   |                                        |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing                |                                        |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A \$2,830.00    |                                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                  |                                        |
| Last Name<br>DaCruz                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | First<br>Victor M.I.             |                                        |
| Residential Street Address<br>100 Broderick Rd                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                  | State<br>CT Zip Code<br>06010-7724     |
| Principal Occupation<br>Company President                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>DACRUZ Mfg   |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Amount of Contribution<br><br>\$250.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                  |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/30/2025      | Aggregate contributions<br>\$375.00    |
| Last Name<br>Savino                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | First<br>Cathy M.I.              |                                        |
| Residential Street Address<br>246 Peck Ln                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                  | State<br>CT Zip Code<br>06010-6119     |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired      |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Amount of Contribution<br><br>\$125.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                  |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/12/2025      | Aggregate contributions<br>\$250.00    |
| Last Name<br>Roberge                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Stacie M.I.             |                                        |
| Residential Street Address<br>61 Peppermint Ln                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                  | State<br>CT Zip Code<br>06010-2275     |
| Principal Occupation<br>Not Employed                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Not Employed |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Amount of Contribution<br><br>\$20.00  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                  |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/30/2025      | Aggregate contributions<br>\$105.00    |

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|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$395.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     |                                       |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                        |                                               |
| Ellen for Mayor                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | October 10 filing                     |                                               |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A                    |                                               |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | \$2,830.00                            |                                               |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                       |                                               |
| Last Name<br>Chatfield                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     | First<br>JoAnne                       |                                               |
| Residential Street Address<br>5 Windsor Ln                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                       | State<br>CT                                   |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Zip Code<br>06010-2745                |                                               |
| Principal Occupation<br>Teacher                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>City of Waterbury |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                       | <b>Amount of Contribution</b><br><br>\$100.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                       |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/31/2025           | Aggregate contributions<br>\$160.00           |
| Last Name<br>Dutkiewicz                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | First<br>Warren                       |                                               |
| Residential Street Address<br>103 Renee St                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                       | State<br>CT                                   |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Zip Code<br>06010-5580                |                                               |
| Principal Occupation<br>Retired                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired           |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                       | <b>Amount of Contribution</b><br><br>\$30.00  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                       |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Personal Check<br><input checked="" type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>07/18/2025           | Aggregate contributions<br>\$60.00            |
| Last Name<br>Dutkiewicz                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | First<br>Warren                       |                                               |
| Residential Street Address<br>103 Renee St                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                       | State<br>CT                                   |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Zip Code<br>06010-5580                |                                               |
| Principal Occupation<br>Retired                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired           |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                       | <b>Amount of Contribution</b><br><br>\$30.00  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                       |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Personal Check<br><input checked="" type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/12/2025           | Aggregate contributions<br>\$60.00            |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$160.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                |                                       |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing             |                                       |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A \$2,830.00 |                                       |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                               |                                       |
| Last Name<br>Bajurny                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Barbara M.I.         |                                       |
| Residential Street Address<br>692 Jerome Ave                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT Zip Code<br>06010-2669    |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired   |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$60.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>07/31/2025   | Aggregate contributions<br>\$90.00    |
| Last Name<br>Bajurny                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Barbara M.I.         |                                       |
| Residential Street Address<br>692 Jerome Ave                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT Zip Code<br>06010-2669    |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired   |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$30.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/30/2025   | Aggregate contributions<br>\$90.00    |
| Last Name<br>Cowles                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | First<br>Erin M.I.            |                                       |
| Residential Street Address<br>60 Rourke Ave                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | City<br>Southington           | State<br>CT Zip Code<br>06489-3014    |
| Principal Occupation<br>Talent Acquisition                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>USI       |                                       |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$50.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                       |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/12/2025   | Aggregate contributions<br>\$190.00   |

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|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$140.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                           |  |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                            |  | TYPE OF REPORT                                                                    |  |
| Ellen for Mayor                                                                                                                                                                                                                           |  | October 10 filing                                                                 |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                               |  | Subtotal Section A                                                                |  |
|                                                                                                                                                                                                                                           |  | \$2,830.00                                                                        |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                         |  |                                                                                   |  |
| Last Name                                                                                                                                                                                                                                 |  | First                                                                             |  |
| Cowles                                                                                                                                                                                                                                    |  | Erin                                                                              |  |
| Residential Street Address                                                                                                                                                                                                                |  | City                                                                              |  |
| 60 Rourke Ave                                                                                                                                                                                                                             |  | Southington                                                                       |  |
| State                                                                                                                                                                                                                                     |  | Zip Code                                                                          |  |
| CT                                                                                                                                                                                                                                        |  | 06489-3014                                                                        |  |
| Principal Occupation                                                                                                                                                                                                                      |  | Name of Employer                                                                  |  |
| Talent Acquisition                                                                                                                                                                                                                        |  | USI                                                                               |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                                                      |  | Amount of Contribution                                                            |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | \$60.00                                                                           |  |
| If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                                                     |  | Is contributor a principal of a state contractor or prospective state contractor? |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| If yes, list Event #                                                                                                                                                                                                                      |  | If yes, indicate which branch or branches of government the contract is with:     |  |
|                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative           |  |
| Method of contribution:                                                                                                                                                                                                                   |  | Date Received                                                                     |  |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order                               |  | 09/03/2025                                                                        |  |
|                                                                                                                                                                                                                                           |  | Aggregate contributions                                                           |  |
|                                                                                                                                                                                                                                           |  | \$190.00                                                                          |  |
| Last Name                                                                                                                                                                                                                                 |  | First                                                                             |  |
| Cowles                                                                                                                                                                                                                                    |  | Erin                                                                              |  |
| Residential Street Address                                                                                                                                                                                                                |  | City                                                                              |  |
| 60 Rourke Ave                                                                                                                                                                                                                             |  | Southington                                                                       |  |
| State                                                                                                                                                                                                                                     |  | Zip Code                                                                          |  |
| CT                                                                                                                                                                                                                                        |  | 06489-3014                                                                        |  |
| Principal Occupation                                                                                                                                                                                                                      |  | Name of Employer                                                                  |  |
| Talent Acquisition                                                                                                                                                                                                                        |  | USI                                                                               |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                                                      |  | Amount of Contribution                                                            |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | \$30.00                                                                           |  |
| If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                                                     |  | Is contributor a principal of a state contractor or prospective state contractor? |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| If yes, list Event #                                                                                                                                                                                                                      |  | If yes, indicate which branch or branches of government the contract is with:     |  |
|                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative           |  |
| Method of contribution:                                                                                                                                                                                                                   |  | Date Received                                                                     |  |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order                               |  | 09/27/2025                                                                        |  |
|                                                                                                                                                                                                                                           |  | Aggregate contributions                                                           |  |
|                                                                                                                                                                                                                                           |  | \$190.00                                                                          |  |
| Last Name                                                                                                                                                                                                                                 |  | First                                                                             |  |
| Carter                                                                                                                                                                                                                                    |  | Richard                                                                           |  |
| Residential Street Address                                                                                                                                                                                                                |  | City                                                                              |  |
| 237 Kozani St                                                                                                                                                                                                                             |  | Bristol                                                                           |  |
| State                                                                                                                                                                                                                                     |  | Zip Code                                                                          |  |
| CT                                                                                                                                                                                                                                        |  | 06010-4854                                                                        |  |
| Principal Occupation                                                                                                                                                                                                                      |  | Name of Employer                                                                  |  |
| Revenue Examiner                                                                                                                                                                                                                          |  | State of CT                                                                       |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                                                      |  | Amount of Contribution                                                            |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | \$100.00                                                                          |  |
| If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                                                     |  | Is contributor a principal of a state contractor or prospective state contractor? |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| If yes, list Event #                                                                                                                                                                                                                      |  | If yes, indicate which branch or branches of government the contract is with:     |  |
|                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative           |  |
| Method of contribution:                                                                                                                                                                                                                   |  | Date Received                                                                     |  |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order                               |  | 09/26/2025                                                                        |  |
|                                                                                                                                                                                                                                           |  | Aggregate contributions                                                           |  |
|                                                                                                                                                                                                                                           |  | \$200.00                                                                          |  |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$190.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                           |                               |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |  |                                                                                                                                                                                                                                           |                           | TYPE OF REPORT                |                         |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                           | October 10 filing             |                         |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |  |                                                                                                                                                                                                                                           |                           | <b>Subtotal Section A</b>     |                         |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                           | <b>\$2,830.00</b>             |                         |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                           |                               |                         |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                           | M.I.                          |                         |
| Furey                                                                                                                                                                                                       |  | Timphy                                                                                                                                                                                                                                    |                           | W                             |                         |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                           | State                         | Zip Code                |
| 19 Southdown Dr                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                           | CT                            | 06010-8944              |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer          |                               |                         |
| Attorney                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                           | Furey Donovan             |                               |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                           | <b>Amount of Contribution</b> |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                           |                               |                         |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                           | <b>\$100.00</b>               |                         |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # 090225a                                                                                                      |  | If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                                        |                           |                               |                         |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |                           | Date Received                 | Aggregate contributions |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           |                           | 09/02/2025                    | \$100.00                |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                           | M.I.                          |                         |
| Maiorino                                                                                                                                                                                                    |  | Al                                                                                                                                                                                                                                        |                           |                               |                         |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                           | State                         | Zip Code                |
| 2538 Long Hill Rd                                                                                                                                                                                           |  | Guilford                                                                                                                                                                                                                                  |                           | CT                            | 06437-3644              |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer          |                               |                         |
| Consultant                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                           | Public Strategy Group Inc |                               |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                           | <b>Amount of Contribution</b> |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                           |                               |                         |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                           | <b>\$500.00</b>               |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                              |  | If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                                        |                           |                               |                         |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |                           | Date Received                 | Aggregate contributions |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           |                           | 09/03/2025                    | \$500.00                |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                           | M.I.                          |                         |
| Greene                                                                                                                                                                                                      |  | Kevin                                                                                                                                                                                                                                     |                           |                               |                         |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                           | State                         | Zip Code                |
| 90 Lakewood Cir                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                           | CT                            | 06010-9404              |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer          |                               |                         |
| Physician                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                           | Confidia Health Institute |                               |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                           | <b>Amount of Contribution</b> |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                           |                               |                         |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                           | <b>\$250.00</b>               |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                                                              |  | If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                                        |                           |                               |                         |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |                           | Date Received                 | Aggregate contributions |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           |                           | 07/21/2025                    | \$250.00                |

|                                                                                                                           |                    |
|---------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | <b>\$850.00</b>    |
| <b>TOTAL of Section B Pages</b>                                                                                           | <b>\$15,455.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | <b>\$18,285.00</b> |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     |                                                     |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                                      |                                               |
| Ellen for Mayor                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | October 10 filing                                   |                                               |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A                                  |                                               |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | \$2,830.00                                          |                                               |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                                     |                                               |
| Last Name<br>hanley                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                     | First<br>mike                                       |                                               |
| Residential Street Address<br>51 Summerberry Rd                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                                     | State<br>CT                                   |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Zip Code<br>06010-2957                              |                                               |
| Principal Occupation<br>Retired                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired                         |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                     | <b>Amount of Contribution</b><br><br>\$500.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                                     |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Personal Check<br><input checked="" type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>07/20/2025                         |                                               |
| Last Name<br>Tagariello                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | First<br>Dante                                      |                                               |
| Residential Street Address<br>64 Hollyberry Rd                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                                     | State<br>CT                                   |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Zip Code<br>06010-2962                              |                                               |
| Principal Occupation<br>FP & A Manager                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Gamechange Sales Corp           |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                     | <b>Amount of Contribution</b><br><br>\$200.00 |
| Is this contribution associated with an event reported in Section L1?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # 090225a                                                                    | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                                     |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/02/2025                         |                                               |
| Last Name<br>Ziogas                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                     | First<br>James                                      |                                               |
| Residential Street Address<br>716 Wolcott Rd                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                                     | State<br>CT                                   |
|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Zip Code<br>06010-7198                              |                                               |
| Principal Occupation<br>Attorney                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Law Office of James Ziogas, Jr. |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                     | <b>Amount of Contribution</b><br><br>\$300.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                            | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                          |                                                     |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/09/2025                         |                                               |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$1,000.00  |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                |                                        |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing             |                                        |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A \$2,830.00 |                                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                               |                                        |
| Last Name<br>Heering                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Ann M.I.             |                                        |
| Residential Street Address<br>86 Roberts Trce                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT Zip Code<br>06010-8540     |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired   |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$100.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>07/18/2025   | Aggregate contributions<br>\$700.00    |
| Last Name<br>Heering                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Ann M.I.             |                                        |
| Residential Street Address<br>86 Roberts Trce                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT Zip Code<br>06010-8540     |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired   |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$100.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/12/2025   | Aggregate contributions<br>\$700.00    |
| Last Name<br>Heering                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Ann M.I.             |                                        |
| Residential Street Address<br>86 Roberts Trce                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT Zip Code<br>06010-8540     |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired   |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Amount of Contribution<br><br>\$200.00 |
| Is this contribution associated with an event reported in Section L1?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # 090225a                                                        | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                               |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/26/2025   | Aggregate contributions<br>\$700.00    |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$400.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                                                                |                                                      |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing                                                             |                                                      |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                                                     |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A <b>\$2,830.00</b>                                          |                                                      |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                      |
| Last Name<br><b>Krampitz</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     | First<br><b>John</b> M.I.                                                     |                                                      |
| Residential Street Address<br><b>100 Bird Rd</b>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     | City<br><b>Bristol</b>                                                        | State<br><b>CT</b> Zip Code<br><b>06010-9600</b>     |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br><b>Retired</b>                                            |                                                      |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                               | <b>Amount of Contribution</b><br><br><b>\$50.00</b>  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                         | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                         |                                                                               |                                                      |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br><b>07/19/2025</b> Aggregate contributions<br><b>\$150.00</b> |                                                      |
| Last Name<br><b>Tully</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | First<br><b>Daniel</b> M.I.                                                   |                                                      |
| Residential Street Address<br><b>120 Laurel St</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | City<br><b>Bristol</b>                                                        | State<br><b>CT</b> Zip Code<br><b>06010-5706</b>     |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br><b>Kilbourne &amp; Tully</b>                              |                                                      |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                               | <b>Amount of Contribution</b><br><br><b>\$100.00</b> |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                         | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                         |                                                                               |                                                      |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br><b>09/30/2025</b> Aggregate contributions<br><b>\$100.00</b> |                                                      |
| Last Name<br><b>Straka</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     | First<br><b>Joseph</b> M.I.                                                   |                                                      |
| Residential Street Address<br><b>PO Box 310877</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | City<br><b>Newington</b>                                                      | State<br><b>CT</b> Zip Code<br><b>06131-0877</b>     |
| Principal Occupation<br><b>Network Administrator</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br><b>State of Connecticut</b>                               |                                                      |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                               | <b>Amount of Contribution</b><br><br><b>\$25.00</b>  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                         | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                         |                                                                               |                                                      |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br><b>07/18/2025</b> Aggregate contributions<br><b>\$110.00</b> |                                                      |

|                                                                                                                                  |                    |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | <b>\$175.00</b>    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | <b>\$15,455.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | <b>\$18,285.00</b> |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                            |                         |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |  |                                                                                                                                                                                                                                           |                            | TYPE OF REPORT          |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                            | October 10 filing       |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |  |                                                                                                                                                                                                                                           |                            | Subtotal Section A      |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                            | \$2,830.00              |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                            |                         |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                            | M.I.                    |            |
| Pons                                                                                                                                                                                                        |  | Shelby                                                                                                                                                                                                                                    |                            | R                       |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                            | State                   | Zip Code   |
| 143 Larkspur Ln                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                            | CT                      | 06010-8937 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer           |                         |            |
| Consultant                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                           | CT State Dept of Education |                         |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                            | \$50.00                 |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                            |                         |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                            |                         |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received              | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 09/02/2025                 | \$175.00                |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                            | M.I.                    |            |
| Phelan                                                                                                                                                                                                      |  | Elizabeth                                                                                                                                                                                                                                 |                            |                         |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                            | State                   | Zip Code   |
| 90 Pinehurst Rd                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                            | CT                      | 06010-9206 |
| 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 committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                            | \$50.00                 |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                            |                         |            |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                            |                         |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received              | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 09/02/2025                 | \$100.00                |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                            | M.I.                    |            |
| Glover                                                                                                                                                                                                      |  | Nancy                                                                                                                                                                                                                                     |                            |                         |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                            | State                   | Zip Code   |
| 126 Lawrence Ln                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                            | CT                      | 06010-2949 |
| 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 committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                            | \$25.00                 |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                            |                         |            |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                            |                         |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received              | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 09/02/2025                 | \$125.00                |            |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$125.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                                                                                                   |  | TYPE OF REPORT                                                                    |  |
| Ellen for Mayor                                                                                                                                                                                                                                                                                                  |  | October 10 filing                                                                 |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                                                                                                      |  | Subtotal Section A                                                                |  |
|                                                                                                                                                                                                                                                                                                                  |  | \$2,830.00                                                                        |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                                                                                                |  |                                                                                   |  |
| Last Name                                                                                                                                                                                                                                                                                                        |  | First                                                                             |  |
| Lozier                                                                                                                                                                                                                                                                                                           |  | Barbara                                                                           |  |
| Residential Street Address                                                                                                                                                                                                                                                                                       |  | City                                                                              |  |
| 205 Summer St                                                                                                                                                                                                                                                                                                    |  | Bristol                                                                           |  |
| State                                                                                                                                                                                                                                                                                                            |  | Zip Code                                                                          |  |
| CT                                                                                                                                                                                                                                                                                                               |  | 06010-5016                                                                        |  |
| Principal Occupation                                                                                                                                                                                                                                                                                             |  | Name of Employer                                                                  |  |
| Dental Hygienist                                                                                                                                                                                                                                                                                                 |  | Bristol Burlington Health District                                                |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                                                                                                                             |  | Amount of Contribution                                                            |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                           |  | \$150.00                                                                          |  |
| If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                                                   |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                                                                                                                            |  | Is contributor a principal of a state contractor or prospective state contractor? |  |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| If yes, list Event # 090225a                                                                                                                                                                                                                                                                                     |  | If yes, indicate which branch or branches of government the contract is with:     |  |
|                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative           |  |
| Method of contribution:                                                                                                                                                                                                                                                                                          |  | Date Received                                                                     |  |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order                                                                                                      |  | 08/31/2025                                                                        |  |
|                                                                                                                                                                                                                                                                                                                  |  | Aggregate contributions                                                           |  |
|                                                                                                                                                                                                                                                                                                                  |  | \$200.00                                                                          |  |
| Last Name                                                                                                                                                                                                                                                                                                        |  | First                                                                             |  |
| Kasparian                                                                                                                                                                                                                                                                                                        |  | Kim                                                                               |  |
| Residential Street Address                                                                                                                                                                                                                                                                                       |  | City                                                                              |  |
| 219 Aldbourne Dr                                                                                                                                                                                                                                                                                                 |  | Bristol                                                                           |  |
| State                                                                                                                                                                                                                                                                                                            |  | Zip Code                                                                          |  |
| CT                                                                                                                                                                                                                                                                                                               |  | 06010-2305                                                                        |  |
| Principal Occupation                                                                                                                                                                                                                                                                                             |  | Name of Employer                                                                  |  |
| Manager                                                                                                                                                                                                                                                                                                          |  | ProHealth Physicians                                                              |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                                                                                                                             |  | Amount of Contribution                                                            |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                           |  | \$75.00                                                                           |  |
| If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                                                   |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                                                                                                                            |  | Is contributor a principal of a state contractor or prospective state contractor? |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| If yes, list Event #                                                                                                                                                                                                                                                                                             |  | If yes, indicate which branch or branches of government the contract is with:     |  |
|                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative           |  |
| Method of contribution:                                                                                                                                                                                                                                                                                          |  | Date Received                                                                     |  |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order                                                                                                      |  | 09/30/2025                                                                        |  |
|                                                                                                                                                                                                                                                                                                                  |  | Aggregate contributions                                                           |  |
|                                                                                                                                                                                                                                                                                                                  |  | \$200.00                                                                          |  |
| Last Name                                                                                                                                                                                                                                                                                                        |  | First                                                                             |  |
| Labbe                                                                                                                                                                                                                                                                                                            |  | Jennifer                                                                          |  |
| Residential Street Address                                                                                                                                                                                                                                                                                       |  | City                                                                              |  |
| 86 Ridgecrest Ln                                                                                                                                                                                                                                                                                                 |  | Bristol                                                                           |  |
| State                                                                                                                                                                                                                                                                                                            |  | Zip Code                                                                          |  |
| CT                                                                                                                                                                                                                                                                                                               |  | 06010-2909                                                                        |  |
| Principal Occupation                                                                                                                                                                                                                                                                                             |  | Name of Employer                                                                  |  |
| Teacher                                                                                                                                                                                                                                                                                                          |  | City of Bristol                                                                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                                                                                                                             |  | Amount of Contribution                                                            |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                           |  | \$25.00                                                                           |  |
| If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                                                   |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                                                                                                                            |  | Is contributor a principal of a state contractor or prospective state contractor? |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| If yes, list Event #                                                                                                                                                                                                                                                                                             |  | If yes, indicate which branch or branches of government the contract is with:     |  |
|                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative           |  |
| Method of contribution:                                                                                                                                                                                                                                                                                          |  | Date Received                                                                     |  |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order                                                                                                      |  | 09/30/2025                                                                        |  |
|                                                                                                                                                                                                                                                                                                                  |  | Aggregate contributions                                                           |  |
|                                                                                                                                                                                                                                                                                                                  |  | \$75.00                                                                           |  |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$250.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |                                                                        |                                                                                                                                                                                                                                           |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |                                                                        | TYPE OF REPORT                                                                                                                                                                                                                            |                                                                        |
| Ellen for Mayor                                                                                                                                                                                             |                                                                        | October 10 filing                                                                                                                                                                                                                         |                                                                        |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |                                                                        | Subtotal Section A                                                                                                                                                                                                                        |                                                                        |
|                                                                                                                                                                                                             |                                                                        | \$2,830.00                                                                                                                                                                                                                                |                                                                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                           |                                                                        |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Seymour                                                                                                                                                                                                     |                                                                        | Steve                                                                                                                                                                                                                                     |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State Zip Code                                                         |
| 29 Carleton Pl                                                                                                                                                                                              |                                                                        | Bristol                                                                                                                                                                                                                                   | CT 06010-5109                                                          |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Digital Media Creator                                                                                                                                                                                       |                                                                        | Seymour Media                                                                                                                                                                                                                             |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 07/18/2025                                                                                                                                                                                                                                | \$175.00                                                               |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Bunn                                                                                                                                                                                                        |                                                                        | Katherine                                                                                                                                                                                                                                 |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State Zip Code                                                         |
| 19 Phelan St                                                                                                                                                                                                |                                                                        | Plainville                                                                                                                                                                                                                                | CT 06062-1057                                                          |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Retired                                                                                                                                                                                                     |                                                                        | Retired                                                                                                                                                                                                                                   |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 07/18/2025                                                                                                                                                                                                                                | \$90.00                                                                |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Bunn                                                                                                                                                                                                        |                                                                        | Katherine                                                                                                                                                                                                                                 |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State Zip Code                                                         |
| 19 Phelan St                                                                                                                                                                                                |                                                                        | Plainville                                                                                                                                                                                                                                | CT 06062-1057                                                          |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Retired                                                                                                                                                                                                     |                                                                        | Retired                                                                                                                                                                                                                                   |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 09/30/2025                                                                                                                                                                                                                                | \$90.00                                                                |

|                                                                                                                           |  |             |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     |  | \$90.00     |
| <b>TOTAL of Section B Pages</b>                                                                                           |  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) |  | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |  | TYPE OF REPORT                                                                                                                                                                                                                            |  |
| Ellen for Mayor                                                                                                                                                                                             |  | October 10 filing                                                                                                                                                                                                                         |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |  | Subtotal Section A                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                             |  | \$2,830.00                                                                                                                                                                                                                                |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |  |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |  |
| Dominguez                                                                                                                                                                                                   |  | Jason                                                                                                                                                                                                                                     |  |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |  |
| 419 Burlington Ave                                                                                                                                                                                          |  | Bristol                                                                                                                                                                                                                                   |  |
| State                                                                                                                                                                                                       |  | Zip Code                                                                                                                                                                                                                                  |  |
| CT                                                                                                                                                                                                          |  | 06010-3104                                                                                                                                                                                                                                |  |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                          |  |
| Owner                                                                                                                                                                                                       |  | Self Employed                                                                                                                                                                                                                             |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |
| Amount of Contribution                                                                                                                                                                                      |  |                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                             |  | \$50.00                                                                                                                                                                                                                                   |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |
| If yes, list Event #                                                                                                                                                                                        |  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |  |
|                                                                                                                                                                                                             |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |  |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 09/09/2025                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                             |  | Aggregate contributions                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                             |  | \$150.00                                                                                                                                                                                                                                  |  |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |  |
| Niman                                                                                                                                                                                                       |  | Jeffery                                                                                                                                                                                                                                   |  |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |  |
| 21 Cobbs Rd                                                                                                                                                                                                 |  | West Hartford                                                                                                                                                                                                                             |  |
| State                                                                                                                                                                                                       |  | Zip Code                                                                                                                                                                                                                                  |  |
| CT                                                                                                                                                                                                          |  | 06107-1402                                                                                                                                                                                                                                |  |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                          |  |
| Gc                                                                                                                                                                                                          |  | Self                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |
| Amount of Contribution                                                                                                                                                                                      |  |                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                             |  | \$500.00                                                                                                                                                                                                                                  |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |
| If yes, list Event #                                                                                                                                                                                        |  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |  |
|                                                                                                                                                                                                             |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |  |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 07/01/2025                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                             |  | Aggregate contributions                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                             |  | \$500.00                                                                                                                                                                                                                                  |  |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |  |
| Fontana                                                                                                                                                                                                     |  | Stephen                                                                                                                                                                                                                                   |  |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |  |
| 23 Angel Pl                                                                                                                                                                                                 |  | North Haven                                                                                                                                                                                                                               |  |
| State                                                                                                                                                                                                       |  | Zip Code                                                                                                                                                                                                                                  |  |
| CT                                                                                                                                                                                                          |  | 06473-2402                                                                                                                                                                                                                                |  |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                          |  |
| Director of Economic Development                                                                                                                                                                            |  | City of West Haven, CT                                                                                                                                                                                                                    |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |
| Amount of Contribution                                                                                                                                                                                      |  |                                                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                             |  | \$125.00                                                                                                                                                                                                                                  |  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |
| If yes, list Event #                                                                                                                                                                                        |  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |  |
|                                                                                                                                                                                                             |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |  |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 07/01/2025                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                             |  | Aggregate contributions                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                             |  | \$125.00                                                                                                                                                                                                                                  |  |

|                                                              |  |             |
|--------------------------------------------------------------|--|-------------|
| SUBTOTAL Section B - This Page                               |  | \$675.00    |
| TOTAL of Section B Pages                                     |  | \$15,455.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) |  | \$18,285.00 |
| (Enter total on Line 13, Column A of Summary Page)           |  |             |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                   |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                |  |
| A. Total Contributions from Small Contributors - Received this Period ONLY<br>(See instructions for definition of Small Contributor)                                                                                                   |  | Subtotal Section A \$2,830.00                                                                                                                                                                                                                                                                                    |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                  |  |
| Last Name<br>Koskoff                                                                                                                                                                                                                   |  | First<br>Charlotte M.I.                                                                                                                                                                                                                                                                                          |  |
| Residential Street Address<br>100 York St, Apt 80                                                                                                                                                                                      |  | City<br>New Haven State<br>CT Zip Code<br>06511-5613                                                                                                                                                                                                                                                             |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/15/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Corvo                                                                                                                                                                                                                     |  | First<br>Max M.I.                                                                                                                                                                                                                                                                                                |  |
| Residential Street Address<br>47 Edrow Rd                                                                                                                                                                                              |  | City<br>Bristol State<br>CT Zip Code<br>06010-3141                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Firefighter                                                                                                                                                                                                    |  | Name of Employer<br>City of Bristol CT                                                                                                                                                                                                                                                                           |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/02/2025 Aggregate contributions<br>\$60.00                                                                                                                                                                                                                                                   |  |
| Last Name<br>Albert                                                                                                                                                                                                                    |  | First<br>David M.I.<br>W                                                                                                                                                                                                                                                                                         |  |
| Residential Street Address<br>2028 Matthews St                                                                                                                                                                                         |  | City<br>Bristol State<br>CT Zip Code<br>06010-8517                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>07/06/2025 Aggregate contributions<br>\$60.00                                                                                                                                                                                                                                                   |  |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$220.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  |                                               |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------|-------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                       |  |                                                                                                                                                                                                                                           |                  | TYPE OF REPORT                                |                         |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | October 10 filing                             |                         |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                          |  |                                                                                                                                                                                                                                           |                  | Subtotal Section A                            |                         |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                  | \$2,830.00                                    |                         |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                  |                                               |                         |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                          |                         |
| Leone                                                                                                                                                                                                       |  | Sandra                                                                                                                                                                                                                                    |                  | M                                             |                         |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                         | Zip Code                |
| 60 Maureen Dr                                                                                                                                                                                               |  | Bristol                                                                                                                                                                                                                                   |                  | CT                                            | 06010-2920              |
| 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 committee 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? |                  | <b>Amount of Contribution</b><br><br>\$100.00 |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                               |                         |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  |                                               |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                  |                                               |                         |
|                                                                                                                                                                                                             |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                                                                                                            |                  |                                               |                         |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |                  | Date Received                                 | Aggregate contributions |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           |                  | 07/05/2025                                    | \$100.00                |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                          |                         |
| Galvin                                                                                                                                                                                                      |  | Jay                                                                                                                                                                                                                                       |                  |                                               |                         |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                         | Zip Code                |
| 84 Sterling Way                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                  | CT                                            | 06010-7855              |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer |                                               |                         |
| Self Employed                                                                                                                                                                                               |  |                                                                                                                                                                                                                                           | Self Employed    |                                               |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                  | <b>Amount of Contribution</b><br><br>\$100.00 |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                               |                         |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  |                                               |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                  |                                               |                         |
|                                                                                                                                                                                                             |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                                                                                                            |                  |                                               |                         |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |                  | Date Received                                 | Aggregate contributions |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           |                  | 07/10/2025                                    | \$100.00                |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                  | M.I.                                          |                         |
| Malit                                                                                                                                                                                                       |  | Vanessa                                                                                                                                                                                                                                   |                  |                                               |                         |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                  | State                                         | Zip Code                |
| 40 Palmorr Pl                                                                                                                                                                                               |  | Bristol                                                                                                                                                                                                                                   |                  | CT                                            | 06010-3165              |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer |                                               |                         |
| Doctor                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                           | Sono Bello north |                                               |                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |                  | <b>Amount of Contribution</b><br><br>\$100.00 |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                  |                                               |                         |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |                  |                                               |                         |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                  |                                               |                         |
|                                                                                                                                                                                                             |  | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                                                                                                                            |                  |                                               |                         |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |                  | Date Received                                 | Aggregate contributions |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           |                  | 07/10/2025                                    | \$100.00                |

|                                                                                                                                  |             |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$300.00    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                         |                         |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |  |                                                                                                                                                                                                                                           |                         | TYPE OF REPORT          |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                         | October 10 filing       |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |  |                                                                                                                                                                                                                                           |                         | Subtotal Section A      |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                         | \$2,830.00              |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                         |                         |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                         | M.I.                    |            |
| galbraith                                                                                                                                                                                                   |  | laura                                                                                                                                                                                                                                     |                         |                         |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                         | State                   | Zip Code   |
| 357 Middlesex Rd                                                                                                                                                                                            |  | Darien                                                                                                                                                                                                                                    |                         | CT                      | 06820-2518 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer        |                         |            |
| Minister                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                           | United Methodist Church |                         |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                         | \$100.00                |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                         |                         |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                         |                         |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received           | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/10/2025              | \$100.00                |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                         | M.I.                    |            |
| Nielsen                                                                                                                                                                                                     |  | Mark                                                                                                                                                                                                                                      |                         |                         |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                         | State                   | Zip Code   |
| 3 Parley Ln                                                                                                                                                                                                 |  | Ridgefield                                                                                                                                                                                                                                |                         | CT                      | 06877-4903 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer        |                         |            |
| Attorney                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                           | Frontier Communications |                         |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                         | \$250.00                |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                         |                         |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                         |                         |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received           | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/12/2025              | \$250.00                |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                         | M.I.                    |            |
| Pons                                                                                                                                                                                                        |  | Matthew                                                                                                                                                                                                                                   |                         |                         |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                         | State                   | Zip Code   |
| 143 Larkspur Ln                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                         | CT                      | 06010-8937 |
| Principal Occupation                                                                                                                                                                                        |  |                                                                                                                                                                                                                                           | Name of Employer        |                         |            |
| Insurance                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                           | Lincoln Financial Group |                         |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                         | \$125.00                |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                         |                         |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                         |                         |            |
| Method of contribution:                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           | Date Received           | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  |                                                                                                                                                                                                                                           | 07/19/2025              | \$125.00                |            |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$475.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                             |                                                                        |                                                                                                                                                                                                                                           |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |                                                                        | TYPE OF REPORT                                                                                                                                                                                                                            |                                                                        |
| Ellen for Mayor                                                                                                                                                                                             |                                                                        | October 10 filing                                                                                                                                                                                                                         |                                                                        |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |                                                                        | Subtotal Section A                                                                                                                                                                                                                        |                                                                        |
|                                                                                                                                                                                                             |                                                                        | \$2,830.00                                                                                                                                                                                                                                |                                                                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                           |                                                                        |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Vitrano                                                                                                                                                                                                     |                                                                        | Salvatore                                                                                                                                                                                                                                 |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State Zip Code                                                         |
| 139 E Chippens Hill Rd                                                                                                                                                                                      |                                                                        | Burlington                                                                                                                                                                                                                                | CT 06013-2111                                                          |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Attorney                                                                                                                                                                                                    |                                                                        | Self                                                                                                                                                                                                                                      |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Amount of Contribution                                                                                                                                                                                      |                                                                        | \$200.00                                                                                                                                                                                                                                  |                                                                        |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                           |                                                                        |
| If yes, list Event #                                                                                                                                                                                        |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                                                                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |                                                                        |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 07/23/2025                                                                                                                                                                                                                                | \$200.00                                                               |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Gallagher                                                                                                                                                                                                   |                                                                        | Lori                                                                                                                                                                                                                                      |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State Zip Code                                                         |
| 140 Belden Rd                                                                                                                                                                                               |                                                                        | Burlington                                                                                                                                                                                                                                | CT 06013-1431                                                          |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Retired                                                                                                                                                                                                     |                                                                        | Retired                                                                                                                                                                                                                                   |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Amount of Contribution                                                                                                                                                                                      |                                                                        | \$100.00                                                                                                                                                                                                                                  |                                                                        |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                           |                                                                        |
| If yes, list Event #                                                                                                                                                                                        |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                                                                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |                                                                        |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 07/23/2025                                                                                                                                                                                                                                | \$100.00                                                               |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                        |
| Pelkey                                                                                                                                                                                                      |                                                                        | Peter                                                                                                                                                                                                                                     |                                                                        |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State Zip Code                                                         |
| 353 Perkins St                                                                                                                                                                                              |                                                                        | Bristol                                                                                                                                                                                                                                   | CT 06010-2980                                                          |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                        |
| Retired                                                                                                                                                                                                     |                                                                        | Retired                                                                                                                                                                                                                                   |                                                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Amount of Contribution                                                                                                                                                                                      |                                                                        | \$150.00                                                                                                                                                                                                                                  |                                                                        |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                           |                                                                        |
| If yes, list Event #                                                                                                                                                                                        |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             |                                                                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                                   |                                                                        |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 07/23/2025                                                                                                                                                                                                                                | \$150.00                                                               |

|                                                                                                                           |             |
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| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$450.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     |                                                            |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                                             |                                               |
| Ellen for Mayor                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | October 10 filing                                          |                                               |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                                                                 |                                                                                                                                                                                                                                                                                                                     | <b>Subtotal Section A</b> \$2,830.00                       |                                               |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                                            |                                               |
| Last Name<br>Palaia                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                     | First<br>Donald<br>M.I.                                    |                                               |
| Residential Street Address<br>15 Magnolia Ave                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                                            | State<br>CT<br>Zip Code<br>06010-6449         |
| Principal Occupation<br>Retired                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired                                |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                            | <b>Amount of Contribution</b><br><br>\$150.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                     | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                   |                                                            |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>07/24/2025                                | Aggregate contributions<br>\$150.00           |
| Last Name<br>O'Brien                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     | First<br>Thomas<br>M.I.<br>P                               |                                               |
| Residential Street Address<br>272 Center St                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                                            | State<br>CT<br>Zip Code<br>06010-5021         |
| Principal Occupation<br>Funeral Home Director                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Carriage Services/O'Brien Funeral Home |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                            | <b>Amount of Contribution</b><br><br>\$450.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                     | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                   |                                                            |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/01/2025                                | Aggregate contributions<br>\$450.00           |
| Last Name<br>Lucenti                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     | First<br>Cynthia<br>M.I.<br>G                              |                                               |
| Residential Street Address<br>32 Wellington Hgts Rd                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                     | City<br>Avon                                               | State<br>CT<br>Zip Code<br>06001-3602         |
| Principal Occupation<br>Manager                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Laurel Street Apartments               |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                     | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                            | <b>Amount of Contribution</b><br><br>\$250.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                     | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive<br><input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                   |                                                            |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card<br><input type="checkbox"/> Payroll Deduction<br><input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>09/02/2025                                | Aggregate contributions<br>\$250.00           |

|                                                                                                                                  |             |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$850.00    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                   |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |  | Subtotal Section A \$2,830.00                                                                                                                                                                                                                                                                                    |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                  |  |
| Last Name<br>Torre                                                                                                                                                                                                                     |  | First<br>Heather M.I.                                                                                                                                                                                                                                                                                            |  |
| Residential Street Address<br>98 Fox Den Rd                                                                                                                                                                                            |  | City<br>Bristol State<br>CT Zip Code<br>06010-2664                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Artist                                                                                                                                                                                                         |  | Name of Employer<br>Self Employed                                                                                                                                                                                                                                                                                |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                                                          |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/18/2025 Aggregate contributions<br>\$125.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Wichowski                                                                                                                                                                                                                 |  | First<br>Margherita M.I.                                                                                                                                                                                                                                                                                         |  |
| Residential Street Address<br>12 Crossroads Ln                                                                                                                                                                                         |  | City<br>Avon State<br>CT Zip Code<br>06001-4517                                                                                                                                                                                                                                                                  |  |
| Principal Occupation<br>Consultant                                                                                                                                                                                                     |  | Name of Employer<br>Giuliano consulting                                                                                                                                                                                                                                                                          |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                                                          |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/19/2025 Aggregate contributions<br>\$200.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Casey                                                                                                                                                                                                                     |  | First<br>Susan M.I.                                                                                                                                                                                                                                                                                              |  |
| Residential Street Address<br>97 Peppermint Ln                                                                                                                                                                                         |  | City<br>Bristol State<br>CT Zip Code<br>06010-2275                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                                                          |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/21/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                  |  |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$425.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                                                                                                                                             |                                                                        |                                                                                                                                                                                                                                           |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                       |                                                                        | TYPE OF REPORT                                                                                                                                                                                                                            |                                                                         |
| Ellen for Mayor                                                                                                                                                                                             |                                                                        | October 10 filing                                                                                                                                                                                                                         |                                                                         |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                          |                                                                        | Subtotal Section A                                                                                                                                                                                                                        |                                                                         |
|                                                                                                                                                                                                             |                                                                        | \$2,830.00                                                                                                                                                                                                                                |                                                                         |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |                                                                        |                                                                                                                                                                                                                                           |                                                                         |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                         |
| Kelly Monahan-DiNoia                                                                                                                                                                                        |                                                                        | Paul Dinoia                                                                                                                                                                                                                               |                                                                         |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State                                                                   |
| 100 Pine Meadow Dr                                                                                                                                                                                          |                                                                        | Bristol                                                                                                                                                                                                                                   | CT                                                                      |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                         |
| Retired                                                                                                                                                                                                     |                                                                        | Retired                                                                                                                                                                                                                                   |                                                                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | If contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| If yes, list Event # 090225a                                                                                                                                                                                |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                 |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 08/23/2025                                                                                                                                                                                                                                | \$100.00                                                                |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                         |
| DeFelippi                                                                                                                                                                                                   |                                                                        | John                                                                                                                                                                                                                                      |                                                                         |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State                                                                   |
| 80 Aldbourne Dr                                                                                                                                                                                             |                                                                        | Bristol                                                                                                                                                                                                                                   | CT                                                                      |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                         |
| Retired                                                                                                                                                                                                     |                                                                        | Retired                                                                                                                                                                                                                                   |                                                                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | If contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| If yes, list Event # 090225a                                                                                                                                                                                |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                 |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 08/26/2025                                                                                                                                                                                                                                | \$100.00                                                                |
| Last Name                                                                                                                                                                                                   |                                                                        | First                                                                                                                                                                                                                                     |                                                                         |
| Kalat                                                                                                                                                                                                       |                                                                        | Robert                                                                                                                                                                                                                                    |                                                                         |
| Residential Street Address                                                                                                                                                                                  |                                                                        | City                                                                                                                                                                                                                                      | State                                                                   |
| 34 Holley Rd                                                                                                                                                                                                |                                                                        | Bristol                                                                                                                                                                                                                                   | CT                                                                      |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                          |                                                                         |
| Retired Teacher                                                                                                                                                                                             |                                                                        | Retired                                                                                                                                                                                                                                   |                                                                         |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| If yes, list Event #                                                                                                                                                                                        |                                                                        | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                             | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |
| Method of contribution:                                                                                                                                                                                     |                                                                        | Date Received                                                                                                                                                                                                                             | Aggregate contributions                                                 |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 08/29/2025                                                                                                                                                                                                                                | \$100.00                                                                |

|                                                                                                                                  |             |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$300.00    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                                          |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT                           |                                        |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing                        |                                        |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A \$2,830.00            |                                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                          |                                        |
| Last Name<br>Carozza                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Peter M.I.                      |                                        |
| Residential Street Address<br>PO Box 9153                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     | City<br>Waterbury                        | State<br>CT Zip Code<br>06724-0153     |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired              |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                          | Amount of Contribution<br><br>\$125.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                          |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/30/2025              |                                        |
| Last Name<br>Rhone                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                     | First<br>Nasha M.I.                      |                                        |
| Residential Street Address<br>52 Patton Dr                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                          | State<br>CT Zip Code<br>06010-6168     |
| Principal Occupation<br>RE Broker                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Realizing Homes, LLC |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                          | Amount of Contribution<br><br>\$100.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                          |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/30/2025              |                                        |
| Last Name<br>Frazier                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     | First<br>Mary M.I.                       |                                        |
| Residential Street Address<br>10 Boy St                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol                          | State<br>CT Zip Code<br>06010-2330     |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Retired              |                                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                          | Amount of Contribution<br><br>\$100.00 |
| Is this contribution associated with an event reported in Section L1?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, list Event # 090225a                                                        | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                             |                                          |                                        |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/30/2025              |                                        |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$325.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                               |  |                         |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |  |                                                                                                                                                                                                                                               |  | TYPE OF REPORT          |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                               |  | October 10 filing       |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |  |                                                                                                                                                                                                                                               |  | Subtotal Section A      |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                               |  | \$2,830.00              |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                               |  |                         |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                         |  | M.I.                    |            |
| Perry                                                                                                                                                                                                       |  | Jack                                                                                                                                                                                                                                          |  | W                       |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                          |  | State                   | Zip Code   |
| 153 Moore Hill Dr                                                                                                                                                                                           |  | Southington                                                                                                                                                                                                                                   |  | CT                      | 06489-2929 |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                              |  |                         |            |
| Operations Manager                                                                                                                                                                                          |  | CWPM                                                                                                                                                                                                                                          |  |                         |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                        |  | \$250.00                |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # 090225a                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                         |            |
| <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                        |  |                         |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                                 |  | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 09/02/2025                                                                                                                                                                                                                                    |  | \$250.00                |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                         |  | M.I.                    |            |
| Hudon                                                                                                                                                                                                       |  | Armand                                                                                                                                                                                                                                        |  | J                       |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                          |  | State                   | Zip Code   |
| 51 Somerset Cir                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                       |  | CT                      | 06010-4771 |
| 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 committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                        |  | \$100.00                |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                         |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                        |  |                         |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                                 |  | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 09/09/2025                                                                                                                                                                                                                                    |  | \$100.00                |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                         |  | M.I.                    |            |
| Zarick                                                                                                                                                                                                      |  | James                                                                                                                                                                                                                                         |  |                         |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                          |  | State                   | Zip Code   |
| 78 Hill St                                                                                                                                                                                                  |  | Bristol                                                                                                                                                                                                                                       |  | CT                      | 06010-2902 |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                              |  |                         |            |
| Engineer                                                                                                                                                                                                    |  | Cly-Del mfg                                                                                                                                                                                                                                   |  |                         |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                        |  | \$100.00                |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                         |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                        |  |                         |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                                 |  | Aggregate contributions |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 09/17/2025                                                                                                                                                                                                                                    |  | \$100.00                |            |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$450.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                   |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |  | Subtotal Section A \$2,830.00                                                                                                                                                                                                                                                                                    |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                  |  |
| Last Name<br>Quamme                                                                                                                                                                                                                    |  | First<br>Jeff M.I.                                                                                                                                                                                                                                                                                               |  |
| Residential Street Address<br>34 Conlon St                                                                                                                                                                                             |  | City<br>Bristol State<br>CT Zip Code<br>06010-4103                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Administrator                                                                                                                                                                                                  |  | Name of Employer<br>Conn Certification Board                                                                                                                                                                                                                                                                     |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/19/2025 Aggregate contributions<br>\$60.00                                                                                                                                                                                                                                                   |  |
| Last Name<br>Bartosch                                                                                                                                                                                                                  |  | First<br>Bernadette M.I.                                                                                                                                                                                                                                                                                         |  |
| Residential Street Address<br>95 Shrub Rd                                                                                                                                                                                              |  | City<br>Bristol State<br>CT Zip Code<br>06010-2449                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Marketing                                                                                                                                                                                                      |  | Name of Employer<br>C.C.Pierce Company, Inc.                                                                                                                                                                                                                                                                     |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/20/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Maroney                                                                                                                                                                                                                   |  | First<br>Thomas M.I.<br>H                                                                                                                                                                                                                                                                                        |  |
| Residential Street Address<br>14 Tuttle St                                                                                                                                                                                             |  | City<br>Bristol State<br>CT Zip Code<br>06010-6854                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/23/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                  |  |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$260.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                   |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |  | Subtotal Section A \$2,830.00                                                                                                                                                                                                                                                                                    |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                  |  |
| Last Name<br>Costa Jr                                                                                                                                                                                                                  |  | First<br>Arthur M.I.                                                                                                                                                                                                                                                                                             |  |
| Residential Street Address<br>23 Rita Dr, Apt B                                                                                                                                                                                        |  | City<br>Bristol State<br>CT Zip Code<br>06010-2113                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/25/2025 Aggregate contributions<br>\$250.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Schieding                                                                                                                                                                                                                 |  | First<br>Roland M.I.                                                                                                                                                                                                                                                                                             |  |
| Residential Street Address<br>209 Morris Ave                                                                                                                                                                                           |  | City<br>Bristol State<br>CT Zip Code<br>06010-4417                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Sales Manager                                                                                                                                                                                                  |  | Name of Employer<br>Hummel Bros. Inc.                                                                                                                                                                                                                                                                            |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/27/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Heeing                                                                                                                                                                                                                    |  | First<br>Ann Marie M.I.                                                                                                                                                                                                                                                                                          |  |
| Residential Street Address<br>86 Roberts Trce                                                                                                                                                                                          |  | City<br>Bristol State<br>CT Zip Code<br>06010-8540                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025 Aggregate contributions<br>\$150.00                                                                                                                                                                                                                                                  |  |

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|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$500.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                       |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                    |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |  | Subtotal Section A \$2,830.00                                                                                                                                                                                                                                                                                        |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                      |  |
| Last Name<br>Bedard                                                                                                                                                                                                                    |  | First<br>Kennth M.I.                                                                                                                                                                                                                                                                                                 |  |
| Residential Street Address<br>524 Enfield St                                                                                                                                                                                           |  | City<br>Enfield State<br>CT Zip Code<br>06082-2406                                                                                                                                                                                                                                                                   |  |
| Principal Occupation<br>Restaurant owner                                                                                                                                                                                               |  | Name of Employer<br>Jimmys pub                                                                                                                                                                                                                                                                                       |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                      |  |
| Last Name<br>Callnan                                                                                                                                                                                                                   |  | First<br>Lynn M.I.                                                                                                                                                                                                                                                                                                   |  |
| Residential Street Address<br>50 Brookview Cir                                                                                                                                                                                         |  | City<br>Bristol State<br>CT Zip Code<br>06010-1602                                                                                                                                                                                                                                                                   |  |
| Principal Occupation<br>Not Employed                                                                                                                                                                                                   |  | Name of Employer<br>Not Employed                                                                                                                                                                                                                                                                                     |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                      |  |
| Last Name<br>Fleming                                                                                                                                                                                                                   |  | First<br>Gary M.I.                                                                                                                                                                                                                                                                                                   |  |
| Residential Street Address<br>16 Hawthorne St                                                                                                                                                                                          |  | City<br>Bristol State<br>CT Zip Code<br>06010-7064                                                                                                                                                                                                                                                                   |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                          |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025 Aggregate contributions<br>\$125.00                                                                                                                                                                                                                                                      |  |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$325.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |  |                               |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                       |  |                                                                                                                                                                                                                                           |  | TYPE OF REPORT                |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |  | October 10 filing             |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                          |  |                                                                                                                                                                                                                                           |  | <b>Subtotal Section A</b>     |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |  | <b>\$2,830.00</b>             |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |  |                               |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |  | M.I.                          |            |
| lockhart                                                                                                                                                                                                    |  | Kip                                                                                                                                                                                                                                       |  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |  | State                         | Zip Code   |
| 139 Simpkins Dr                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |  | CT                            | 06010-9026 |
| 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 committee 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? |  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |  | <b>\$125.00</b>               |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |  | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 07/25/2025                                                                                                                                                                                                                                |  | \$125.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |  | M.I.                          |            |
| Evans                                                                                                                                                                                                       |  | Sara                                                                                                                                                                                                                                      |  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |  | State                         | Zip Code   |
| 436 Wolcott Hill Rd                                                                                                                                                                                         |  | Wethersfield                                                                                                                                                                                                                              |  | CT                            | 06109-2936 |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                          |  |                               |            |
| Teacher                                                                                                                                                                                                     |  | Town of Cromwell                                                                                                                                                                                                                          |  |                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |  | <b>\$125.00</b>               |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |  | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 07/30/2025                                                                                                                                                                                                                                |  | \$125.00                      |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |  | M.I.                          |            |
| Fitch                                                                                                                                                                                                       |  | Matthew                                                                                                                                                                                                                                   |  |                               |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |  | State                         | Zip Code   |
| 3379 Whitney Ave                                                                                                                                                                                            |  | Hamden                                                                                                                                                                                                                                    |  | CT                            | 06518-1932 |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                          |  |                               |            |
| Consultant                                                                                                                                                                                                  |  | Merriman River Group                                                                                                                                                                                                                      |  |                               |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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? |  | <b>Amount of Contribution</b> |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |  |                               |            |
| Is this contribution associated with an event reported in Section L1?                                                                                                                                       |  | Is contributor a principal of a state contractor or prospective state contractor?                                                                                                                                                         |  | <b>\$250.00</b>               |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                                                                       |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                               |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             |  | Aggregate contributions       |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 07/30/2025                                                                                                                                                                                                                                |  | \$500.00                      |            |

|                                                                     |                    |
|---------------------------------------------------------------------|--------------------|
| <b>SUBTOTAL Section B - This Page</b>                               | <b>\$500.00</b>    |
| <b>TOTAL of Section B Pages</b>                                     | <b>\$15,455.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> | <b>\$18,285.00</b> |
| <i>(Enter total on Line 13, Column A of Summary Page)</i>           |                    |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                                         |  | TYPE OF REPORT                                                                                                                                                                                                                                                                                                   |  |
| Ellen for Mayor                                                                                                                                                                                                                        |  | October 10 filing                                                                                                                                                                                                                                                                                                |  |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                                            |  | Subtotal Section A \$2,830.00                                                                                                                                                                                                                                                                                    |  |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                  |  |
| Last Name<br>Fitch                                                                                                                                                                                                                     |  | First<br>Matthew M.I.                                                                                                                                                                                                                                                                                            |  |
| Residential Street Address<br>3379 Whitney Ave                                                                                                                                                                                         |  | City<br>Hamden State<br>CT Zip Code<br>06518-1932                                                                                                                                                                                                                                                                |  |
| Principal Occupation<br>Consultant                                                                                                                                                                                                     |  | Name of Employer<br>Merriman River Group                                                                                                                                                                                                                                                                         |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>09/30/2025 Aggregate contributions<br>\$500.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Dorval                                                                                                                                                                                                                    |  | First<br>Maria M.I.                                                                                                                                                                                                                                                                                              |  |
| Residential Street Address<br>435 Village St                                                                                                                                                                                           |  | City<br>Bristol State<br>CT Zip Code<br>06010-8067                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/04/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                  |  |
| Last Name<br>Doyle                                                                                                                                                                                                                     |  | First<br>Thomas M.I.<br>J                                                                                                                                                                                                                                                                                        |  |
| Residential Street Address<br>181 Sherwood Rd                                                                                                                                                                                          |  | City<br>Bristol State<br>CT Zip Code<br>06010-9013                                                                                                                                                                                                                                                               |  |
| Principal Occupation<br>Retired                                                                                                                                                                                                        |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                      |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |  | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #                                                                   |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                             |  |
| Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>08/07/2025 Aggregate contributions<br>\$100.00                                                                                                                                                                                                                                                  |  |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$450.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                         |                        |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                              |  |                                                                                                                                                                                                                                           |                         | TYPE OF REPORT         |            |
| Ellen for Mayor                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                         | October 10 filing      |            |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br>(See instructions for definition of Small Contributor)                                                                 |  |                                                                                                                                                                                                                                           |                         | Subtotal Section A     |            |
|                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                         | \$2,830.00             |            |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                         |                        |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                         | M.I.                   |            |
| Defino                                                                                                                                                                                                      |  | William                                                                                                                                                                                                                                   |                         | J                      |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                         | State                  | Zip Code   |
| 365 Brewster Rd                                                                                                                                                                                             |  | Bristol                                                                                                                                                                                                                                   |                         | CT                     | 06010-5277 |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                          |                         |                        |            |
| Owner                                                                                                                                                                                                       |  | Industrial Development Corporation                                                                                                                                                                                                        |                         |                        |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                         | \$100.00               |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                         |                        |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                         |                        |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             | Aggregate contributions |                        |            |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 08/07/2025                                                                                                                                                                                                                                | \$100.00                |                        |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                         | M.I.                   |            |
| mancini                                                                                                                                                                                                     |  | rose marie                                                                                                                                                                                                                                |                         |                        |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                         | State                  | Zip Code   |
| 81 Hollyberry Rd                                                                                                                                                                                            |  | Bristol                                                                                                                                                                                                                                   |                         | CT                     | 06010-2961 |
| Principal Occupation                                                                                                                                                                                        |  | Name of Employer                                                                                                                                                                                                                          |                         |                        |            |
| Retired teacher                                                                                                                                                                                             |  | Retired                                                                                                                                                                                                                                   |                         |                        |            |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        |  | If contribution is in excess of \$400 to a candidate committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                         | \$125.00               |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                         |                        |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                         |                        |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             | Aggregate contributions |                        |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 08/12/2025                                                                                                                                                                                                                                | \$125.00                |                        |            |
| Last Name                                                                                                                                                                                                   |  | First                                                                                                                                                                                                                                     |                         | M.I.                   |            |
| Duchaine                                                                                                                                                                                                    |  | Susan                                                                                                                                                                                                                                     |                         |                        |            |
| Residential Street Address                                                                                                                                                                                  |  | City                                                                                                                                                                                                                                      |                         | State                  | Zip Code   |
| 102 Anthony Dr                                                                                                                                                                                              |  | Bristol                                                                                                                                                                                                                                   |                         | CT                     | 06010-4835 |
| 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 committee 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="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                    |                         | \$125.00               |            |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               |  | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                        |                         |                        |            |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                      |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                         |                         |                        |            |
| Method of contribution:                                                                                                                                                                                     |  | Date Received                                                                                                                                                                                                                             | Aggregate contributions |                        |            |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | 08/12/2025                                                                                                                                                                                                                                | \$125.00                |                        |            |

|                                                                                                                           |             |
|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                     | \$350.00    |
| <b>TOTAL of Section B Pages</b>                                                                                           | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br>(Enter total on Line 13, Column A of Summary Page) | \$18,285.00 |

I. MONETARY RECEIPTS (Sections A-K)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     |                             |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     | TYPE OF REPORT              |                                               |
| Ellen for Mayor                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | October 10 filing           |                                               |
| <b>A. Total Contributions from Small Contributors - Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>                                                                                     |                                                                                                                                                                                                                                                                                                                     | Subtotal Section A          |                                               |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                     | \$2,830.00                  |                                               |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                             |                                               |
| Last Name<br>Hayden                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                     | First<br>Jeff M.I.          |                                               |
| Residential Street Address<br>50 Melinda Ln                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     | City<br>Bristol             | State<br>CT Zip Code<br>06010-7176            |
| Principal Occupation<br>Insurance                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     | Name of Employer<br>Self    |                                               |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                         | If contribution is in excess of \$400 to a candidate committee 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?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                             | <b>Amount of Contribution</b><br><br>\$250.00 |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>If yes, list Event #</i>                                                         | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                      |                             |                                               |
| Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                     | Date Received<br>08/18/2025 |                                               |

|                                                                                                                                  |             |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section B - This Page</b>                                                                                            | \$250.00    |
| <b>TOTAL of Section B Pages</b>                                                                                                  | \$15,455.00 |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page)</i> | \$18,285.00 |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                |             |                        |                                                                                                                                                                                |                                       |                        |            |
|--------------------------------------------------------------------------------|-------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------|------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             |                        |                                                                                                                                                                                |                                       | TYPE OF REPORT         |            |
| Ellen for Mayor                                                                |             |                        |                                                                                                                                                                                |                                       | October 10 filing      |            |
| <b>C1. Contributions from Other Committees</b>                                 |             |                        |                                                                                                                                                                                |                                       |                        |            |
| Name of Committee<br>BAC Local 1 Connecticut                                   |             |                        |                                                                                                                                                                                | Name of Treasurer<br>John Chandler    |                        |            |
| Address<br>17 N Plains Industrial Rd                                           |             |                        | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event # _____</i> |                                       | Amount of Contribution |            |
| City<br>Wallingford                                                            | State<br>CT | Zip Code<br>06492-5841 | Date Received<br>07/05/2025                                                                                                                                                    | Aggregate Contributions<br>\$1,500.00 |                        | \$1,500.00 |
| Name of Committee<br>LUKE PAC                                                  |             |                        |                                                                                                                                                                                | Name of Treasurer<br>Chris Anderson   |                        |            |
| Address<br>38 Forest St                                                        |             |                        | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event # _____</i> |                                       | Amount of Contribution |            |
| City<br>New Britain                                                            | State<br>CT | Zip Code<br>06052-1425 | Date Received<br>07/31/2025                                                                                                                                                    | Aggregate Contributions<br>\$1,500.00 |                        | \$1,500.00 |
| Name of Committee<br>AFT Connecticut PAC                                       |             |                        |                                                                                                                                                                                | Name of Treasurer<br>Eric Borlaug     |                        |            |
| Address<br>35 Marshall Rd                                                      |             |                        | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event # _____</i> |                                       | Amount of Contribution |            |
| City<br>Rocky Hill                                                             | State<br>CT | Zip Code<br>06067-1400 | Date Received<br>09/23/2025                                                                                                                                                    | Aggregate Contributions<br>\$1,000.00 |                        | \$1,000.00 |
| Name of Committee<br>CT Laborers' Political Le                                 |             |                        |                                                                                                                                                                                | Name of Treasurer<br>Keith Brothers   |                        |            |
| Address<br>PO Box 156                                                          |             |                        | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event # _____</i> |                                       | Amount of Contribution |            |
| City<br>Pomfret                                                                | State<br>CT | Zip Code<br>06258-0156 | Date Received<br>09/23/2025                                                                                                                                                    | Aggregate Contributions<br>\$1,500.00 |                        | \$1,500.00 |
| Name of Committee<br>IBEW Local 90 PAC                                         |             |                        |                                                                                                                                                                                | Name of Treasurer<br>Michael Crisci   |                        |            |
| Address<br>2 N Plains Industrial Rd                                            |             |                        | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event # _____</i> |                                       | Amount of Contribution |            |
| City<br>Wallingford                                                            | State<br>CT | Zip Code<br>06492-2381 | Date Received<br>09/02/2025                                                                                                                                                    | Aggregate Contributions<br>\$1,000.00 |                        | \$1,000.00 |
| Name of Committee<br>IUOE Local 478 Political                                  |             |                        |                                                                                                                                                                                | Name of Treasurer<br>Michael Gates    |                        |            |
| Address<br>1965 Dixwell Ave                                                    |             |                        | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event # _____</i> |                                       | Amount of Contribution |            |
| City<br>Hamden                                                                 | State<br>CT | Zip Code<br>06514-2407 | Date Received<br>09/23/2025                                                                                                                                                    | Aggregate Contributions<br>\$750.00   |                        | \$750.00   |
| Name of Committee<br>Sheet Metal Workers Local                                 |             |                        |                                                                                                                                                                                | Name of Treasurer<br>J. Nimmons       |                        |            |
| Address<br>100 Old Forge Rd, Ste A                                             |             |                        | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, list Event # _____</i> |                                       | Amount of Contribution |            |
| City<br>Rocky Hill                                                             | State<br>CT | Zip Code<br>06067-3758 | Date Received<br>09/23/2025                                                                                                                                                    | Aggregate Contributions<br>\$1,500.00 |                        | \$1,500.00 |

|                                                                                                                                    |                   |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>SUBTOTAL Section C1 - This Page</b>                                                                                             | <b>\$8,750.00</b> |
| <b>TOTAL of Section C1 Pages</b>                                                                                                   | <b>\$8,750.00</b> |
| <b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS<br/>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page)</b> | <b>\$8,750.00</b> |

**I. MONETARY RECEIPTS (Sections A-K)**

|                                                                                              |                       |
|----------------------------------------------------------------------------------------------|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> | <b>TYPE OF REPORT</b> |
| Ellen for Mayor                                                                              | October 10 filing     |

**Summary of Other Monetary Receipts (Sections D-K)**

|                                                                                                        |   |        |
|--------------------------------------------------------------------------------------------------------|---|--------|
| <b>Total Loans Received this Period (Section D)</b>                                                    |   | \$0.00 |
| <b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>             | + | \$0.00 |
| <b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>                          | + | \$0.00 |
| <b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b> | + | \$0.00 |
| <b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>                | + | \$0.00 |
| <b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>                       | + | \$0.00 |
| <b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>                  | + | \$0.00 |

|                                                                                                                                     |        |
|-------------------------------------------------------------------------------------------------------------------------------------|--------|
| <b>Total of Other Monetary Receipts</b> (Add Sections D through K) <i>(Enter total on Line 15, 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                                                      |            |
| Ellen for Mayor                                                                                                                                                                                                                                     |             |                      | October 10 filing                                                   |            |
| <b>L1. Event Information</b>                                                                                                                                                                                                                        |             |                      |                                                                     |            |
| Event #                                                                                                                                                                                                                                             | Description |                      | Was this a fundraising event?                                       |            |
| Date of Event                                                                                                                                                                                                                                       | Letter      |                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |
| 09/02/2025                                                                                                                                                                                                                                          | a           | Meet and Greet Event |                                                                     |            |
| Location: Street Address                                                                                                                                                                                                                            |             | City                 | State                                                               | Zip Code   |
| 98 Summer St                                                                                                                                                                                                                                        |             | Bristol              | CT                                                                  | 06010-5051 |
| <b>Subpart 1: (All Committees)</b>                                                                                                                                                                                                                  |             |                      |                                                                     |            |
| Was this event hosted at a personal residence?                                                                                                                                                                                                      |             |                      |                                                                     |            |
| <input type="checkbox"/> 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="checkbox"/> 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="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>                                                                                                    |             |                      |                                                                     |            |
| <input checked="" type="checkbox"/> No                                                                                                                                                                                                              |             |                      |                                                                     |            |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?                                                                                                                             |             |                      |                                                                     |            |
| <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i>                                                                                                                                                                            |             |                      |                                                                     |            |
| <input checked="" type="checkbox"/> No <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>                                                                                    |             |                      |                                                                     |            |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>                                                                                                                               |             |                      |                                                                     |            |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                                                                                                                           |             |                      |                                                                     |            |
| <input type="checkbox"/> 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="checkbox"/> No                                                                                                                                                                                                              |             |                      |                                                                     |            |
| <b>Subpart 3: (Town Committees ONLY)</b>                                                                                                                                                                                                            |             |                      |                                                                     |            |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state?                                                                                                                                                 |             |                      |                                                                     |            |
| <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i>                                                                                                                                                                            |             |                      |                                                                     |            |
| <input checked="" type="checkbox"/> No <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>                                                                                    |             |                      |                                                                     |            |

|                                                                                                                     |               |
|---------------------------------------------------------------------------------------------------------------------|---------------|
| SUBTOTAL Section L1-Subpart 1 <i>(All Committees)</i> Total Receipts from Sale of Donated Items - This Page         | \$0.00        |
| SUBTOTAL Section L1-Subpart 3 <i>(Town Committees ONLY)</i> Total Receipts from Food Purchases - This Page          | \$0.00        |
| TOTAL of Section L1 Pages                                                                                           | \$0.00        |
| <b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i> | <b>\$0.00</b> |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                    |                                                |                                        | TYPE OF REPORT                                                                                                                                                     |                        |
|--------------------------------------------------------------------------------|--------------------|------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Ellen for Mayor                                                                |                    |                                                |                                        | October 10 filing                                                                                                                                                  |                        |
| <b>L3. Purchases of Advertising in a Program Book or on a Sign</b>             |                    |                                                |                                        |                                                                                                                                                                    |                        |
| Name of Purchaser<br>Tabacco & Son Builders, I                                 |                    |                                                |                                        | Purchase Made By:<br><input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                        |
| Street Address<br>145 Burlington Avenue Bristol Ct                             |                    | City<br>Bristol                                |                                        | State<br>CT                                                                                                                                                        | Zip Code<br>06010      |
| Date Received<br>08/13/2025                                                    | Event #<br>090225a | Aggregate Purchases for all Events<br>\$200.00 | Amount of Progam Ad Purchase<br>\$0.00 | Amount of Sign Purchase<br>\$200.00                                                                                                                                |                        |
| Name of Purchaser<br>William J. Veits, E.A.                                    |                    |                                                |                                        | Purchase Made By:<br><input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                        |
| Street Address<br>1263 Queen St                                                |                    | City<br>Southington                            |                                        | State<br>CT                                                                                                                                                        | Zip Code<br>06489-1267 |
| Date Received<br>08/29/2025                                                    | Event #<br>090225a | Aggregate Purchases for all Events<br>\$250.00 | Amount of Progam Ad Purchase<br>\$0.00 | Amount of Sign Purchase<br>\$250.00                                                                                                                                |                        |
| Name of Purchaser<br>Laurel Street Apartments,                                 |                    |                                                |                                        | Purchase Made By:<br><input type="checkbox"/> Business Entity <input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Individual/Sole Proprietorship |                        |
| Street Address<br>171 Laurel St                                                |                    | City<br>Bristol                                |                                        | State<br>CT                                                                                                                                                        | Zip Code<br>06010-5722 |
| Date Received<br>09/02/2025                                                    | Event #<br>090225a | Aggregate Purchases for all Events<br>\$250.00 | Amount of Progam Ad Purchase<br>\$0.00 | Amount of Sign Purchase<br>\$250.00                                                                                                                                |                        |

|                                                                                                                                       |          |
|---------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>SUBTOTAL Section L3</b>                                                                                                            | \$0.00   |
| <b>Total Purchases of Advertising in a Program Book - This Page</b>                                                                   |          |
| <b>SUBTOTAL Section L3 (Town Committees ONLY)</b>                                                                                     | \$700.00 |
| <b>Total Purchases of Advertising on a Sign - This Page</b>                                                                           |          |
| <b>TOTAL of Section L3 Pages</b>                                                                                                      | \$700.00 |
| <b>TOTAL OF PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b><br>(Enter total on Line 16c, Column A of Summary Page Totals) | \$700.00 |

|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | TYPE OF REPORT                                                                                                                           |                        |
| Ellen for Mayor                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | October 10 filing                                                                                                                        |                        |
| <b>P. Expenses Paid by Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>07/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 114<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) CNSLT                                         | Description<br>Consulting July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Event #                       |                                                                                                                                          | <b>Amount</b>          |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          | \$1,000.00             |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>07/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 112<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) WEB                                           | Description<br>Texting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Event #                       |                                                                                                                                          | <b>Amount</b>          |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          | \$80.39                |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>07/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 111<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) WEB                                           | Description<br>Texting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Event #                       |                                                                                                                                          | <b>Amount</b>          |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          | \$85.07                |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 119<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) CNSLT                                         | Description<br>Consulting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Event #                       |                                                                                                                                          | <b>Amount</b>          |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          | \$1,000.00             |

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| <b>SUBTOTAL Section P - This Page</b>                                                                    | \$2,165.46  |
| <b>TOTAL of Section P Pages</b>                                                                          | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b> | \$20,903.31 |

**IV. EXPENDITURES (Sections P-T)**

|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | TYPE OF REPORT                                                                                                                           |                        |
| Ellen for Mayor                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | October 10 filing                                                                                                                        |                        |
| <b>P. Expenses Paid by Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 122<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) A-WEB                                         | Description<br>Facebook ads: link to WFSB Story and static post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Event #                       | <b>Amount</b><br><br>\$1,200.00                                                                                                          |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 123<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) A-WEB                                         | Description<br>HDMMS Texting: WFSB Video                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Event #                       | <b>Amount</b><br><br>\$1,831.72                                                                                                          |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 125<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) A-WEB                                         | Description<br>Website                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Event #                       | <b>Amount</b><br><br>\$500.00                                                                                                            |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 120<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) A-WEB                                         | Description<br>Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Event #                       | <b>Amount</b><br><br>\$500.00                                                                                                            |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |

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| <b>SUBTOTAL Section P - This Page</b>                                                                    | \$4,031.72  |
| <b>TOTAL of Section P Pages</b>                                                                          | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b> | \$20,903.31 |

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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | TYPE OF REPORT                                                                                                                           |                        |
| Ellen for Mayor                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | October 10 filing                                                                                                                        |                        |
| <b>P. Expenses Paid by Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 124<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) A-SIGN                                        | Description<br>Lawnsigns: My Taxes Went Up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Event #                       | <b>Amount</b><br><br>\$531.75                                                                                                            |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 121<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) WEB                                           | Description<br>Texting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Event #                       | <b>Amount</b><br><br>\$55.27                                                                                                             |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/21/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 130<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) A-WEB                                         | Description<br>Facebook ads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Event #                       | <b>Amount</b><br><br>\$100.00                                                                                                            |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/21/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 132<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) A-SIGN                                        | Description<br>lawn signs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Event #                       | <b>Amount</b><br><br>\$2,392.88                                                                                                          |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |

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| <b>SUBTOTAL Section P - This Page</b>                                                                    | \$3,079.90  |
| <b>TOTAL of Section P Pages</b>                                                                          | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b> | \$20,903.31 |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | TYPE OF REPORT                                                                                                                           |                                 |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Ellen for Mayor                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | October 10 filing                                                                                                                        |                                 |
| <b>P. Expenses Paid by Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                                 |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/02/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 135<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                 |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520          |
| Purpose of Expenditure (by code) CNSLT                                         | Description<br>Inv. 8320 Consulting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Event #                       |                                                                                                                                          | <b>Amount</b><br><br>\$2,000.00 |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                                 |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/02/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 134<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                 |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520          |
| Purpose of Expenditure (by code) A-SIGN                                        | Description<br>signs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Event #                       |                                                                                                                                          | <b>Amount</b><br><br>\$531.75   |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                                 |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/02/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 136<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                 |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520          |
| Purpose of Expenditure (by code) WEB                                           | Description<br>Inv. 8321 Textiing setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Event #                       |                                                                                                                                          | <b>Amount</b><br><br>\$74.89    |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                                 |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/30/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 143<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                 |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520          |
| Purpose of Expenditure (by code) WEB                                           | Description<br>MMS Texting and MMS Texting Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Event #                       |                                                                                                                                          | <b>Amount</b><br><br>\$1,808.51 |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                                 |

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|----------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section P - This Page</b>                                                                    | \$4,415.15  |
| <b>TOTAL of Section P Pages</b>                                                                          | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b> | \$20,903.31 |

**IV. EXPENDITURES (Sections P-T)**

|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | TYPE OF REPORT                                                                                                                           |                        |
| Ellen for Mayor                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | October 10 filing                                                                                                                        |                        |
| <b>P. Expenses Paid by Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/30/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 144<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) CNSLT                                         | Description<br>Consulting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Event #                       | <b>Amount</b><br><br>\$2,000.00                                                                                                          |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Blue Edge Strategies                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/30/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 145<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>54 Robert Rd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4520 |
| Purpose of Expenditure (by code) WEB                                           | Description<br>MMS Texting and MMS Texting setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Event #                       | <b>Amount</b><br><br>\$58.06                                                                                                             |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Booze Box                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/03/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 138<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>823 Farmington Ave                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                                                                                                                              | Zip Code<br>06010-3922 |
| Purpose of Expenditure (by code) FNDR                                          | Description<br>Beverages for fundraiser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Event #<br>090225a            | <b>Amount</b><br><br>\$181.82                                                                                                            |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |
| Name of Payee<br>Bristol Historical Society, Inc.                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/19/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 129<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>PO Box 1293                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                                                                                                                              | Zip Code<br>06011-1293 |
| Purpose of Expenditure (by code) FNDR                                          | Description<br>Rental of Hall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Event #                       | <b>Amount</b><br><br>\$150.00                                                                                                            |                        |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          |                        |

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|----------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section P - This Page</b>                                                                    | \$2,389.88  |
| <b>TOTAL of Section P Pages</b>                                                                          | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b> | \$20,903.31 |

IV. EXPENDITURES (Sections P-T)

|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | TYPE OF REPORT                                                                                                                           |                        |
| Ellen for Mayor                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | October 10 filing                                                                                                                        |                        |
| <b>P. Expenses Paid by Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                          |                        |
| Name of Payee<br>Bristol Magazine LLC                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/17/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 127<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>221 East Rd                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                                                                                                                              | Zip Code<br>06010-6837 |
| Purpose of Expenditure (by code) A-MAG                                         | Description<br>Magazine Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Event #                       |                                                                                                                                          | <b>Amount</b>          |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          | \$1,099.00             |
| Name of Payee<br>Ron Chen                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>08/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 127<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>126 Battis Rd                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Hamden                | State<br>CT                                                                                                                              | Zip Code<br>06514-2910 |
| Purpose of Expenditure (by code) WEB                                           | Description<br>Web Coding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Event #                       |                                                                                                                                          | <b>Amount</b>          |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          | \$500.00               |
| Name of Payee<br>Trip Holtgrewe                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>07/14/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 115<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>27 Huntington St                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Manchester            | State<br>CT                                                                                                                              | Zip Code<br>06040-4235 |
| Purpose of Expenditure (by code) RMB                                           | Description<br>Image Editing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Event #                       |                                                                                                                                          | <b>Amount</b>          |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          | \$201.96               |
| Name of Payee<br>ImageInk, Inc.                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/30/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 142<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>102 Pane Rd                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Newington             | State<br>CT                                                                                                                              | Zip Code<br>06111-5561 |
| Purpose of Expenditure (by code) PRNT                                          | Description<br>Letters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Event #                       |                                                                                                                                          | <b>Amount</b>          |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                          | \$42.54                |

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| <b>SUBTOTAL Section P - This Page</b>                                                                    | \$1,843.50  |
| <b>TOTAL of Section P Pages</b>                                                                          | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b> | \$20,903.31 |

**IV. EXPENDITURES (Sections P-T)**

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | TYPE OF REPORT                                                                                                                             |                        |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Ellen for Mayor                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | October 10 filing                                                                                                                          |                        |
| P. Expenses Paid by Committee                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                            |                        |
| Name of Payee<br>Kenneth Fisher                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date of Payment<br>09/02/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 137<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT   |                        |
| Street Address<br>16 Braeburn Rd                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City<br>Bristol               | State<br>CT                                                                                                                                | Zip Code<br>06010-3136 |
| Purpose of Expenditure<br>(by code) FNDR                                              | Description<br>Piano Player - for event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Event #<br>090225a            | Amount<br><br>\$100.00                                                                                                                     |                        |
| Expenditure #<br><i>(if applicable)</i>                                               | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i><br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                            |                        |
| Name of Payee<br>La Famiglia Tedesco, LLC                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date of Payment<br>09/04/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 139<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT   |                        |
| Street Address<br>63 Prospect St                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City<br>Waterbury             | State<br>CT                                                                                                                                | Zip Code<br>06702-1322 |
| Purpose of Expenditure<br>(by code) FNDR                                              | Description<br>Food for 9/2/2025 fundraiser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Event #<br>090225a            | Amount<br><br>\$536.75                                                                                                                     |                        |
| Expenditure #<br><i>(if applicable)</i>                                               | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i><br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                            |                        |
| Name of Payee<br>NGPVAN                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date of Payment<br>07/14/2025 | Method of Payment<br><input type="checkbox"/> Check # _____<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>10801 N Mopac Expy, Ste # 300                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City<br>Austin                | State<br>TX                                                                                                                                | Zip Code<br>78759-5459 |
| Purpose of Expenditure<br>(by code) WEB                                               | Description<br>Fundraising and Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Event #                       | Amount<br><br>\$126.25                                                                                                                     |                        |
| Expenditure #<br><i>(if applicable)</i>                                               | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i><br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                            |                        |
| Name of Payee<br>NGPVAN                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date of Payment<br>09/30/2025 | Method of Payment<br><input type="checkbox"/> Check # _____<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>10801 N Mopac Expy, Ste # 300                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City<br>Austin                | State<br>TX                                                                                                                                | Zip Code<br>78759-5459 |
| Purpose of Expenditure<br>(by code) WEB                                               | Description<br>Fee for on-line contributions processing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Event #                       | Amount<br><br>\$434.56                                                                                                                     |                        |
| Expenditure #<br><i>(if applicable)</i>                                               | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i><br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                            |                        |

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| <b>SUBTOTAL Section P - This Page</b>                                                                           | \$1,197.56  |
| <b>TOTAL of Section P Pages</b>                                                                                 | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | \$20,903.31 |

IV. EXPENDITURES (Sections P-T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | TYPE OF REPORT                                                                                                                             |                               |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Ellen for Mayor                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | October 10 filing                                                                                                                          |                               |
| <b>P. Expenses Paid by Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                            |                               |
| Name of Payee<br>Primo Press, LLC                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/02/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 133<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT   |                               |
| Street Address<br>106 Riverside Ave                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                                                                                                                                | Zip Code<br>06010-6311        |
| Purpose of Expenditure (by code) MISC                                          | Description<br>apparel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Event #                       |                                                                                                                                            | <b>Amount</b><br><br>\$464.75 |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                            |                               |
| Name of Payee<br>Primo Press, LLC                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>09/22/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 141<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT   |                               |
| Street Address<br>106 Riverside Ave                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                                                                                                                                | Zip Code<br>06010-6311        |
| Purpose of Expenditure (by code) MISC                                          | Description<br>Campaign apparel screen printing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Event #                       |                                                                                                                                            | <b>Amount</b><br><br>\$212.70 |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                            |                               |
| Name of Payee<br>Logan Williams                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>07/01/2025 | Method of Payment<br><input type="checkbox"/> Check # _____<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                               |
| Street Address<br>44 Hull St                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                                                                                                                                | Zip Code<br>06010-6875        |
| Purpose of Expenditure (by code) REF                                           | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Event #                       |                                                                                                                                            | <b>Amount</b><br><br>\$250.00 |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                            |                               |
| Name of Payee<br>Ellen A Zoppo-Sasso                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date of Payment<br>07/15/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 116<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT   |                               |
| Street Address<br>47 Kory Ln                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol               | State<br>CT                                                                                                                                | Zip Code<br>06010-7180        |
| Purpose of Expenditure (by code) RMB                                           | Description<br>Food for committee workers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Event #                       |                                                                                                                                            | <b>Amount</b><br><br>\$363.21 |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                               |                                                                                                                                            |                               |

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|----------------------------------------------------------------------------------------------------------|-------------|
| <b>SUBTOTAL Section P - This Page</b>                                                                    | \$1,290.66  |
| <b>TOTAL of Section P Pages</b>                                                                          | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b> | \$20,903.31 |

|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                               |             |                                                                                                                                          |
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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | TYPE OF REPORT                |             |                                                                                                                                          |
| Ellen for Mayor                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | October 10 filing             |             |                                                                                                                                          |
| <b>P. Expenses Paid by Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                               |             |                                                                                                                                          |
| Name of Payee<br>Ellen A Zoppo-Sassu                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | Date of Payment<br>07/16/2025 |             | Method of Payment<br><input checked="" type="checkbox"/> Check # 117<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br>47 Kory Ln                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol |                               | State<br>CT | Zip Code<br>06010-7180                                                                                                                   |
| Purpose of Expenditure (by code) RMB                                           | Description<br>Reimbursement for office supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | Event #                       |             | <b>Amount</b>                                                                                                                            |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                 |                               |             | \$217.44                                                                                                                                 |
| Name of Payee<br>Ellen A Zoppo-Sassu                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | Date of Payment<br>08/05/2025 |             | Method of Payment<br><input checked="" type="checkbox"/> Check # 126<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br>47 Kory Ln                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol |                               | State<br>CT | Zip Code<br>06010-7180                                                                                                                   |
| Purpose of Expenditure (by code) RMB                                           | Description<br>Reimbursement for printing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Event #                       |             | <b>Amount</b>                                                                                                                            |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                 |                               |             | \$164.04                                                                                                                                 |
| Name of Payee<br>Ellen A Zoppo-Sassu                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | Date of Payment<br>09/11/2025 |             | Method of Payment<br><input checked="" type="checkbox"/> Check # 140<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br>47 Kory Ln                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol |                               | State<br>CT | Zip Code<br>06010-7180                                                                                                                   |
| Purpose of Expenditure (by code) FNDR                                          | Description<br>Fundraiser food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | Event #<br>090225a            |             | <b>Amount</b>                                                                                                                            |
| Expenditure # (if applicable)                                                  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                 |                               |             | \$108.00                                                                                                                                 |

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| <b>SUBTOTAL Section P - This Page</b>                                                                    | \$489.48    |
| <b>TOTAL of Section P Pages</b>                                                                          | \$20,903.31 |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)</b> | \$20,903.31 |

**IV. EXPENDITURES (Sections P-T)**

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |         |                                                                                                                                                                                                |                                                           |  |  |
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| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |         | TYPE OF REPORT                                                                                                                                                                                 |                                                           |  |  |
| Ellen for Mayor                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |         | October 10 filing                                                                                                                                                                              |                                                           |  |  |
| <b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |         |                                                                                                                                                                                                |                                                           |  |  |
| Last Name of Worker/Consultant<br>Zoppo-Sassu                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | First<br>Ellen  |         | MI<br>A                                                                                                                                                                                        | Date of Payment to Vendor, Person or Entity<br>09/02/2025 |  |  |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant<br>Chunky Tomato                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |         | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                                           |  |  |
| Street Address<br>897 Farmington Ave                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol |         | State<br>CT                                                                                                                                                                                    | Zip Code<br>06010-3924                                    |  |  |
| Purpose of Expenditure (by code) FNRD                                                                     | Description<br>Food for fundraiser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 | Event # |                                                                                                                                                                                                | <b>Amount</b><br><br>\$80.46                              |  |  |
| Expenditure # (if applicable)                                                                             | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                 |         |                                                                                                                                                                                                |                                                           |  |  |
| Last Name of Worker/Consultant<br>Zoppo-Sassu                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | First<br>Ellen  |         | MI<br>A                                                                                                                                                                                        | Date of Payment to Vendor, Person or Entity<br>09/02/2025 |  |  |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant<br>Cumberland Farms                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |         | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input checked="" type="checkbox"/> Check # 140 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                                           |  |  |
| Street Address<br>266 Pine St                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol |         | State<br>CT                                                                                                                                                                                    | Zip Code<br>06010-6934                                    |  |  |
| Purpose of Expenditure (by code) RMB                                                                      | Description<br>Food for fundraiser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 | Event # |                                                                                                                                                                                                | <b>Amount</b><br><br>\$27.54                              |  |  |
| Expenditure # (if applicable)                                                                             | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                 |         |                                                                                                                                                                                                |                                                           |  |  |
| Last Name of Worker/Consultant<br>Zoppo-Sassu                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | First<br>Ellen  |         | MI<br>A                                                                                                                                                                                        | Date of Payment to Vendor, Person or Entity<br>07/21/2025 |  |  |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant<br>Garrett Printing & Graphics, Inc. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |         | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input checked="" type="checkbox"/> Check # 126 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                                           |  |  |
| Street Address<br>331 Riverside Ave                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City<br>Bristol |         | State<br>CT                                                                                                                                                                                    | Zip Code<br>06010-8810                                    |  |  |
| Purpose of Expenditure (by code) RMB                                                                      | Description<br>Printing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | Event # |                                                                                                                                                                                                | <b>Amount</b><br><br>\$164.04                             |  |  |
| Expenditure # (if applicable)                                                                             | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) |                 |         |                                                                                                                                                                                                |                                                           |  |  |

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| <b>SUBTOTAL Section T - This Page</b>                                  | \$272.04 |
| <b>TOTAL of Section T Pages</b>                                        | \$489.48 |
| <b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b> | \$489.48 |

IV. EXPENDITURES (Sections P-T)

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                                                                                                                                                                                |                                                           |                        |
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| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | TYPE OF REPORT                                                                                                                                                                                 |                                                           |                        |
| Ellen for Mayor                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | October 10 filing                                                                                                                                                                              |                                                           |                        |
| <b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                                                                                                                                                                                |                                                           |                        |
| Last Name of Worker/Consultant<br>Zoppo-Sassu                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | First<br>Ellen      | MI<br>A                                                                                                                                                                                        | Date of Payment to Vendor, Person or Entity<br>07/10/2025 |                        |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant<br>Staples       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input checked="" type="checkbox"/> Check # 117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                                           |                        |
| Street Address<br>672 Queen St                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City<br>Southington |                                                                                                                                                                                                | State<br>CT                                               | Zip Code<br>06489-1540 |
| Purpose of Expenditure<br>(by code) OFFICE                                            | Description<br>Office Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Event #             |                                                                                                                                                                                                | <b>Amount</b>                                             |                        |
| Expenditure #<br><i>(if applicable)</i>                                               | Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i><br><input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee)<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                     |                                                                                                                                                                                                | \$217.44                                                  |                        |

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|------------------------------------------------------------------------|----------|
| <b>SUBTOTAL Section T - This Page</b>                                  | \$217.44 |
| <b>TOTAL of Section T Pages</b>                                        | \$489.48 |
| <b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b> | \$489.48 |