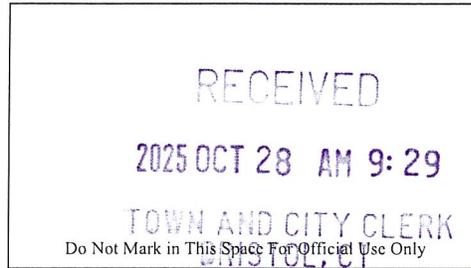


SEEC FORM 20

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 Wyland	MI D	Last Clift	Suffix
3. TREASURER ADDRESS			
Street Address 1175 South Main St, Unit 9	City Plantsville	State CT	Zip Code 06479
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/04/2025	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> Mayor	6. DISTRICT NUMBER <i>(if applicable)</i> 0	
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Ellen	MI A	Last Zoppo-Sassu	Suffix
8. TYPE OF REPORT (Check One Box)			
<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 checked="" type="checkbox"/> 7th day preceding election <input type="checkbox"/> Deficit <input type="checkbox"/> Termination Type of Report: _____ <input type="checkbox"/> October 10 filing <input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i> <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 10/01/2025		thru	Ending Date 10/26/2025
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
 _____ TREASURER OR DEPUTY TREASURER (SIGNATURE)		WYLAND DALE CLIFT 10/27/2025 _____ PRINT NAME OF SIGNER DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page 2 of 18

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Ellen for Mayor	7th day preceding election	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$62,433.44	
13. Contributions received from Individuals (Section A and B)	\$1,540.00	\$75,805.00
14. Receipts from Other Committees (Sections C1 and C2)	\$1,750.00	\$12,300.00
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)	\$0.00	\$1,250.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$3,290.00	\$89,355.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$65,723.44	\$89,355.00
19. Expenditures Paid by Committee (Section P)	\$58,534.65	\$82,166.21
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$7,188.79	\$7,188.79
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	7th day preceding election
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Lagasse	First Tom	M.I.
Residential Street Address 20 Uconn Dr	City Bristol	State CT
	Zip Code 06010-2383	
Principal Occupation Supervisor	Name of Employer Nutmeg Spice	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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? <input type="checkbox"/> Yes <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 <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <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 10/01/2025		Aggregate contributions \$140.00
Last Name Ewings	First Gloria	M.I.
Residential Street Address 94 Lewis Rd	City Bristol	State CT
	Zip Code 06010-3636	
Principal Occupation Retired	Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$125.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <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 10/01/2025		Aggregate contributions \$125.00
Last Name Comandini	First Diana	M.I.
Residential Street Address 25 Willis St	City Bristol	State CT
	Zip Code 06010-6860	
Principal Occupation Nurse	Name of Employer Bristol Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$40.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of contribution: <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 10/01/2025		Aggregate contributions \$40.00

SUBTOTAL Section B - This Page	\$190.00
TOTAL of Section B Pages	\$1,540.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$1,540.00

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				7th day preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Seiflein		Patricia			
Residential Street Address		City		State	Zip Code
3 Sharon St		Bristol		CT	06010-3654
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 \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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?		Amount of Contribution \$400.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <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			10/01/2025	\$20.00	
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <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			10/01/2025	\$1,000.00	
Last Name		First		M.I.	
Bellonio		Barbara			
Residential Street Address		City		State	Zip Code
222 Boulder Ct		Bristol		CT	06010-1609
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 \$110.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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?		Amount of Contribution \$110.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <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			10/23/2025	\$110.00	

SUBTOTAL Section B - This Page	\$460.00
TOTAL of Section B Pages	\$1,540.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$1,540.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th day preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Straka		First Joseph M.I.	
Residential Street Address PO Box 310877		City Newington State CT Zip Code 06131-0877	
Principal Occupation Administrator		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <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 10/12/2025 Aggregate contributions \$140.00	
Last Name Cyr		First Chester M.I.	
Residential Street Address 651 Lake Ave		City Bristol State CT Zip Code 06010-8428	
Principal Occupation Driver		Name of Employer City of Bristol public works	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <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 10/01/2025 Aggregate contributions \$50.00	
Last Name Bilodeau		First Dave M.I.	
Residential Street Address 214 Stevens St		City Bristol State CT Zip Code 06010-2767	
Principal Occupation Retired Disabled		Name of Employer No job	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of contribution: <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 10/01/2025 Aggregate contributions \$50.00	

SUBTOTAL Section B - This Page	\$130.00
TOTAL of Section B Pages	\$1,540.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$1,540.00

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				7th day preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Provenzano		Frank			
Residential Street Address		City		State	Zip Code
681 Willis St		Bristol		CT	06010-7225
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 \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <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			10/03/2025	\$100.00	
Last Name		First		M.I.	
Wojnarowski		Adrian			
Residential Street Address		City		State	Zip Code
P0, Box 904		Glen Rock		NJ	07452
Principal Occupation			Name of Employer		
GM			St Bonaventure University		
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 \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <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			10/10/2025	\$500.00	
Last Name		First		M.I.	
Talmadge		Kristi			
Residential Street Address		City		State	Zip Code
9 Sharon St		Bristol		CT	06010-3654
Principal Occupation			Name of Employer		
Consultant			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 \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <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			10/17/2025	\$50.00	

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$1,540.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$1,540.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Ellen for Mayor		7th day preceding election	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)		Subtotal Section A \$0.00	
B. Itemized Contributions from Individuals			
Last Name Gasser		First Nick	
Residential Street Address 31 Cawley St		City Bristol	State CT
		Zip Code 06010-6807	
Principal Occupation Administrator		Name of Employer Gasser Law Firm	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <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 10/20/2025	Aggregate contributions \$10.00
Last Name Sendroff		First Adam	
Residential Street Address 45 Augur St		City Hamden	State CT
		Zip Code 06517-3436	
Principal Occupation Assistant Manager		Name of Employer Whitsons School Nutrition	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <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? <input type="checkbox"/> Yes <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 <input checked="" type="checkbox"/> No If yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <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 10/24/2025	Aggregate contributions \$100.00

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$1,540.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$1,540.00

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					7th day preceding election	
C1. Contributions from Other Committees						
Name of Committee Iron Workers Local No. 15				Name of Treasurer Brett Wells		
Address 49 Locust St			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		Amount of Contribution	
City Hartford	State CT	Zip Code 06114-1502	Date Received 10/20/2025	Aggregate Contributions \$250.00		\$250.00
Name of Committee District 1199 SEIU PAC -				Name of Treasurer		
Address 77 Huyshope Ave			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		Amount of Contribution	
City Hartford	State CT	Zip Code 06106-7000	Date Received 10/21/2025	Aggregate Contributions \$1,500.00		\$1,500.00

SUBTOTAL Section C1 - This Page	\$1,750.00
TOTAL of Section C1 Pages	\$1,750.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) <i>(Enter total on Line 14, Column A of Summary Page)</i>	\$1,750.00

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	7th day preceding election

Summary of Other Monetary Receipts (Sections D-K)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			7th day preceding election	
P. Expenses Paid by Committee				
Name of Payee Blue Edge Strategies		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 149 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) WEB	Description MMS Texting	Event #		Amount \$1,674.86
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Blue Edge Strategies		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 151 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads	Event #		Amount \$400.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Blue Edge Strategies		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 148 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads	Event #		Amount \$500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Blue Edge Strategies		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 146 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads	Event #		Amount \$750.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$3,324.86
TOTAL of Section P Pages	\$58,534.65
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$58,534.65

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			7th day preceding election	
P. Expenses Paid by Committee				
Name of Payee Blue Edge Strategies		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 150 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-DM	Description Mailer 3	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$9,190.69
Name of Payee Blue Edge Strategies		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 147 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-DM	Description Mailer 1	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$9,655.87
Name of Payee Blue Edge Strategies		Date of Payment 10/16/2025	Method of Payment <input checked="" type="checkbox"/> Check # 152 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) POST	Description Additional Postage Mailer 3	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$465.18
Name of Payee Blue Edge Strategies		Date of Payment 10/17/2025	Method of Payment <input checked="" type="checkbox"/> Check # 154 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-WEB	Description Social Advertising	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$400.00

SUBTOTAL Section P - This Page \$19,711.74

TOTAL of Section P Pages \$58,534.65

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) \$58,534.65

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			7th day preceding election		
P. Expenses Paid by Committee					
Name of Payee Blue Edge Strategies			Date of Payment 10/20/2025		Method of Payment <input checked="" type="checkbox"/> Check # 157 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-DM	Description Mailer 4		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$10,391.00
Name of Payee Blue Edge Strategies			Date of Payment 10/20/2025		Method of Payment <input checked="" type="checkbox"/> Check # 160 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-WEB	Description Texting and Texting Setup		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$463.55
Name of Payee Blue Edge Strategies			Date of Payment 10/20/2025		Method of Payment <input checked="" type="checkbox"/> Check # 155 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-ATM	Description Texting and Texting Setup		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$733.37
Name of Payee Blue Edge Strategies			Date of Payment 10/20/2025		Method of Payment <input checked="" type="checkbox"/> Check # 156 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				\$733.37

SUBTOTAL Section P - This Page	\$12,321.29
TOTAL of Section P Pages	\$58,534.65
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$58,534.65

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			7th day preceding election	
P. Expenses Paid by Committee				
Name of Payee Blue Edge Strategies		Date of Payment 10/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 158 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads	Event #		Amount \$800.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Blue Edge Strategies		Date of Payment 10/22/2025	Method of Payment <input checked="" type="checkbox"/> Check # 163 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) PRNT	Description Walkcards	Event #		Amount \$4,705.99
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Blue Edge Strategies		Date of Payment 10/22/2025	Method of Payment <input checked="" type="checkbox"/> Check # 162 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-DM	Description Mailer 5	Event #		Amount \$9,055.33
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Blue Edge Strategies		Date of Payment 10/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # 165 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads	Event #		Amount \$300.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$14,861.32
TOTAL of Section P Pages	\$58,534.65
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$58,534.65

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Ellen for Mayor			7th day preceding election		
P. Expenses Paid by Committee					
Name of Payee Blue Edge Strategies		Date of Payment 10/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # 168 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520	
Purpose of Expenditure (by code) A-WEB	Description Texting	Event #		Amount \$335.12	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Blue Edge Strategies		Date of Payment 10/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # 167 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520	
Purpose of Expenditure (by code) A-DM	Description Mailer 6	Event #		Amount \$3,371.37	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee Blue Edge Strategies		Date of Payment 10/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # 166 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520	
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads	Event #		Amount \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee ImageInk, Inc.		Date of Payment 10/16/2025	Method of Payment <input checked="" type="checkbox"/> Check # 153 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 102 Pane Rd		City Newington	State CT	Zip Code 06111-5561	
Purpose of Expenditure (by code) OFFICE	Description Letters and envelopes	Event #		Amount \$573.95	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section P - This Page	\$4,780.44
TOTAL of Section P Pages	\$58,534.65
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$58,534.65

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ellen for Mayor			7th day preceding election	
P. Expenses Paid by Committee				
Name of Payee ImageInk, Inc.		Date of Payment 10/22/2025	Method of Payment <input checked="" type="checkbox"/> Check # 164 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 102 Pane Rd		City Newington	State CT	Zip Code 06111-5561
Purpose of Expenditure (by code) PRNT	Description Printing flyers	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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			\$265.88
Name of Payee NGPVAN		Date of Payment 10/17/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10801 N Mopac Expy, Ste # 300		City Austin	State TX	Zip Code 78759-5459
Purpose of Expenditure (by code) WEB	Description CRM & email Platform	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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			\$505.00
Name of Payee NGPVAN		Date of Payment 10/24/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10801 N Mopac Expy, Ste # 300		City Austin	State TX	Zip Code 78759-5459
Purpose of Expenditure (by code) WEB	Description Fee for on-line contributions	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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			\$698.11
Name of Payee Public Strategy Group, Inc.		Date of Payment 10/21/2025	Method of Payment <input checked="" type="checkbox"/> Check # 161 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 605		City Guilford	State CT	Zip Code 06437-0605
Purpose of Expenditure (by code) POLLS	Description Poll creation and analysis	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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			\$1,561.00

SUBTOTAL Section P - This Page	\$3,029.99
TOTAL of Section P Pages	\$58,534.65
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$58,534.65

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Ellen for Mayor			7th day preceding election	
P. Expenses Paid by Committee				
Name of Payee Patricia A Stebbins		Date of Payment 10/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # 169 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Pleasant St		City Bristol	State CT	Zip Code 06010-6254
Purpose of Expenditure (by code) REF	Description refund of over contribution	Event #		Amount \$100.00
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee Ellen A Zoppo-Sassu		Date of Payment 10/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Kory Ln		City Bristol	State CT	Zip Code 06010-7180
Purpose of Expenditure (by code) RMB	Description Reimbursements	Event #		Amount \$405.01
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section P - This Page	\$505.01
TOTAL of Section P Pages	\$58,534.65
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$58,534.65

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Ellen for Mayor				7th day preceding election			
T. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant Zoppo-Sassu		First Ellen		MI A	Date of Payment to Vendor, Person or Entity 10/09/2025		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant 10 Main Cafe & Deli				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address 10 Main St		City Bristol			State CT	Zip Code 06010-6527	
Purpose of Expenditure (by code) FOOD	Description Breakfast for workers		Event #		Amount \$169.38		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						
Last Name of Worker/Consultant Zoppo-Sassu		First Ellen		MI A	Date of Payment to Vendor, Person or Entity 10/10/2025		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant City of Bristol				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address 111 N Main St		City Bristol			State CT	Zip Code 06010-8112	
Purpose of Expenditure (by code) PRNT	Description Print Research		Event #		Amount \$52.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						
Last Name of Worker/Consultant Zoppo-Sassu		First Ellen		MI A	Date of Payment to Vendor, Person or Entity 10/17/2025		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Dollar General				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address 15 Memorial Blvd		City Bristol			State CT	Zip Code 06010-6563	
Purpose of Expenditure (by code) FOOD	Description snacks for meeting at Riverview		Event #		Amount \$67.68		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)						

SUBTOTAL Section T - This Page	\$289.06
TOTAL of Section T Pages	\$405.01
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$405.01

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Ellen for Mayor				7th day preceding election	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Zoppo-Sassu		First Ellen		MI A	Date of Payment to Vendor, Person or Entity 10/09/2025
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Dollar Tree				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Main St		City Bristol		State CT	Zip Code 06010-6528
Purpose of Expenditure (by code) OFFICE	Description Envelopes	Event #		Amount \$15.95	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant Zoppo-Sassu		First Ellen		MI A	Date of Payment to Vendor, Person or Entity 10/17/2025
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant LJ's Pizza Restaurant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input checked="" type="checkbox"/> Check # 159 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 101 Maple St		City Bristol		State CT	Zip Code 06010-5036
Purpose of Expenditure (by code) FOOD	Description Refreshments	Event #		Amount \$100.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <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 <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				

SUBTOTAL Section T - This Page	\$115.95
TOTAL of Section T Pages	\$405.01
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$405.01