Page 1 of 17

#### **SEEC FORM 20**

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

TOTAL OF STANCE OF STANCES

2023 OCT | | AN | | 37 Do Not Mark in This Space For Official Use Only

## COVER PAGE

1. NAME OF COMMITTEE				V	j.	· v			
JOHN GALE 2023						_			
2: TREASURER NAME									
First		МІ		Last					Suffix
Joseph	- · · · · · · · · · · · · · · · · · · ·	A.		Gallan	<u> </u>				<u>.</u>
3. TREASURER ADDRESS						10 20 7000			
Street Address			City				State	Zip Co	
16 Bass Lake Road			Am:	ston			СТ	0623	31
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only	if Candida.	e Committee)			AANGANDED EAR OND	UCT NUMBER
(mnn/dd/yyyy) 11/07/2023	Hartford City Co	ouncil						(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorator								
First		МІ		Last					Suffix
John		Q	ا	Gale					
8. TYPE OF REPORT (Check One Box)			Figure 1						
O January 10 filing	7th day preced	Jing primar	у	O711	day preceding referendum		nitial Cont PACs ONLY)	ribution or	Disbursement
April 10 filing	O30 days follow	ving primar	у	O45	days following referendum	,	mendmen	t to	•
July 10 filing	O7th day preced	ling election	n	ODe	ficit	T	ype of Rep	ort:	
October 10 filing	12th day prece			O Te	rmination	_			
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n					<i>1</i> *	
9. PERIOD COVERED									
	Beginning Dat	te			Ending Date				
<del>-</del>	7/1/2023		_	thru	9/30/2023				
10. CERTIFICATION									
I hereby certify and state, under po Disclosure Statement for the per						nis <b>Iten</b>	nized Cam	ipaign Fii	nance
A Think I want to the same of	%.		Joser	ph A. Ga	llant			in 1	1 121.72
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)		PRIN7	T NAME	OF SIGNER			DATE (n	nm/dd/yyyy)
A person who is f					olated any provisions of th	е сатр	aign finar	ice statul	es

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

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
	COLUMN A This Period	COLUMN B Aggregate			
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees					
12. Balance on hand at the beginning of Reporting Period	\$ 1,000.00				
13. Contributions Received from Individuals (Sections A and B)	11,750.00				
14. Receipts from Other Committees (Sections C1 and C2)					
15. Other Monetary Receipts (Sections D through K)					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	·				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)					
19. Expenses Paid by Committee (Section P)	4,221.44				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$ 8,533.56				
21. In-Kind Donations not Considered Contributions Received (Section L4)					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)					
23. In-Kind Contributions Received (Section M)					
24. Refundable Deposit to Telephone Company (Section N)					
25. Loan Balance	\$ 1,000.00				
25a. + Loans Received (Section D)		· · · · · · · · · · · · · · · · · · ·			
25b. + Interest and Penalties on Loan					
25c Payments on Loan	•				
25d. Total Outstanding Loan Amount	\$ 1,000.00				
26. Campaign Expenses Paid by Candidate (Section Q)	\$ 9.76				
27. Expenses Incurred on Committee Credit Card (Section R)	0.00				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	9.76				
28a, Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$ 9.76				

NAME OF COMMITTEE (Provide Complete, Name of	as Registered with Filing Repository)		TYPE OF REPORT	
John Gale 2023				
A. Total Contributions from Sm: (See instructions for definition of Small Co.		red this Period ONLY SUBTOTAL SECTION A	\$	
	B. Itemized Co	ntributions from Indivi	iduals	
Last Name Gale		First		MI
Residential Street Address 375 Steele R	l	City W H+Fd		State Zip Code CT D& [17
Principal Occupation		Name of Employer		
Keristed		No Consider a selection of the control of the contr	ar	1
or dependent child of a lobbyist? ONO de	f contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	s Is contributor a principal of a s	state contractor or prospective state	te contractor?  OLegislative	250.∞
Method of Contribution: OCash OPersonal Check OCredit/Debit Card		Date Received	Aggregate Contributions	
Last Name	J. 11,500 - 1	First		MI
Ver Placa		John		
Residential Street Address (Deerfield)	RY	city Nottingha		NH C3290
Principal Occupation Reniced		Name of Employed		
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to ses contributor or business he/she is dued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a st  If yes, indicate which bran  of government the contract		C Legislative	350.80
Method of Contribution:  Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney (		Aggregate Contributions	
Last Name  QUQUN		First Mitchell		МІ
Residential Street Address  2100 S. Ocean	P1., D	The same of the sa	each s	1916 Zip Code
Principal Occupation	Divo	Name of Employer	elect 11	
Retited		N/A		
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  No  No	Is contributor a principal of a ste  If yes, indicate which brane of government the contract		- Oxo	250.00
Method of Contribution:    Cash   Personal Check   Credit/Debit Card	Payroll Deduction OMoney (		Aggregate Contributions	
	SUBTO	OTAL Section B — This I	Page 7	50
	TOTAL	of additional Section B Pa	ages · \\O	05
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13,	INDIVIDUALS (Sections A , Column A of Summary Page T		55

## Section B ADDITIONAL PAGE

of	

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filling Repository)		туре об керокт	
			·	
A. Total Contributions from Sm (See instructions for definition of Small Co		ed this Period ONLY SUBTOTAL SECTION A	<b>\$</b>	
	B. Itemized Con	ntributions from Individ	duals	
Last Name  Compared to the state of the stat	·	First TONN		MI
Residential Street Address	57	Hartord		State Zip Code OS 105
Principal Compation 2011 14		Name of Employer	<u> </u>	
or dependent child of a lobbyist?	f contribution is in excess of \$400 t loes contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	s Is contributor a principal of a s	tate contractor or prospective state ch or branches	Contractor? Yes No	25.00
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card	i OPayroll Deduction OMoney		Aggregate Contributions	
Last Name Martoccia		First theres	و	MI
Residential Street Address North Becco		Heartord	s	tate Zip Code OG 105
Principal Occupation  Rettre		Name of Employer		
or dependent child of a lobbyist? Did d	contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  No  If yes, list Event #		is with: Executive	Legislative DNo	100.00
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card	OPayroll Deduction OMoney C	Order	Aggregate Contributions	
Last Name  DU ( ivan		Geraldiv	ne_	MI
Residential Street Address  249  7  7  7  7  7  8  8  8  8  8  8  8  8	St C	Harriford	Š	Zip Code 56 105
Principal Occupation Howewakes	· · · · · · · · · · · · · · · · · · ·	Name of Employer	114	
or dependent child of a lobbyist?	contribution is in excess of \$400 to ses contributor or business he/she is dued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  No  No  No	Is contributor a principal of a standard of the standard of government the contract	is with:	Legislative	25000
Method of Contribution:    Cash   OPersonal Check   OCredit/Debit Card	OPayroll Deduction OMoney C	10 7	Aggregate Contributions	
	SUBTO	OTAL Section B — This P	age 375	5.00
	TOTAL	of additional Section B Pa	iges 1132	30.00
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13.	INDIVIDUALS (Sections A., Column A of Summary Page To		55-

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,	)	TYPE OF REPORT	
A. Total Contributions from Small Contributors-Rece		\$	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A		
·			
B. Itemized C	Contributions from Indivi	duals	
Last Name	Ronald		MI
Residential Street Address 87 Clinton Are	City Waverly		State Zip Code NY LY893
Principal Occupation  Reticed	Name of Employer	red	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Order to the contribution is in excess of \$40 does contributor or business he/s	00 to a candidate for a chief executive he is associated with have a contract	e officer of a municipality,	Amount of Contribution
	a state contractor or prospective stat		
event reported in Section L1?  If yes, list Event #  No  If yes, indicate which be of government the content of		OLegislâtive ONO	2500
Method of Contribution:  OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMon	ey Order Pate Received	Aggregate Contributions	
Last Name	F(St		Mi
Mc Nait	Kobert		
Residential Street Address  68 Girard Ave	City Hart For	d	State Zip Code CT 06 105
Principal Occupation	Name of Employer	L	
	0 to a candidate for a chief executive is associated with have a contract Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of If yes, indicate which be of government the contributor of government the government the government the government the		e contractor? SYes  C Legislative	250.00
Method of Contribution:	Date Received	Aggregate Contributions	
Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Omone	ey Order 9-23-23		
Last Name  Mc Mornick	First		MI
Residential Street Address	City		State Zip Code Col 05
Principal Occupation	Name of Employer		2(02
Retired	NA	•	
	to a candidate for a chief executive e is associated with have a contract of Yes O No		Amount of Contribution
	_	Contractor? OYes	J5.00
Method of Contribution:		Aggregate Contributions	
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	y Order 7-38-35		
SUB	TOTAL Section B — This 1	Page 50	5
тота	L of additional Section B Pa	iges 173	) <b>(</b>
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page T		55

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repositoral		TYPE OF REPORT	
John Gale 2023	24. O. C.			en der er e
A. Total Contributions from Sn (See instructions for definition of Small C		his Period ONLY OTAL SECTION A	\$	
Last Name	B. Itemized Contril	outions from Indivi	duals	MI
Abatte		Sobby		
Residential Street Address  OCINES G	Cible	Socky H	<u>ill  </u>	State Zip Code D67
Principal Decorpation  Peticed		Name of Employer	A	
or dependent child of a lobbyist? No	f contribution is in excess of \$400 to a ca oes contributor or business he/she is asso alued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state configuration of the state of th	branches _	Chegislative	50.00
Method of Contribution:  Cash Personal Check Credit/Debit Care	OPayroll Deduction OMoney Order	Date Received  OR/35	Aggregate Contributions	
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Residential Street Address	City		8	tate Zip Code
Principal Occupation Peticed		Name of Employer		
or dependent child of a lobbyist? 🚺 🔰 🛭 d	contribution is in excess of \$400 to a car bes contributor or business he/she is asso- dued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	ls contributor a principal of a state co  If yes, indicate which branch or  of government the contract is wi	branches th: Executive	O Legislative	40.00
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card	Payroll Deduction Money Order		Aggregate Contributions	
Last Name. Wolf	Fin	Sick		MI
Residential Street Address 493 North V	Talu ST Ciry	offield	Si	ate Zip Code TOE 078
Principal Occupation  1440 CREY		Name of Employer		
or dependent child of a lobbyist? No de	contribution is in excess of \$400 to a can es contributor or business he/she is assoc lued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state cor If yes, indicate which branch or b of government the contract is with	oranches n: O Executive	O Legislative	40.00
Method of Contribution:    Cash   Personal Check   Credit/Debit Card	Payroll Deduction OMoney Order	Date Received 8(33)	Aggregate Contributions	
	SUBTOTA	L Section B — This P	'age 131	5
	TOTAL of ad	ditional Section B Pa	ges 1169	5
TOTAL OF ALI	CONTRIBUTIONS FROM INDI (Enter total on Line 13, Colu			5

NAME OF COMMITTEE (Provide Compl	ete Name as I	legistered with Filing Repository)			TYPE OF REPORT		
A. Total Contributions fro				eriod ONLY L SECTION A	\$		
	Section of the sectio		ACCOUNTS CONTRACTOR OF THE PARTY OF THE PART	表表面的表表的意思的 and designation of the second	20	ele-septem estilityeese	
		B. Itemized Co	the promot the PSE contribution of a	ıs from Indiv	iduals		
Last Name			First	Pavid		<b>—</b> —	MI
Residential Street Address	, r		City L	arrior	N	State	Zip Code DG 114
Principal Occupation  Exec Director	<u>ンい、</u> -	<u>ei</u>	Name	e of Employer		لـــــــــــــــــــــــــــــــــــــ	
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Mo does	ontribution is in excess of \$400 s contributor or business he/she led at more than \$5,000?			ct with said municipality	/, Amou	int of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		Is contributor a principal of a s  If yes, indicate which bran of government the contrac	nch or branch	or or prospective sta	ate contractor? Syes  Collegislative		00.c
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Last Name  ANONO +NE	105	)	First				MI
Residential Street Address	<del></del>		City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
Principal Occupation			Name	of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No does	ntribution is in excess of \$400 to contributor or business he/she i ed at more than \$5,000?	is associated w			, Amour	nt of Contribution
ls this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Year	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	nch or branch	es	Legislative	110	0.00
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Last Name Mal b 7			First	mes			MI
Residential Street Address ST	Jo 5~	h lotyles "	<u></u>	ecress	Pork	State 2	Zip Code
Principal Occupation			Name	of Employer	<u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	lo does o	ntribution is in excess of \$400 to contributor or business he/she is ad at more than \$5,000?	is associated w			, Amoun	it of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 yes I	Is contributor a principal of a st  If yes, indicate which brand of government the contract	ch or branche	es _	O Legislative	700	00.00
Method of Contribution: Cash Personal Check OCredit/De	bit Card 🔘	Payroll Deduction OMoney	Order Date R	PS 23	Aggregate Contributions		
		SUBT	OTAL Sect	tion B — This	Page 50	)	
		TOTAL	of addition	nal Section B P	ages U76°	5	
TOTAL	F ALL C	ONFRIBUTIONS FROM (Enter total on Line 13				5	

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Sma (See instructions for definition of Small Cont		d this Period ONLY UBTOTAL SECTION A	\$	
Last Name	B. Itemized Con	tributions from Indivi	iduals	MI
Lawson		JOHN		
Residential Street Address  43 Palmer De		East Hart	Frd	State Zip Code Ole 118
Principal Occupation Petired		Name of Employer	4	
or dependent child of a lobbyist? Oxo doe	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?			Amount of Contribution
	Is contributor a principal of a sta  If yes, indicate which branc of government the contract	ate contractor or prospective stat	te contractor? Yes OLegislative	5.00
Method of Contribution:  Deash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney O	Date Received	Aggregate Contributions	
Last Name		First		М
Residential Street Address 185 TOOK ST	Ci	Booth Wen	d50(	State Zip Code C OG 074
Principal Occupation		Name of Employer	+	
or dependent child of a lobbyist? No does	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a sta  If yes, indicate which brance of government the contract i	h or branches is with: Executive	O Legislative	100.00
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card	Payroll Deduction Money On		Aggregate Contributions	
Last Name Wise Man		First	· ·	Mi
Residential Street Address TW8 West 5W	Cit	Hartford		State Zip Code
Principal occupation		Name of Employer	A	
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 to a contributor or business he/she is a ed at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  No  If yes, list Event #	Is contributor a principal of a stat  If yes, indicate which branch of government the contract is	or branches Swith: Executive	O Legislative	25.00
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card C	Payroll Deduction OMoney Or		Aggregate Contributions	
	SUBTO	TAL Section B — This	Page 13 (	C
		f additional Section B P		5
TOTAL OF ALL C	ONTRIBUTIONS FROM 1 (Enter total on Line 13	NDIVIDUALS (Sections A Column A of Summary Page T		$\mathcal{O}$

nt.	
UI.	

NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)	TYPE OF REPORT	
	Z TELEPLIZATIV		
A. Total Contributions from Small (See instructions for definition of Small Contrib	Contributors-Received this Period ONLY button) SUBTOTAL SECTION A	\$	: <del>-</del> -
	B. Itemized Contributions from Indiv	iduals	
Last Name	Scott	·	MI
Residential Street Address  258 Kenyon St	City Harriogo	State	Zip Code OC 105
Principal Occupation Reciped	Name of Employer	ed	
or dependent child of a lobbyist? No does of	tribution is in excess of \$400 to a candidate for a chief executive contributor or business he/she is associated with have a contract d at more than \$5,000?  Ores  ONO	1	nount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a state contractor or prospective sta  If yes, indicate which branch or branches of government the contract is with:  DExecutive	te contractor? Yes OLegislative	00.00
Method of Contribution:  Cash Personal Check Ocredit/Debit Card O	Payroll Deduction OMoney Order Page 18/38	Aggregate Contributions	
Last Name Suell	Clifford		MI
Residential Street Address 109 600 200 N C. T. C.	e cirtartard	State	Zip Code Xe105
Principal Occupation  Avisor	Name of Employer  MOFACA	Stanley	
or dependent child of a lobbyist? No does c	tribution is in excess of \$400 to a candidate for a chief executive ontributor or business he/she is associated with have a contract at more than \$5,000?  Yes  No		ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	s contributor a principal of a state contractor or prospective sta  If yes, indicate which branch or branches of government the contract is with:  Executive	te contractor? Syes  O Legislative	)5D00
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card O	Payroll Deduction Money Order	Aggregate Contributions	
Last Name  Suel	First		MI
Residential Street Address 69 Goodwh Ct		State	Zip Code 06 10 5
Principal Occupation  Cotice V	Name of Employer		
or dependent child of a lobbyist? No does co	ribution is in excess of \$400 to a candidate for a chief executive outributor or business he/she is associated with have a contract at more than \$5,000?		ount of Contribution
Is this contribution associated with an event reported in Section L1?  No No No	contributor a principal of a state contractor or prospective state  If yes, indicate which branch or branches of government the contract is with:  Executive	e contractor? O'es O Legislative	50.00
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OP	Payroll Deduction OMoney Order	Aggregate Contributions	
	SUBTOTAL Section B — This	Page 600	
	TOTAL of additional Section B P	ages 11155	
TOTAL OF ALL CO	NTRIBUTIONS FROM INDIVIDUALS (Sections A		

~ C		
of		

NAME OF COMMITTEE (Provide Complete	Name as Registered wi	th Filing Repository)		TYPE OF REPORT	
A. Total Contributions from	Small Contri	butors-Receive	d this Period ONLY		
(See instructions for definition of Sm		THE STATE OF THE S	UBTOTAL SECTION A	\$	
	D	· · · · · · · · · · · · · · · · · · ·	eren eren eren eren eren eren eren eren	2.2.2.12	
Last Name	D.	Itemizeu Con	tributions from Indivi	iduais	MI
Residential Street Address		lc lc	Stenda	. [	State Zip Code
18 Lostbrook	<u> </u>		WH	,	CT 06/17
Principal Occupation (C+176)			Name of Employer	A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor	r or business he/she is	a candidate for a chief executive associated with have a contract		Amount of Contribution
event reported in Section L1?	No If yes,	tor a principal of a sta indicate which branc	ate contractor or prospective stat h or branches	Q 140	150.00
If yes, list Event #  Method of Contribution:	of gov	remment the contract	Date Received	O Legislative Aggregate Contributions	
Cash OPersonal Check OCredit/Debi	t Card <b>O</b> Payroli Do	eduction OMoney C	order 9/8% (33		
Last Name Barry			First		MI
Residential Street Address	D	Ci	Harrford		Zip Code 06 105
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse,  OYES	If contribution is	s in excess of \$400 to	a candidate for a chief executive	e officer of a municipality.	Amount of Contribution
or dependent child of a lobbyist? No		or business he/she is	associated with have a contract O Yes O No		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yes,	tor a principal of a sta indicate which branc ernment the contract		te contractor?  O Legislative	25.00
Method of Contribution:  Cash Personal Check Credit/Debit	Card Payroll De	duction Money O		Aggregate Contributions	
Lest Name			First	d	MI
Residential Street Address  OS Walnut	50	Cit	E. HAD	<b>.</b>	tate Zip Code CT 06 108
Principal Occupation Transfer St	eticu	Deve	Name of Employer	toubur/	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or business he/she is a	a candidate for a chief executive associated with have a contract Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No If yes, in	or a principal of a stat ndicate which branch roment the contract is		ONO	20.00
Method of Contribution:  Cash Personal Check Ocredit/Debit			Date Received	Aggregate Contributions	
		SUBTO	TAL Section B — This:	Page (9	5
		TOTAL o	f additional Section B P	ages 1156	0
TOTAL ÖF			NDIVIDUALS (Sections A Column A of Summary Page T		5

							20022
NAME OF COMMITTEE (Provide Co.	mplete Name as Reg	istered with Filing Repository)		TYPE OF E	(ÉPORT	,	10000
A. Total Contributions	Com Small (	Contributors-Rece	ived this Period Of	ST V			
(See instructions for definition			SUBTOTAL SECTIO	S2000000000000000000000000000000000000			
			·	·			
		B. Itemized C	ontributions from l	Individuals			1 155 1 125
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Residential Street Address  SCU 1	twood	Dr	City 6 laston	bury	St	Zip Code  CO603	<u>-</u> ろ_
Principal Occupation			Name of Employer	chaster	To 6	acco	
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67 Kenyon St	H	lartfo	ord	•	CT	106	5105
Principal Occupation			Name of Employer				
retired			N/A		·		•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of 5 does contributor or business he valued at more than \$5,000?						nount	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal If yes, indicate which of government the contributor apprincipal in the contributor apprincip	h branch	or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	_		
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Last Name Concepcion		Firs Jul					MI
Rosidential Street Address	City	•	-		State	1 -	Code
3 Linden Place	Ha	artfo	ord Chamber of Com	merce	CT	06	016
Principal Occupation			Name of Employer				
Executive Director			N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$5,000?					/, Am 50.		f Contribution
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Last Name		First					MI
Keil		Ro	bin				
Residential Street Address	City				State	Zip	Code
45 Brunswick Rd	Mo	ontc	lair		וא	07	042
Principal Occupation			Name of Employer				
Teacher			Caldwell West Cald	well Board of Ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$\frac{1}{2}\$,000?					1	ount o	f Contribution
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TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L)			IDUALS (Sections A on A of Summary Page T		70	<u>ر</u> ا	5

NAME OF COMMUTEE (Provide Complete No.	ame as Registered with Filling Repository).	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		TYPE OF REPORT		
A. Total Contributions from See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	7	
	B. Itemized Co	ntrib	outions from Indivi	duals		
Last Name		100	irst			MI
Unfried	·	In In	Douglas			
Residential Street Address		City			State	Zip Code
67 Kenyon St	·	Hartf	ford		CT	06105
Principal Occupation		<u></u>	Name of Employer			
retired	•		N/A			•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am \$50	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	anch or l	branches	e contractor? Yes  OLegislative		
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Lentini	•	Je	erald			1
Residential Street Address		City			State	Zip Code
524 BIRCH MOUNTAIN ROAD	·		CHESTER		ст	06040
Principal Occupation	<u> </u>	L.,,,,,,,,,,	Name of Employer		<b></b>	
Attorney			Aaron J. Romano P.	c.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				50.0	ount of Contribution
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Scalise		Co	onor			
Residential Street Address		City			State	Zip Code
700 Bloomfield Avenue		Bloon	nfield		CT	06002
Principal Occupation	<u></u>	L	Name of Employer	<u> </u>	L	.L
Attorney			John Q. Gale, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				\$250	unt of Contribution
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	TOTAL	, of ad	ditional Section B Pa	ages ( )	40	)5
TOTAL OF A	LL CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	+ B)	<u> </u>	
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#### Section B ADDITIONAL PAGE \_\_\_\_

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NAME OF COMMITTEE (Provide Complete No.	the as Registered with Filing Repository)			TYPE OF REPORT			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$			
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Last Name	B. Memized Co	Charles of the sales	outions from Indivi-				МІ
Wolfson		•	ohn				
Residential Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip	Code
1 Constitution Plaza, Ste 900, Hartford	d, CT 06103	Hart	ford	•	CT	06	103
Principal Occupation		J	Name of Employer		<del></del>		
Attorney			Feiner Wolfson LLC	2			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					1000nt 0	of Contribution
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St Amour		٨	Natthew				
Residential Street Address		City			State	Zip (	Code
9A Farnsworth Street		New	London		СТ	063	320
Principal Occupation			Name of Employer		l		
Broker			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ŀ	ount of	Contribution
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Poirier			erek	- <u></u>			<u> </u>
Residential Street Address 39 Parsons Dr		City West	Hartford		State	Zip (	Code 117 .
Principal Occupation			Name of Employer				
Attorney			John Q. Gale, LLC				
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a can	didate for a chief executive	officer of a municipality	Amo	unt of	Contribution
or dependent child of a lobbyist? O No	does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract	with said municipality	\$250	0.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ich or t	ntractor or prospective state oranches	<b>⊙</b> No	1		
Method of Contribution:			Date Received	Aggregate Contributions	7		
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	TOTAL	of ad	ditional Section B P	ages	15	5	
TOTAL OF A	LL CONTRIBUTIONS FROM		VIDUALS (Sections A		75	55	)

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NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)			TYPE OF REPORT			
A. Total Contributions from Small (See Instructions for definition of Small Contrib			is Period ONLY OTAL SECTION A	\$	- -		
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Last Name	B. IVIII C. C.	Fir			ii kin Barb		MI
Young		A	nn				
Residential Street Address		City			State	Zíp C	ode
36 Circle Drive		Burlir	ngton		СТ	060	113
Principal Occupation			Name of Employer	<u></u>	· <del>!</del>		
Retired			Retired				
or dependent child of a lobbyist? O No does o	ntribution is in excess of \$400 to contributor or business he/she is ad at more than \$5,000?				y, Am		Contribution
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Aaronson		Ja	net			ł	I
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176 N. Middaugh St	5	Some	rville		נא	088	76
Principal Occupation			Name of Employer		L	<b>-L</b>	
N/A			N/A				
or dependent child of a lobbyist? O No does c	tribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?				1	ount of (	Contribution
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Last Name		Fire					MI
Vivier		Ste	ephen	·			
Residential Street Address		ity Maria			State	Zip Co	
8 Rose Circle	110	Merid	<u>,</u>		СТ	0645	<del></del>
Principal Occupation	•		Name of Employer N/A	•			
N/A			<u></u>		<del></del>		<del></del>
or dependent child of a lobbyist? ONO does co	tribution is in excess of \$400 to contributor or business he/she is at more than \$5,000?				, Amo \$250		Contribution
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	TOTAL	of ade	ditional Section B Pa	ages \\	OS	<u> </u>	
TOTAL OF ALL CO	ONTRIBUTIONS FROM I (Enter total on Line 13,		VIDUALS (Sections A mn A of Summary Page T		70	117	55

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NAME OF COMMITTEE Provide Complete No	ame as Registered with Filling Repository)			TYPE OF REPORT			
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Last Name	p. itmizu e.	Section of the Section	irst	GUAIS			Мі
Levy		C	Coleman				
Residential Street Address	· · · · · · · · · · · · · · · · · · ·	City			State	Zip	Code
15 North Main St., Suite 15		West	t Hartford		CT	06	107
Principal Occupation			Name of Employer				
Attorney	<u> </u>		Coleman B. Levy, Ll	.C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				•	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or	branches	CLegislative			
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Last Name		Fi	rst		-	de la	Mi .
Narwold		W	Villiam				
Residential Street Address		City	<u>.</u>		State	Zip (	
6 Thicket Lane		West	Hartford		СТ	061	i <b>07</b>
Principal Occupation			Name of Employer				
Lawyer Motley Rice LLC							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of 0.00	Contribution
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Last Name Quish	····	Fir. Fr	rances				МІ
Residential Street Address		City			State	Zip C	ode
669 Broadview Ter		Hartfe	ord		CT	061	
Principal Occupation	<u> </u>		Name of Employer			٠	
Retired	•		N/A				İ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ch or b	ranches	contractor? Yes No			
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Section October October Design					سري	<b></b>	
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	TOTAL	of ad	ditional Section B Pa	ges	90	5	
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A mn A of Summary Page To		75	55	

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NAME OF COMMITTEE (Provide Complete N	ame as	Registered with Filling Repository)			TYPE OF REPORT		, t 4 so si	
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Bookwalter			F	redrika			-	
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110 Kenyon Street			Hartf	ford		CT	06	5105
Principal Occupation				Name of Employer		-1		
N/A				N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	contribution is in excess of \$400 t es contributor or business he/she lued at more than \$5,000?				` J	10unt (	of Contribution
Is this contribution associated with an event reported in Section L1?  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:  OExecutive OLegislative								
Method of Contribution:		1		Date Received	Aggregate Contributions	]		
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Last Name	الخابيس		Fir	rst			مسعد الأنبيس	MI
Bryce			P	hilip			•	
Residential Street Address		<u> </u>	City		<del></del> ,	State	Zip	Code
1031B Heritage Village			South	hbury		СТ	06	488
Principal Occupation		L		Name of Employer		<u></u>	<del>_</del>	
Lawyer				Mayer Brown LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does valu	contribution is in excess of \$400 to ex contributor or business he/she is used at more than \$5,000?	is assoc	O Yes O No	with said municipality	\$25	•	f Contribution
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Last Name			Fire		·			MI
Miller			Di	avid				
Residential Street Address		· •	City			State	1 -	Code
210 MORRISON AVE			Hignt	tstown	· · · · · · · · · · · · · · · · · · ·	NJ	08:	520
Principal Occupation  Consultant				Name of Employer self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 to s contributor or business he/she is sed at more than \$5,000?				\$ Amo		f Contribution
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	9 - 130 r ( 12 - 13 - 13	TOTAL	of ad	ditional Section B Pa	ages	38	$\overline{\mathbb{C}}$	)
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NAME OF COMMITTEE (Provide Complete N	Vame as Registered with Filing Repository	)		TYPE OF REPORT		
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Last Name Carreiro			Antonio			) M
Residential Street Address		City		<u></u>	State	Zip Code
1400 Silver Lane		East	Hartford		СТ	06118
Principal Occupation			Name of Employer		<u>.l.,</u>	
Plumber			Self-employed		·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of No If yes, indicate which b of government the cont	ranch or	branches	te contractor? Yes OLegislative		
Method of Contribution:		****	Date Received	Aggregate Contributions	7	
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Last Name			irst			MI
Hankard		j	(evin			
Residential Street Address 37 Maple Ave		City Wine	dsor		State CT	Zip Code 06095
Principal Occupation			Name of Employer		<del></del>	
Sales			USA Waste & amp; I	Recycling Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Amo \$250	ount of Contribution 0.00
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Thompson	<u></u>		ralg			
Residential Street Address 40 Musket Trail		City Sims	bury		State CT	Zip Code 06170
Principal Occupation	<u></u>	···	Name of Employer		L	
consultant			self-employed			•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				, Amo	unt of Contribution
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NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Filing Repository)			TYPE OF REPORT		
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	R Itemized Co	ntrib	outions from Indiv	Muale		
Last Name			irst	iuuais		Тмі
Robinson		J	Ellen			\[ \]
Residential Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
141 Elizabeth St.		Hart	ford	•	СТ	06105
Principal Occupation		<u> </u>	Name of Employer			<u> </u>
Retired			N/A			•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contributi 0.00
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Last Name		Fi	rșt			MI
Condren		Já	ames			
Residential Street Address		City			State .	Zip Code
141 Elizabeth St.		Hartf	ford		СТ	06105
Principal Occupation	<del></del>		Name of Employer	***************************************	<u> </u>	
Retired			N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				, Amo	unt of Contributio
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Last Name	Oranse constraint from the communication of the constraint of the	Fir		and the state of t		MI
Ciscel			latthew			
Residential Street Address		City			State	Zip Code
214 Beacon Street		Hartf		<del></del>	СТ	06105
Principal Occupation	•		Name of Employer			
consultant	··		self-employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes   No   \$50.00					unt of Contributio 00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	es Is contributor a principal of a st  If yes, indicate which branc  of government the contract	ch or b	oranches h: O Executive	O Legislative		
Method of Contribution:  Cash Personal Check Ceredit/Debit Car	- A Dayrall Daduction	Ordor	Date Received 9/29/2023	Aggregate Contributions		•
DUBSH UPPERSORRE CITCOX (SCIENTAGO) Car	Id Orayion Deduction Owing	Oluci	] 3,23,2323			~~
	SUBT	OTA	L Section B — This	Page	5.5	50
	TOTAL	of ad	ditional Section B P	ages \	20	5
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A mn A of Summary Page I		7.5	55

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NAME OF COMMITTEE: (Provide Complete Name as Registered with Filing Repository	TYPE OF REPO	RT
A. Total Contributions from Small Contributors-Rece	Nivad Ahis Paylad ONLY	
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$	
Control of the contro	Contributions from Individuals	
Ortiz.	Pirst	MI
Residential Street Address 371 Franklin Ave	city Harrford	State Zip Code CT 06114
Principal Occupation Exec ASS Start	Name of Employer  City of Ital	tord
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No does contributor or business he/s	00 to a candidate for a chief executive officer of a muniche is associated with have a contract with said municipal	
		3Yes 2500
event reported in Section L1?  If yes, list Event #  If yes, indicate which be of government the control of government the government that government the government the government that government the government the government that government t	ract is with: OExecutive O Legislative	
Method of Contribution:  OCash OPersonal Check Occidit/Debit Card OPayroll Deduction OMon	Date Received Aggregate Contributions Order	ions
Last Name Moran	First Hector	MI
Residential Street Address 371 Franklin Are	city Harsford	State Zip Code CT OCe 114
Principal Occupation  Wavate	Name of Employer  Peuthoose Ci	icr Shop
Is contributor a lobbyist spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/sh	to a candidate for a chief executive officer of a munic ne is associated with have a contract with said municipal	
valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #    Valued at more than \$5,000?    Is contributor a principal of   If yes, indicate which by of government the contributor of government the contributor and the contributor are principal of   If yes, indicate which by of government the contributor are principal of   If yes, indicate which by of government the contributor are principal of   If yes, indicate which by of government the contributor are principal of   If yes, indicate which by of government the contributor are principal of   If yes, indicate which by of government the contributor are principal of   If yes, indicate which by of government the contributor are principal of   If yes, indicate which by of government the contributor are principal of   If yes, indicate which by of government the contributor   If yes, indicate which by of government the contributor   If yes, indicate which by of government the contributor   If yes, indicate which by of government the contributor   If yes, indicate which by of government   If yes, indicate which    ranch or branches	2500	
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMone	Date Received Aggregate Contribution	ons
Last Name Morelloge	Fine	MI
Residential Street Address  Oun  N  N  N  N  N  N  N  N  N  N  N  N  N	Coventry	State Zip Code 06358
Principal Occupation Retire	Name of Employer,	
	0 to a candidate for a chief executive officer of a munici e is associated with have a contract with said municipal O Yes O No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or branches	35.00
Method of Contribution:    Cash   OPersonal Check   Credit/Debit Card   OPayroll Deduction   OMone	ey Order Pate Received Aggregate Contribution	ons .
SUB	TOTAL Section B — This Page	75
TOTA	L of additional Section B Pages	1680
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A + B) 13, Column A of Summary Page Totals)	1755

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NAME OF COMMITTEE: (Provide Complete Name	e as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Sn (See instructions for definition of Small C		ed this Period ONLY SUBTOTAL SECTION A	\$	
The state of the s	Participation (Control of the Control of the Contro	THE STATE OF THE S	<u> </u>	
	B. Itemized Co	ntributions from Indiv	iduals	
Last Nation Mares a		Sue Av	\ <b>\</b>	MI
Residential Street Address 134 Beacon	ST	City Hartfor	d	State Zip Code CT 06105
Principal Occupation		Name of Employer	in Cancer	
	If contribution is in excess of \$400 does contributor or business he/she	to a candidate for a chief executiv	e officer of a municipality,	
	valued at more than \$5,000?  Es Is contributor a principal of a s	OYes ONo state contractor or prospective state	te contractor? Yes	
event reported in Section L1?  If yes, list Event #	If yes, indicate which brar of government the contract	t is with: OExecutive	O Legislative	50.00
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Car	d OPayroll Deduction OMoney	Order Q-08-03	Aggregate Contributions	
Last Name		First		MI
Can Chez Residential Street Address		James Civil Fi	]	State Zip Code
270 Freevan =	<u>st</u>	Name of Employer		CT 06104
Ketired		Name of Biaployer		
or dependent child of a lobbyist?	f contribution is in excess of \$400 t loes contributor or business he/she i valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #			C Legislative	50.00
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card	Payroll Deduction OMoney	Order 9-28-03	Aggregate Contributions	
Last Name		First		MI
Residential Street Address 215 Law Tevice		Hartord	S	State Zip Code CT Ole 106
Principal Scoupation		Name of Employer  Oolvey	as Amag	. /
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 to ocs contributor or business he/she is	o a candidate for a chief executive s associated with have a contract	officer of a municipality,	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  No  No  No			Contractor? Syes	200.0D
Method of Contribution:    Cash   OPersonal Check   OFredit/Debit Card	OPayroll Deduction OMoney (	1	Aggregate Contributions	
	SUBTO	OTAL Section B — This I	Page	300
	TOTAL	of additional Section B P	ages \\\	155
TOTAL OF ALI	CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A , Column A of Summary Page T		755

NAME OF COMMITTEE (Provide C	omplete Name as Reg	istered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions (See instructions for definition	THE CONTRACT OF STREET	e sa code Albert e Propinsi de la Carte de Propinsi de la Carte de la Carte de La Carte de La Carte de La Cart	ved this Period ONLY SUBTOTAL SECTION A	\$	
ASSECTION OF THE PROPERTY OF T	general Committee with months and a March Committee	interesteda grapusa en el degra escreta en el esg <sub>e</sub> y con el			
		B. Itemized Co	ntributions from Individ	luals	er en
Last Name Thompson			Bruce		MI
Residential Street Address    Occhard	Brook	ok Dr	wetherstie	eld	State Zip Code OC 109
Principal Occupation  Petited			Name of Eniployer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No does co		to a candidate for a chief executive is associated with have a contract w OYes ONo		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is	contributor a principal of a s If yes, indicate which bran of government the contract	t is with: DExecutive	OLegislative ONG	15.00
Method of Contribution:  OCash OPersonal Check OFFee	dit/Debit Card OP	ayroll Deduction OMoney	10 10~~	Aggregate Contributions	0 5.00
Last Name Seidentels			Mi chael		MI
Residential Street Address	ra Co	ort	city akewood	2	State Zip Code NJ 0870 (
Principal Occupation	· · · · · · · · · · · · · · · · · · ·		Name of Employer 600	orne	
	No does co		o a candidate for a chief executive of a sassociated with have a contract with have a Contract with the contract with th		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is	contributor a principal of a s If yes, indicate which brar of government the contrac		<b>⊘</b> No	750.00
Method of Contribution:  OCash OPersonal Check Ored	it/Debit Card <b>O</b> Pa	yroll Deduction Money		ggregate Contributions	
Sentuel Sentuel			Fin		MI
Residential Street Address  OLA Cap	rtal K	Lie "	Haratord	\s	2ip Code 06 10 6
Principal Occupation  Coasoltant			Name of Employer	od Cous	sulting
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No does con		o a candidate for a chief executive of sassociated with have a contract with Yes O No		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	S Yes Is o	ontributor a principal of a st <i>If yes</i> , indicate which brand of government the contract		1040	100.00
Method of Contribution:  Cash Personal Check Peredi	t/Debit Card <b>O</b> Pa	yroll Deduction OMoney (	10	ggregate Contributions	
		SUBT	OTAL Section B — This Pa	igė.	375
			of additional Section B Pag	(C)	380
ТОТА	L OF ALL CON		INDIVIDUALS (Sections A + , Column A of Summary Page Tot		755

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NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository).		TYPE OF REPORT		
A. Total Contributions from Sm (See instructions for definition of Small Contribution)		ved this Period ONLY SUBTOTAL SECTION A	\$	·	
			<u> </u>		
	B. Itemized Co	ontributions from Indiv	iduals		
Last Name Callegher		Firstrian			MI
Residential Street Address Oxford	51	city Harretor	d	State Zip o	4105
Principal Occupation leacher		Name of Employer	rtord		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she	e is associated with have a contrac		Amount of	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Method of Contribution:  OCash OPersonal Check Oredit/Debit Card	o If yes, indicate which bra of government the contra	state contractor or prospective stanch or branches of is with:  Date Received	OLegislative  Aggregate Contributions	10	0.00
Last Pane Alexander	<u> </u>	First	5		МІ
Residential Street Address Peeman	51	City Hartford		State Zip C	e106
Principal Occupation		Name of Employer	h 6 ho	rch	
or dependent child of a lobbyist? No d	f contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?			, Amount of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a		te contractor?  O Legislative		500
Method of Contribution:  OCash OPersonal Check Oredit/Debit Card	Payroll Deduction Money	Date Received Order	Aggregate Contributions	120	
Last Name		First	<u></u>		MI
Residential Street Address		City		State Zip Co	ode .
Residential butter reguless		City		Diano Dip or	
Principal Occupation		Name of Employer			
or dependent child of a lobbyist? No de	contribution is in excess of \$400 to be contributor or business he/she alued at more than \$5,000?			Amount of	Contribution
Is this contribution associated with an event reported in Section L1?  **Mathematical Reports of the Contribution of the Contr	Is contributor a principal of a s  If yes, indicate which bran of government the contrac		C Contractor?  O Legislative		
Method of Contribution:  Cash Personal Check OCredit/Debit Card	OPayroll Deduction OMoney	Date Received Order	Aggregate Contributions		
	SUBT	OTAL Section B — This	Page	193	5
	TOTAÙ	of additional Section B P	ages \	631	5
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page 1		175	5

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF CO	MMITTEE (Provide Com	iplete Name/as Registered	with Filing Repos	strony)		TYPE OF REPORT		
Name of Committee	e	Ci. (	Contributio	ons from (	Other Comp	\$		
Address				Is this confevent repo	rted in Section L	ted with an OYes ONo .1? list Event #	Amount	t of Contributio
City		State	Zip Code	Date Rec		Aggregate Contributions		
Name of Committee	;				Name of Treas	surcr		
Address				Is this cont event repo	rted in Section L1	ted with an Yes No 1? list Event #	Amount	of Contributio
City		State	Zip Code	Date Rec		Aggregate Contributions		
Name of Committee	,				Name of Treas	nurer .		
Address				Is this contevent repor	rted in Section L1	ed with an Yes No 17 ist Event #	Amount	of Contribution
City		State	Zip Code	Date Reco		Aggregate Contributions		
Name of Committee	1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	Reimbursemen	ts or Surpl	us Distrib	Name of Treast	other Committees wer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  OReimburseme	ent for shared e	expense O!	Surplus Distributi	ion	Amour	nt of Receipt
Description							7	
Name of Committee			······································		Name of Treasu	ner		
Address			<u> </u>	City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  Reimburses	ment for shared	expense C	Surplus Distribu	ution	Amoun	t of Receipt
Description								
			SUBTO	TAL Sectio	on C — This !	Page		
			TOTAL o	f additiona	l Section C P	ages		
		FALL COMMITI is C1 + C2) (Enter to						

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Provide Complete Name as Registered with F	iling Reposito	(אמ			TYPE OF		
John Gale 2023				(	October	10, 2023 Filin	g
D	. Loans I	Receiv	ed this Period				
Name of Lender John Q. Gale			Source of Loan:  Bank Candid	idate 🔘	Individual	Other Committee	Date of Receipt 6/19/2023
Street Address 6 Cone Street	City Hartford				State CT	Zip Code 06105	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if upplicable)	<u> </u>						Amount Received
	I Cir.				State	Late Cado	\$1,000.00
Street Address	City				Piaic	Zip Code	
Name of Lender			Source of Loan:  Bank Candid	date 🔿	Individual	Other Committee	Date of Receipt
Street Address	City	1	,		State	Zip Code	Is there a Cosigner or Guaranter of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender	***************************************		Source of Loan: OBank Candid	date O	Individual	Other Committee	Date of Receipt
Street Address	City			:	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
	City					Lip ccut	
		·	TOTAL SECTIO	)N D			
E. Receipts from Entities other than	n Individ	م واوددا	r Other Comm	ittees (	Doforend	low Committee	o ONI VI
Name of Entity	, I III III III	ttais o	I Other Commis	iitees ;	Nejerena	um Commuce	s ONLI)
Street Address				Date Re	ceived		Amount Received
Sity	St	late	Zip Code	Aggrega	ate Contribut	tions	
			!				
lame of Entity							
treet Address		n		Date Rec	peived		Amount Received
ity	Str	tate	Zip Code	Aggrega	nte Contributi	ions	
dame of Entity		<u> </u>					
treet Address				Date Rec	zeived		Amount Received
ity	Str	tate	Zip Code	Aggrega	ite Contributi	ions	
		<u>ب</u>	TOTAL SECTIO	NE			

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMIT	TEE (Provide Complete Name, as Register	ed with Filing Repository)		TYPE OF REPORT
	F. Amount Transferred f	rom Affiliated Bu	isiness Treasury (Busii	ness Entity Committees ONLY)
Date of Receipt	Is this transaction associatevent reported in Section		If yes, list Event #	Amount
Date of Receipt	Is this transaction associat event reported in Section I		If yes, list Event #	Amount
Date of Receipt	Is this transaction associat event reported in Section 1	74	If yes, list Event #	Amount
Date of Receipt	Is this transaction associatevent reported in Section I		If yes, list Event #	Amount
			TOTAL SECTION	N F
G Amount	Cransferred from Affiliate	d Labor Union o	: Other Organization	Treasury (Organization Committees ONLY)
late of Receipt	The state of the s	ate of Receipt		Date of Receipt
	Amount	A	mount	Amount
			TOTAL SECTION	<b>G</b>
	H. Personal Funds of th	ie Candidate Reco	eived this Period (Can	ndidatė Committees ONLY)
te of Receipt	Method of payment:  Cash	Personal Chec	ck Credit/Debit C	Amount
te of Receipt	Method of payment:	O Personal Chec	k Credit/Debit C	Amount Card
te of Receipt	Method of payment:	Personal Chec	k Credit/Debit C	Amount
e of Receipt	Method of payment:	O Personal Chec	k Credit/Debit C	Amount
			TOTAL SECTIO	HA
	and the same of	I. Anonymous	Contributions	
am	Per Public Act 11-48, Annount. If a committee rec	ceives an anonym	ous contribution, the	e campaign treasurer shall

for deposit in the General Fund.

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

NAME OF COMMITTEE (Provide Complete No	mie as Registered with Filling Repository)	TY	PE OF REPORT		
	J. Interest from Deposits in Au	thorized Accounts			
Name of Institution			e Received		Amount
Street Address	City	State	Zip Code		
Name of Institution		Dat	e Received		Amount
Street Address	City	State	Zip Code		
		COTAL SECTION J			
K. Mis	cellaneous Monetary Receipts not	Considered Contr	ibutions 🕒	ar Guille	
Name			Date of Transactio	n A	mount Received
Street Address	City	St	ate Zip Cod	le	
Description			<u> </u>		
Name			Date of Transaction	n A	mount Received
Street Address	City	Sta	ate Zip Code	e	
Description					
Name			Date of Transaction	n A	mount Received
Street Address	City	Sta	L Zip Code	e	
Description					
Name			Date of Transaction	A	mount Received
Street Address	City	Sta	I Zip Code	-	
Description	<del></del>		<u></u>		
	TOTA	L SECTION K			
SUMMARY	OF OTHER MONETARY REC	EIPTS (Sections D	through K)		write best seen
Fotal Loans Received this Period (Section	1 D)				
Cotal Receipts from Entities other than In	dividuals or Other Committees (Section )	E) +			
Total Amount Transferred from Affiliated	Business Treasury (Section F)	+			
Cotal Amount Transferred from Affiliated	l Labor Union or Other Organization Tr	easury (Section G) +		<u></u>	·
Total Amount of Personal Funds of the Ca	andidate Received this Period (Section H	) +		· · · · · · · · · · · · · · · · · · ·	
otal Amount of Interest from Deposits in	Authorized Accounts (Section J)	+			
Total Miscellaneous Monetary Receipts n	edit after the transfer of the control of the other was to the control of the con		Markon uk A		
(Add Sec	Total of Ot tions D through K) (Enter total on Line 18, C	ther Monetary Reco olumn A of Summary Page			

## II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Provide Complete Name as) Registered with tilling Repastion	STYPETOFIRÉRORI	
Event # Description	ent Information	Was this a fundraising event
Date of Event Letter		OYes ONo
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and comple purchases made by host(s) for food, beverage	te required information for any
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?	O Yes (If yes, go to Section L4 In-Kind Donations and complete required information.)  O No	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.)  O No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform	
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Receipts here.)  ONo	\$
Event # Description Letter		Was this a fundraising event? OYes ONo
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations in Associated with a House Party and complete purchases made by host(s) for food, beverage a ONo	required information for any
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?	Yes (If yes, go to Section L4 In-Kind Donations II and complete required information.)  No	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	O Yes (If yes, enter Total Receipts here.)  O No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Advertion or on a Sign and complete required information No	
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass sathering held within the state with this fundraiser?	OYes (If yes, enter Total Receipts here.)  ONo	\$
SUBTOTAL Section Liz-Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — This Page	
	on, L.1—Suppare3 <i>(Town Comminees ONLY)</i> pts from Food Purchases — This Page	
	TOTAL of additional Section Li Pages	
	PTS FROM SMALL PURCHASES Line 16a, Column A of Summany Page (Totals)	

#### II. EVENT ACTIVITY (Sections L1—L5)

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

			5025 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212 - 1212	and the second	a manda all'illiano ar mora e mandali Milliano il	one overtween to the same over	Contractification and the contraction of the contra
NAME OF COMMI	ITEE (Provide Complete Na	me as Registered with Filing Repo	sitory)	TYP	E OF REPORT		68.30
drawk) newska zakowa wany					A		agreeu Gregoria
	L3, I	urchases of Advertis	sing in a Prop	gram Book or on a			Afficiency (Alexander)
Name of Purchaser						hase Made By:	<b>⊘</b> oil
					1 🖺	Business Entity	-
					O		Proprietorship
Street Address		·	City			State	Zip Code
						ĺ	
Date Received	Event#	Aggregate Purchas	ses for All Events	Amount of Progran	Ad Purchase	Amount of	Sign Purchase
		}			}		
			<u> </u>				
Name of Purchaser						hase Made By:	Ch ou
					1 1	Business Entity	
			т			Individual/Sole	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program	Ad Purchase	Amount of S	Sign Purchase
				}	1		
Name of Purchaser					1 _	hase Made By:	<b>C</b>
					1 =	Business Entity	
			Т			ndividual/Sole	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program	Ad Purchase	Amount of S	ign Purchase
				-	1		
							<u></u>
Name of Purchaser						ase Made By:	<b>₽</b> nout
					I =	lusiness Entity	Other .
			T in.			ndividual/Sole	<del></del>
treet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program	Ad Purchase	Amount of S	ign Purchase
		· · · · · · · · · · · · · · · · · · ·					
lame of Purchaser					J _	ase Made By:	C Other
					•	usiness Entity ndividual/Sole I	Other
treet Address			City		10"	State State	Zip Code
reel Address			Ску			State	Zip Code
ate Received	Event #	Aggregate Purchases	s for All Events	Amount of Program	Ad Purchase	Amount of Si	gn Purchase
Albert Grant Control of the State of the Sta					Site of the property of		
	SUBTOTAL Sect	ion L3 Total Purchases of	Advertising in	Program Book — This	Page		
							**************************************
	SUBTOT	AL Section L3 Total Purc	chases of Advert	tising on a Sign — This	Page		
							·
			TOTAL of	additional Section L3	'ages		
roʻ	TAL OF ALL PURCH	ASES OF ADVERTISIN	G IN A PROGI	RAM BOOK or ON A	SIGN		
Temperatura de la compositorio del a compositorio del compositorio del compositorio del compositorio della compositori della compositorio della compositorio della compositorio della compositorio della c	and the property of the second se			n A of Summary Page T			There they are a second of the second second

#### II. EVENT ACTIVITY (Sections L1-L5)

	Ľ	In₌Kind Donat	ions Not Con	sidered Contributions			
Name of Donor	and the second s	e filosofie de Americani de Section de Secti					
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market V	alue of Donati
Business Entity  Individual							
Sole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
lame of Donor						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
treet Address			City			State	Zip Code
onation Given By:	Description of Donation			<u> </u>	Fair	 Market Va	lue of Donatio
Business Entity							
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
ame of Donor							
rect Address			City			State	Zip Code
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onation Given By: Business Entity	Description of Donation				Fair !	Aarket Va	lue of Donation
) Individual ) Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
me of Donor						<u>-</u>	·····
ect Address	·····		City			State	Zip Code
nation Given By:	Description of Donation	<del></del>			Fair M	larket Vali	ne of Donation
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i kan da kan Kan da kan d		ERATSTEIN TOWN	UBTOTAL Secti	on L42-filis/Rage			· · · · · · · · · · · · · · · · · · ·
		rediction of the second	TAL of addition	nal Section E4 Pages:		<del></del>	<u> </u>
TOTA	L OF ALL IN-KIND D (E			GONTRIBUTIONS mmary Page Totals)			· · · · · · · · · · · · · · · · · · ·

#### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMM	ITTEE /Provide Complete Name as Registered with Filing i	Repositary)		TYPE OF R	EPORT	
Taka Marena Walasa Y	L5. In-Kind Donations Not Consi	dered Contributions Ass	rejated with a	L House Pa		
Name of Host	LS. In Mad Demarious (10) Cours	der et	Is this event committee?	supporting r	nore than No	one candidate o
Street Address		City			State	Zip Code
Description of Donation	·		***************************************	Fair Ma	arket Valu	e of Donation
Event #	Aggregate Value of this Event-all hosts	Aggregate Value of all Events—1	his host/candidate			
Name of Host			committee?	supporting n OYes O1 omplete Itemi	No	one candidate c
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—ti	sis host/candidate			
Name of Host			committee?	supporting m OYes ON mplete Itemiz	10	ne candidate o
Street Address		City		<u></u>	State	Zip Code
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Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—the	is host/candidate	1		
Name of Host			committee?		ю	ne candidate or dendum 15
Street Address		City	— <u>L</u>		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
		SUBTOTAL Section L5	This Page			
		TOTAL of additional Section	n L5 Pages			
	AL OF ALL IN-KIND DONATIONS N /ITH A HOUSE PARTY (Enter total on	OT CONSIDERED CONTF Line 22, Column A of Summar				

NAME OF COMMITTIEE (Provide Complete	e/Name.as/R	egistered witt	r Filing Repos	itory) 1			(Y)T	E OF REPORT	WW		
	figur synt Syntant syn		M: In	Kind Cont	ribu	tions					
Name											
Street Address		<del></del>		7	City					State	Zip Code
Type of contributor: OCommittee	Date Rece	ived	Aggregate (	Contributions	Des	cription of In-K	ind Contrib	oution			
OIndividual / Sole Proprietorship OOther				· · · · · · · · · · · · · · · · · · ·	<u> </u>	*					- · · · · · · · · · · · · · · · · · · ·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does cor		business he/	she is associated		nave a contrac		of a municipality I municipality	/,		Market Value s Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	indicate wh	oal of a state con ich branch or b contract is with:			_	Ö	Yes No		
Name									•	-	
Street Address		<del></del>		C	ity					State	Zip Code
Type of contributor: Committee	Date Receiv	ved	Aggregate C	ontributions	Desc	ription of In-Ki	nd Contribu	ition			J
OIndividual / Sole Proprietorship OOther									·-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/	400 to a candida /she is associated		nave a contrac		of a municipality I municipality	/ <b>.</b>		Market Value Contribution
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Name			······································	<u></u>				······································			<u> </u>
Street Address				Cit	у					State	Zip Code
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Type of contributor: OCommittee  Individual / Sole Proprietorship OOther	Date Receive		Aggregate Co	<del></del>		iption of In-Kin					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	does con		ousiness he/s	the is associated		ave a contract		of a municipality, municipality			Iarket Value Contribution
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	等的特殊 化种类的		. SŪ	BTOTAL Sec	tion:N	1—This P	nge				
on versioned in section of the production of the section of the se	n la resident An estados		TOT	AL of additio	ial Se	ction/M/Pa	ges				
TOTAL OF ALL-IN-KIND CONT	RIBUTI	ONS (En	er total on L	ine 23, Column	1 of Su	mmary Page, I	otals)			····	
	/ Nv	Refunda	ble Dep	osit to Tele	phon	e Compa	ny	and the second			
ast Name of Individual				First				MI	Date	Deposit I	√lade (
esidential Street Address			City				State	Zip Code	1-	Α,	nount of
			Ì								Deposit
eme of Telephone Company							<b></b>		-		
reet Address			City	<del></del>			State	Zip Code			
TOTAL SEC	ŢIONN	(Enter tota	il on Line 2	i, Column À of	Summ	ary Page Told	iis)			<u></u>	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

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

Page 13 of 17

NAME OF COMMI	TEE, (Provide Complete Name as Registered with Filing Repository)	)	TYPE OF REPORT				
JOHN GALE 2023							
	P. Expenses	Paid by Committee					
Name of Payee Nationbuilder	•	engi i mananananananananananananananananananan	Date of Payment 8/3/23	Method of Payment: O Check #_ O Debit Card OEFT			
Street Address		City		State Zip Code			
448 South Hill St	reet	Los Angeles		CA			
Purpose of Expenditure (by code) Office	Description Website hosting		Event #	Amount			
Expenditure # ((f applicable)							
Name of Payee		VI SUITA	Date of Payment	Method of Payment:			
Nationbuilder			8/3/23	Check #			
Street Address		City		O Debit Card O EFT State Zip Code			
448 South Hill Str	eet	Los Angeles		CA			
Purpose of Expenditure (by code) Office	pose of Expenditure Description Event #  Office Website hosting						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ					
Name of Payee			Date of Payment	Method of Payment:			
Nationbuilder	9/5/23	Check #					
Street Address 1448 South Hill Str	eet	City Los Angeles	1	State Zip Code			
Purpose of Expenditure (by code) Office	Description Website hosting		Event #	Amount 179.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	re) [ Independ					
Name of Payee FedEx		,	Date of Payment 9/25/23	Method of Payment: Check # Debit Card EFT			
Street Address		City		State Zip Code			
1931 Air Lane Driv	/e	Nashville		TN 37210			
Purpose of Expenditure (by code) Office	Description Copying		Event #	Amount 29.35			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und O None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	) Independe	•				
	SI	UBTOTAL Section P	This Page 392.09				
4	TO	FAL of additional Section	P Pages 38	20,75			
	TOTAL OF ALL EXPEN	NSES PAID BY COM! 19, Column A of Summary I	MITTEE 45	29,35			

SEEC FORM 30 Reshed famuary 2015

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	P. Expenses Paid by Committe		
Name of Payee Nationbuilder		Date of Payment	Method of Payment: O Check # O Debit Card OEFT
Street Address	South Hill ST Gity		State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" in None of the below Coordinated with reimbursement sought (joint expenditure) Indepersion Coordinated without reimbursement sought (in-kind contribution) Organize	endent zationOAOBOCOD	1311.90
Name of Payee Nationbuilder		Date of Payment	Method of Payment:  Check #  Debit Card  EFT
Street Address	City		State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organiz		
Name of Payee		Date of Payment	Method of Payment:
Nationbuilder			Check # O Debit Card OEFT
Street Address	City		State Zip Code
Purpose of Expenditure (by code)	Description	Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organiz		
Name of Payee		Date of Payment	Method of Payment:  Check #  Debit Card  EFT
Street Address	City		State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization	ndent	
	SUBTOTAL Section P —	-This Page 131	1.90 909.54 )21.44
	TOTAL of additional Section	on P Pages 20	209.54
	TOTAL OF ALL EXPENSES PAID BY COM (Enter total on Line 19, Column A of Summary	IMITTEE Corpus Totals)	121.44

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

Page 13 of 17

NAME OF COMM	ITTEE (Provide Complete Name; as Registered with Filing Repository)		TYPE OF REPORT	
	P. Expenses Pa	id by Committee	Detection	Mahadas Promoteria
Name of Payce	et Printers		Pate of Payment	Method of Payment:  O Check # O Debit Card OEFT
Street Address 7	Park ST	Harrford		State Zip Code  CT 06106
Purpose of Expenditure (by code)	t Printing	Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	<i>а</i> Ов Ос О р	773355
	shire Bank		Pate of Payment 8' 3 (- 23	Method of Payment: O Check # O Debit Card OEFT
Street Address	Farnington Ave City	2 Horator	S	State Zip Code
Purpose of Expenditure (by code)	Description C	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	) ЛОВ ОС О D	9.95
	nboildet		Date of Payment フーS- つろ	Method of Payment: Check # Debit Card DEFT
Street Address 448 5	1 4:115+ L	,A		State A Zip Code
Purpose of Expenditure (by code)	Description W & 6	Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	ф АОВОСО В	(65,00
Name of Payee	re Primers			Method of Payment:  Check # Debit Card DEFT
Street Address  [O]	insley 5+ city	Harrford		State Zip Code CT D& 103
Purpose of Expenditure (by code)	Description	Event #		Amount
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4. E. A.	SUBT	OTAL Section P — This P	age 25 (*	7.45
	TOTAL	of additional Section P Pag	ges じつの	3.99
	TOTAL OF ALL EXPENSE: (Enter total on Line 19, C	S PAID BY COMMITT Column A of Summary Page To	MANAGEMENT	31.44

SNAME OF COMM	TTPEE (travide Complete Name a	ReginerediwidijkidpoRejasdas			TIMPE OF REPOR	i veleje se s	
	f Vendor, Person or Endity who cand	TALL DESIGNATION OF THE PROPERTY OF THE PROPER	enses Paid by Can	didat	Date of Payment	Is rei	mbursement claimed
Street Address			City		J.,	State	Zip Code
Purpose of Expenditure (by code)	Description			Event	#		Amount
Name of Payee (Name of	(Vendor, Person or Entity who candi	date paid directly)			Date of Payment	_	nbursement claimed? Yes <b>O</b> No
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event	#		Amount
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Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event	# · · · · · · · · · · · · · · · · · · ·		Amount
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Street Address			City			State	Zip Code
Purpose of Expenditure by code)	Description			Event #			Amount
Name of Payee (Name of V	endor, Person or Endity who candida	nte paid directly)			Date of Payment	_	oursement claimed? Yes <b>O</b> No
treet Address			City			State	Zip Code
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ame of Payee ( <i>Name of V</i>	endor, Person or Entity who candida	te paid directly)		I	Date of Payment	Is reimb	rsement claimed?
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	1 (1)	OTAL OF ALL EXPEN	(SES)PAID BY CAN 6. Column A of Summary				

## IV. EXPENDITURES (Sections P-T)

No Cleaning Incl	a deliberation of the second o	penses Incurred on Com	and the second state of the second		
Name of Issuing Inst	Itution	Type of Cred		American Expres	na 🗖 Other:
		V 154	Diviaster Card G Discover G		
Name of Vendor, Person	or Entity			Date or	Transaction
Street Address		City		State	Zip Code
Heer Municos				Guito	Lip over
Purpose of Expenditure	Description		Event #		Amount
by code)	D 400.05				MIDOUIL
Expenditure #	Type of Expenditure (Itemization in Ad	ldendum R Required unless "None	of the below" is checked)		
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Expenditure # if applicable)  lame of Vendor, Person of treet Address  urpose of Expenditure y code)  xpenditure # (applicable)	Type of Expenditure (Itemization in Add O None of the below Coordinated with reimbursement Coordinated without reimbursement or Entity  Description  Type of Expenditure (Itemization in Add O None of the below Coordinated with reimbursement O Coordinated without reimbursement O Coordinated without reimbursement	cought (joint expenditure) lent sought (in-kind contribution)  City  City  City  Contribution  City  Contribution  Sought (joint expenditure) contribution  SUBTOTAL Se	Event #   Organization: A OB OC	Date of T	ransaction Zip Code
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6 Cone Street    Hartford   CT   061   Purpose of Expenditure   But the product of the product o	NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	)	TYPE	E OF REPORT			
Name of Creditor    Date   Description   Description   Description   Description   Domain name   Dom	JOHN GALE 2023 Octo				ober 10, 2023 1	filing		
John Q. Gale    Street Address   City   State   Event #   Amount Inc. (Estimate or A difference of Expenditure #   City   State   Event #   Amount Inc. (Estimate or A difference or A difference of Expenditure #   City   State   Event #   Amount Inc. (Estimate or A difference or A diffe		S. Expenses Incurred by Comi	mittee but Not Paid	During th	is Period			
State Address 6 Cone Street Pulpace of Expenditure (trembursement sought (in-kind contribution) Nume of Creditor  Sincet Address City  City  State  City  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind contribution)  None of the below  Coordinated without reimbursement sought (in-kind	Name of Creditor					Date Incurred		
Furgion of Expenditure   Boscription   Description   Domain name   Dom	John Q. Gale	hn Q. Gale			7/1/2023			
Purpose of Expenditure B Coordinated without reimbursement sought (joint expenditure)  Street Address  City  Coordinated without reimbursement sought (joint expenditure)  Coordinated with ut reimbursement sought (joint expenditure)  City  City  Date Incurred  City  Street Address  Street Address  City  Amount Inc  (Extenditure)  Organization A B C O D  Amount Inc  (Extenditure)  Coordinated with reimbursement Address  Amount Inc  (Extenditure)  City  Amount Inc  (Bitimenter A  Amount Inc  (Bitimenter	Street Address		City			State	Zip Code	
Domain name   Cispenditure   Butterpoliture   Domain name   Sypto of Expenditure   Hemitation in Addendum S Required unless "None of the below"   Society of Expenditure   Date Incurred   Organization	6 Cone Street		Hartford			СТ	06105	
Superditure d   Amount Inc.   State   Zip Cod		Description Event #					nount Incurred	
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Purpose of Expenditure (by code)    Purpose of Expenditure (by code)   Description	Name of Creditor				Halifornia and Artistantia and Artistantia and Artistantia and Artistantia and Artistantia and Artistantia and	Date Incur	red	
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