

SEEC FORM 20

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



TOWN & CITY CLERK
HARTFORD
2023 JUL 10 AM 10:12
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COVER PAGE

1. NAME OF COMMITTEE

ROSSETTI FOR COUNCIL

2. TREASURER NAME

First H. Charmaine	MI	Last Craig	Suffix
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3. TREASURER ADDRESS

Street Address 171 Sherbrooke Avenue	City Hartford	State CT	Zip Code 06106
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4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)
11/07/2023

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Council

6. DISTRICT NUMBER

(if applicable)

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Marilyn	MI E.	Last Rossetti	Suffix
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8. TYPE OF REPORT (Check One Box)

- | | | | |
|---|---|--|--|
| <input type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input checked="" type="radio"/> July 10 filing | <input type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: |
| <input type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination | <u>July 10 filing</u> |
| <input type="radio"/> 24 Hour Independent Expenditure
<input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |

9. PERIOD COVERED

Beginning Date	Ending Date
<u>04/01/23</u>	thru <u>06/30/23</u>

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

H. Charmaine Craig
TREASURER OR DEPUTY TREASURER (SIGNATURE)

H. Charmaine Craig
PRINT NAME OF SIGNER

07/10/2023
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.

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	
	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	\$40.00	
13. Contributions Received from Individuals (Sections A and B)	\$4,425.00	
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$4,465.00	
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)	\$517.07	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$3947.93	
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)	\$12.00	
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	\$334.13	
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

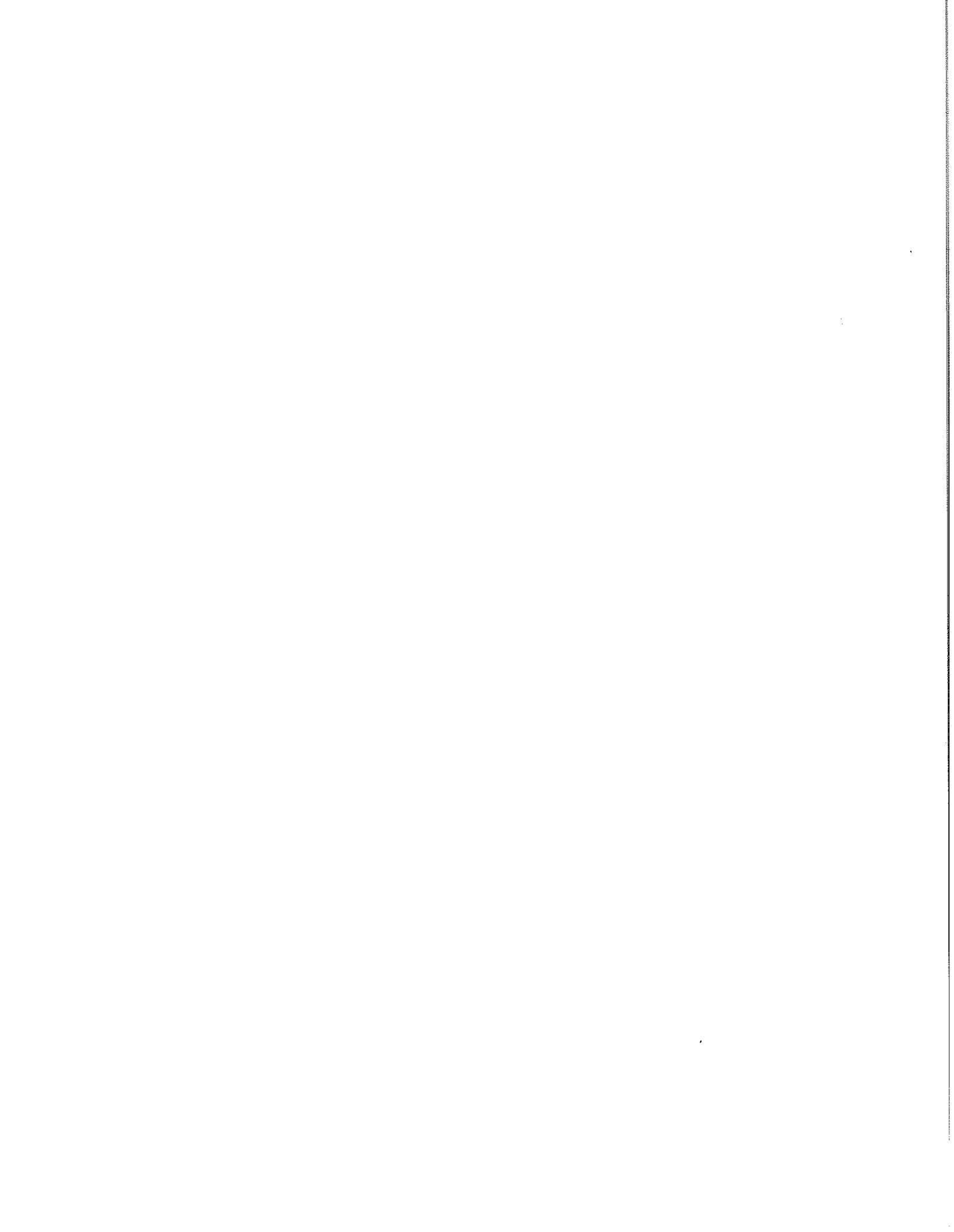
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
ROSSETTI FOR COUNCIL				July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$ 4,425.00	
B. Itemized Contributions from Individuals					
Last Name Leclerc		First Marcia		MI A.	
Residential Street Address 673 Burnham Street		City East Hartford		State CT	Zip Code 06108
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 06/01/2023	Aggregate Contributions		
Last Name Coursey		First Mary		MI B	
Residential Street Address 21 Walbridge Road		City West Hartford		State CT	Zip Code 06106
Principal Occupation Public Affairs Consultant		Name of Employer Coursey & Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				\$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 06/01/2023	Aggregate Contributions		
Last Name Boucher		First Kristen		MI	
Residential Street Address 133 Cumberland St.		City Hartford		State CT	Zip Code 06106
Principal Occupation RN/Nurse Educator		Name of Employer Hartford Healthcare			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				\$150.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 06/01/2023	Aggregate Contributions		
SUBTOTAL Section B — This Page				\$500.00	
TOTAL of additional Section B Pages				\$3,925.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$4,425.00	

I. MONETARY RECEIPTS (Sections A—K)

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
ROSSETTI FOR COUNCIL				July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
LeShane		Patricia			
Residential Street Address		City		State	Zip Code
1090 Prospect Ave.		Hartford		CT	06105
Principal Occupation		Name of Employer			
GR/PR Consultant		Sullivan & LeShane			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		5/22/23			
Last Name		First		MI	
Kraczkowsky		Kathleen			
Residential Street Address		City		State	Zip Code
100 Goodwin Circle		Hartford		CT	06105
Principal Occupation		Name of Employer			
Director of Park Operations		Elizabeth Park Conservancy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/1/23			
Last Name		First		MI	
Sullivan		Patrick			
Residential Street Address		City		State	Zip Code
1090 Prospect Ave		Hartford		CT	06106
Principal Occupation		Name of Employer			
GR/PR Consultant		Sullivan & LeShane			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/1/23			
SUBTOTAL Section B — This Page				\$300.00	
TOTAL of additional Section B Pages				\$3925.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$4,425.00	



Rosselli For Council
Type Report - 7/10

Section B - Itemized Contributions from Individuals

Last Name Amenta		First Name Anthony		MI J
Residential Street Address 320 North Steele Road		City West Hartford	State CT	Zip Code 06117
Principal Occupation Principal		Name of Employer Amenta Emma Architects		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 05/17/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Anderson		First Name Arthur		MI T
Residential Street Address 221 Trumbull		City Hartford	State CT	Zip Code 06103
Principal Occupation Executive		Name of Employer Imagineers, Llc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 05/08/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Asadow		First Name Jennifer		MI
Residential Street Address 22 Ridgebrook Dr		City West Hartford	State CT	Zip Code 06107
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Bazzano		First Name John		MI
Residential Street Address 96 Hubbard road		City Hartford	State CT	Zip Code 06114
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/27/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Craig		First Name Mellissa		MI R
Residential Street Address 73 Williams St		City Hartford	State CT	Zip Code 06120
Principal Occupation Artist instructor		Name of Employer CREC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/01/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Foster		First Name Mary-Jane		MI
Residential Street Address One Gold Street		City Hartford	State CT	Zip Code 06103
Principal Occupation Nonprofit administration		Name of Employer Hartford Interval House		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 05/16/2023	Aggregate Contributions	Amount of Contribution \$50.00	

ROSSETTI FOR Council
July 10

Section B - Itemized Contributions from Individuals

Last Name Granfield-Horton		First Name Hannah		MI F
Residential Street Address 97 Westerly Terrace		City Hartford	State CT	Zip Code 06105
Principal Occupation Director of Strategic Engagement		Name of Employer The Governor's Prevention Partnership		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/02/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Hale		First Name Jack		MI N
Residential Street Address 25 Carmel Street		City Hartford	State CT	Zip Code 06106
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/01/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Hockenhill		First Name Jennifer		MI
Residential Street Address 135 oxford st		City Hartford	State CT	Zip Code 06105
Principal Occupation Accountant		Name of Employer ACHA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/01/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Horton		First Name Barnaby		MI
Residential Street Address 97 Westerly Terrace		City Hartford	State CT	Zip Code 06105
Principal Occupation Financial Advisors		Name of Employer Merrill Lynch		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 05/22/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Jarvis		First Name Kelly		MI
Residential Street Address 1060 Prospect Avenue		City Hartford	State CT	Zip Code 06105
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 05/17/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Jordan		First Name Laura		MI J
Residential Street Address 43 Girard Ave		City Hartford	State CT	Zip Code 06105
Principal Occupation Government affairs		Name of Employer Stamford health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/02/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

*Rossetti For Council
July 10*

Last Name Lebron		First Name Nick		MI
Residential Street Address 192 laurel st		City Hartford	State CT	Zip Code 06105
Principal Occupation Super Hero		Name of Employer Catholic charities		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/01/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Lennon		First Name Susan		MI
Residential Street Address 165 Elizabeth Street		City Hartford	State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 05/25/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name McCabe		First Name Patrick		MI
Residential Street Address 11 forest rd		City west hartford	State CT	Zip Code 06103
Principal Occupation public affairs		Name of Employer Capitol Strategies Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 05/22/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name O'Neill		First Name Megan		MI
Residential Street Address 8 Auburn Rd		City West Hartford	State CT	Zip Code 06119
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/01/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name OHalloran		First Name Ryan		MI
Residential Street Address 240 North Beacon Street		City Hartford	State CT	Zip Code 06105
Principal Occupation Sr Development Officer		Name of Employer Hartford Foundation for Public		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/01/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Last Name Perkins		First Name Brewster		MI B
Residential Street Address 180 Fern street		City West Hartford	State CT	Zip Code 06119
Principal Occupation Insurance		Name of Employer Smith Brothers		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/28/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Rossetti For Council

July 10

Section B - Itemized Contributions from Individuals

Last Name peters		First Name Christopher		MI	
Residential Street Address 11 Cranton ave		City Old Saybrook		State CT	Zip Code 06475
Principal Occupation FA			Name of Employer Janney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card		Date Received 06/24/2023		Amount of Contribution \$50.00	

Last Name Przybysz		First Name Kenneth		MI L	
Residential Street Address 50 Goodwin Circle		City Hartford		State CT	Zip Code 06105
Principal Occupation Consultant/Lobbyist-Self Employed			Name of Employer Przybysz + Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card		Date Received 06/20/2023		Amount of Contribution \$200.00	

Last Name Roncari		First Name Gilda		MI	
Residential Street Address 34 Kenmore Road		City Bloomfield		State CT	Zip Code 06002
Principal Occupation Development Director			Name of Employer Hartford Public Library		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card		Date Received 06/01/2023		Amount of Contribution \$100.00	

Section B - Itemized Contributions from Individuals

Last Name Rose		First Name Gregory		MI d
Residential Street Address 6 Goodwin Cir		City Hartford	State CT	Zip Code 06105
Principal Occupation Installer		Name of Employer MDC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/24/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Rossetti		First Name Sally		MI
Residential Street Address 6 Goodwin Circle		City Hartford	State CT	Zip Code 06105
Principal Occupation retired		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/25/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Sales		First Name Diana		MI
Residential Street Address 19 Midland Drive		City Vernon	State CT	Zip Code 06066
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$50.00	

ROSSETTI For Council
July 10

Section B - Itemized Contributions from Individuals

Last Name Stewart		First Name Jeffrey		MI	
Residential Street Address 30 Belden St		City Hartford		State CT	Zip Code 06120
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card		Date Received 05/22/2023		Amount of Contribution \$100.00	

Last Name Tarantino		First Name Lynne		MI S	
Residential Street Address 24 Goodwin Circle		City Hartford		State CT	Zip Code 06105
Principal Occupation home			Name of Employer Eliz Park Conservancy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card		Date Received 05/30/2023		Amount of Contribution \$100.00	

Last Name TRAKS		First Name JENNIFER		MI L	
Residential Street Address 596 Mountain Road		City West Hartford		State CT	Zip Code 06117
Principal Occupation HR Director			Name of Employer CREC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No			
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No			
Method of Contribution Credit Card		Date Received 06/30/2023		Amount of Contribution \$25.00	

Section B - Itemized Contributions from Individuals

Last Name Veilleux		First Name Tom		MI J
Residential Street Address 44 Wyndwood Rd		City West Hartford	State CT	Zip Code 06107
Principal Occupation Human Resources Director		Name of Employer Valvoline Instant Oil		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/06/2023	Aggregate Contributions	Amount of Contribution \$250.00	

Last Name Wicks		First Name Kathi		MI A
Residential Street Address 608 Canvas Drive		City Wake Forest	State NC	Zip Code 27587
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/30/2023	Aggregate Contributions	Amount of Contribution \$50.00	

Last Name Zeman		First Name Mary		MI
Residential Street Address 43Iroquois Road		City West Hartford	State CT	Zip Code 06117
Principal Occupation Non-profit administrator		Name of Employer Bushnell Park Conservancy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 associated with have a contract with said municipality valued at more than \$5000? No		No
Is this contribution associated with an event reported in Section L1? No		Is contributor a principal of state contractor or prospective state contractor? No		No
Method of Contribution Credit Card	Date Received 06/01/2023	Aggregate Contributions	Amount of Contribution \$100.00	

Showing 1 to 30 of 30 entries

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
ROSSETTI FOR COUNCIL				July 10			
M. In-Kind Contributions							
Name Patricia Lashane							
Street Address 1090 Propect Avenue				City Hartford		State CT	Zip Code 06106
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received 6/1/23	Aggregate Contributions \$12.00	Description of In-Kind Contribution Clip art for invitation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
SUBTOTAL Section M — This Page				\$12.00			
TOTAL of additional Section M Pages							
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)				\$12.00			

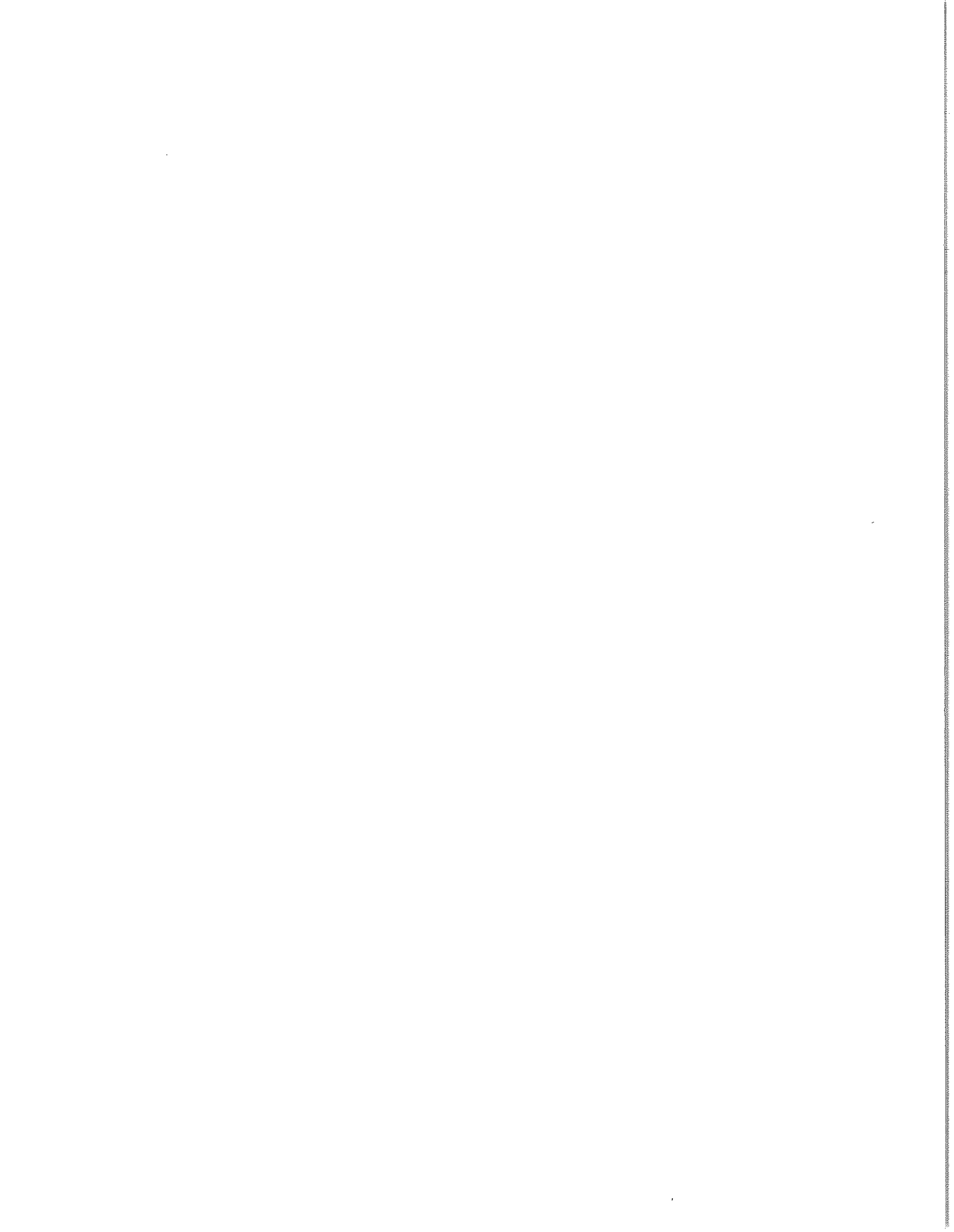
N. Refundable Deposit to Telephone Company							
Last Name of Individual			First		MI	Date Deposit Made	
Residential Street Address			City		State	Zip Code	Amount of Deposit
Name of Telephone Company							
Street Address			City		State	Zip Code	
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)							

II. EVENT ACTIVITY (Sections L1—L5)

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

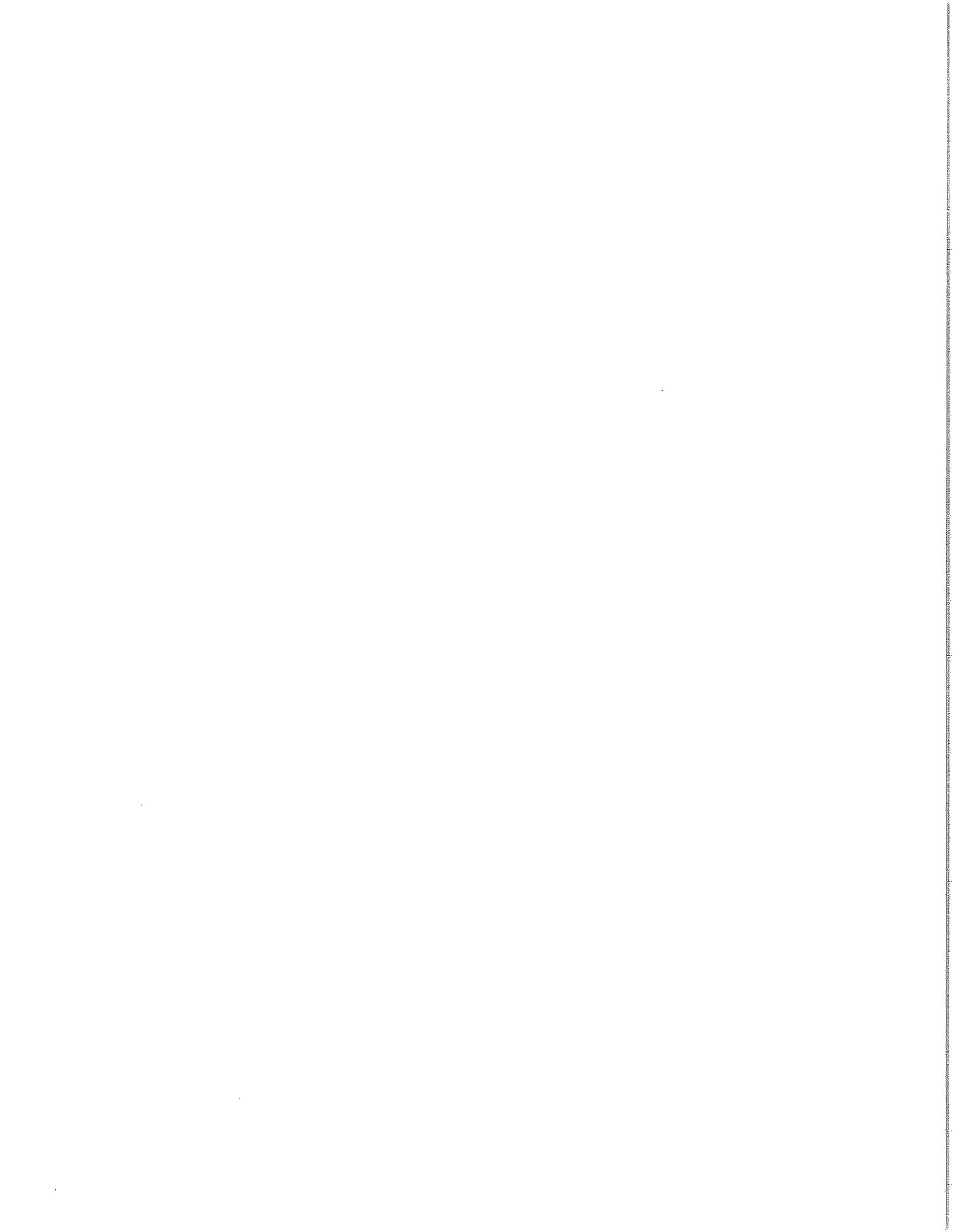
IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
ROSSETTI FOR COUNCIL			July 10	
P. Expenses Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:
Marilyn E. Rossetti			6/25/23	<input type="radio"/> Check # 1002 <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State	Zip Code
6 Goodwin Circle		Hartford	CT	06105
Purpose of Expenditure (by code)	Description	Event #	Amount	
RMB	Reimbursement for payment for food at Tisanes 6/1/23	A	\$334.13	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
M&T Bank			4/8/23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State	Zip Code
Franklin Avenue		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Bank fees		\$8.10	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
M&T Bank			5/8/23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State	Zip Code
Franklin Avenue		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Bank fees		\$8.10	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
M&T Bank			6/8/23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State	Zip Code
Franklin Avenue		Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Bank fees		\$7.74	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$358.07	
TOTAL of additional Section P Pages			\$159.00	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$517.07	



IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
ROSSETTI FOR COUNCIL			July 10	
P. Expenses Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:
Day Campaign			6/30/23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State	Zip Code
112 Bloomfield Ave.		Windsor	CT	06095
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Credit Card/ Banking Transaction Fees		\$159.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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 checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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 checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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 checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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 checked)			
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment:
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State	Zip Code
SUBTOTAL Section P— This Page			\$159.00	
TOTAL of additional Section P Pages			\$358.07	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$517.07	



IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
ROSSETTI FOR COUNCIL				July 10			
T. Itemization of Reimbursements and Secondary Payees							
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity
Rossetti			Marilyn			E.	6/1/23
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
Tisane					<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			State	Zip Code
537 Farmington Avenue			Hartford			CT	06105
Purpose of Expenditure (by code)	Description		Event #		Amount		
Food	Payment for food and beverages		A		\$334.13		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P:		
					<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
SUBTOTAL Section T — This Page					\$334.13		
TOTAL of additional Section T Pages							
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					\$334.13		

