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

Do, Not, Markin This Space For Official Use Only

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1. NAME OF COMMITTEE			$^{\prime\prime}$ $^{\prime\prime}$	<u> </u>				A) (34 (4)	
ROSSETTI FOR COUNCIL			Ç-						
2. TREASURER NAME			gr(2)						
First H. Charmaine		МІ	La:	raig				Suff	ix
3. TREASURER ADDRESS									
Street Address			City			Sta		Zip Code	
171 Sherbrooke Avenue			Hartfo	ra		C1	was felts that of Liberts	06106	
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5, OFFICE SOUG	HT (Complete	only if C	indidate Committee)			ASSESSMENT TRACT	DISTRICT	NUMBER
11/07/2023	COUNCIL							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	er ones, paramona i prepiare							
Maritan		MI	La					Suffi	x
Marilyn		E	K	ossettl		ebalakok sokako			
8. TYPE OF REPORT (Check One Bax)									
O January 10 filing	7th day preced	ling primary		7th day preceding	g referendum		al Contribu s ONLY)	ition or Disl	oursement
April 10 filing	O30 days follow	ving primary	•	↑45 days following	g referendum		endment to		
July 10 filing	O7th day preced	ling election		) Deficit		Туре	of Report:	;	
October 10 filing	Ol 2th day prece			Termination		Oct	ober 10 f	iling	······································
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		I						
9. PERIOD COVERED									
	Beginning Da	te		Ending	g Date				
-	07/01/23		_ tl	oru 09/30/23		<del></del>			
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.									
A Cl. 11 - (-		ŀ	1. Char	malne Craig			1(	0/10/23	
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	P	PRINT N	AME OF SIGNER				DATE (mm/d	d/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes  faces a civil penalty or imprisonment or both.									

#### **SEEC FORM 20**

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
ROSSETTI FOR COUNCIL	October 10  COLUMN A  This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$3,947.93	
13. Contributions Received from Individuals (Sections A and B)	\$1,025.00	
14. Receipts from Other Committees (Sections C1 and C2)	\$375.00	
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)	\$5,347.93	
19. Expenses Paid by Committee (Section P)	\$1,632.9	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$3,715.03	
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		
25a. + Loans Received (Section D)		
25b. + Interest and Penaltics on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Pald (Section 8)		- W
28a, Total Outstanding Expenses Incurred by Committee still Unpaid (Section 8)		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)	24,34		TYPE OF RE	PORT		Ç. KA	
ROSSETTI FOR COUNCIL				October 10				
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			s Period ONLY OTAL SECTION A	\$				
Bals  B. Itemiz	ized Cont	t <b>rib</b> i Fin		duals				Mi
Residential Street Address	C	ity			<del> 1</del>	State	Zin (	Code
65 Ridgewood Road		•	Hartford			Dime		
Principal Occupation	L		Name of Employer					
Engineer			RTRC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,00	ness he/she is					y, Amount of Contrib		f Contribution
event reported in Section L1? No If yes, indicate w	Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes Is contributor a principal of a state contractor or prospective state contractor?					s		
Method of Contribution:	<b>^</b>		Date Received	Aggregate Conti	ributions			-
Cash Personal Check Credit/Debit Card Payroll Deduction	Money O		7/1/23			<u></u>		T
Last Name Kuziak		Firs	i ike					MI
Residential Street Address	0:		ine		····	State.	Zip (	inda .
One Financial Plaza	Ci I-	uy Hartfo	ord		1	State	1 ~	103
Principal Occupation		iai tit	Name of Employer				00	
COO			LAZ Parking					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess does contributor or busine valued at more than \$5,00	ess he/she is		lidate for a chief executiv			1	ount of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Is contributor a print of government to the section L1?  If yes, list Event #	which brane	ch or b is with	n: Executive	O Legislativ				
Method of Contribution:	<u> </u>		Date Received	Aggregate Contr	ibutions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	(Money O							1.77
Last Name		Firs	t Ika					MI
Minella Residential Street Address	lg:		ING			State	Zip (	lada
326 Ridgewood Road	Ci V	•	Hartford		1	CT	1	107
Principal Occupation			Name of Employer				100	
Retired		ĺ	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One is in excess does contributor or busine valued at more than \$5,00	ess he/she is		lidate for a chief executiv			Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No If yes, indicate we of government to	which brancl	h or b	: C Executive	CLegislative				
Method of Contribution:  Cash Personal Check Cedit/Debit Card Payroll Deduction	OMana	)edan	Date Received 7/1/23	Aggregate Contr	ibutions			
Cash Oreisonal Click Octed/Deoli Card Orayion Deduction	Owtoney O	ruer	711123			<u> </u>		
	SUBTC	OTAI	Section B — This	Page \$375	.00			
	TOTAL	of ad	ditional Section B I	ages \$\$65	0.00			
TOTAL OF ALL CONTRIBUTION (Enter total			VIDUALS (Sections A mn A of Summary Page		25.00		<u></u>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposle	ltory)			TYPE OF REPORT	unis (Lite) Ligar Syd		
ROSSETTI FOR COUNCIL				October 10			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	A SECTION AND A SECTION AS A SE		s Period ONLY OTAL SECTION A	\$			
The Supplied Page 1994 of Supplied State State State State (State State State State State State State State Sta	d Cont	r <b>ib</b> u Firs	itions from Indivi	duals		MI	
Last Name Perkins		]	idith			1721	
Residential Street Address	Ci				State	Zip Code	
180 Fern Street	V	Vest	Hartford		CT	06119	
Principal Occupation			Name of Employer		<del> </del>	,4 <u>,</u>	
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business valued at more than \$5,000?	he/she is				, Ama	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principa If yes, indicate which of government the contributor apprincipal in the section of government the section of go	ich branc	h or b		e contractor? Yes  O Legislative			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money O	order	Date Received 7/20/23	Aggregate Contributions			
Last Name		Firs				МІ	
Pivarnik		Ba	arbara				
Residential Street Address	Ci	•	1		State	Zip Code	
18 Goodwin Circle	F	lartfo			СТ	06105	
Principal Occupation			Name of Employer			;	
Retired	C6400 4 .		Retired	- 65 5 ininglish	. 1	- 4 - 6 - C 4 - 1 - 4	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	he/she is	a cano associ	iated with have a contract  Yes  No	with said municipality		unt of Contribution 0.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which of government the contribution of government the contribution is set to be a section of government the contribution associated with an event with an event reported in Section L1?	ich branc	h or b		e contractor? Yes No Legislative			
Method of Contribution:				Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money O		8/2/23				
Last Name		Firs				М	
Rodriquez	Ci		lejandro 		State	Zip Code	
Residential Street Address 81 Cromwell Street	1	iy Hartfo	ord		CT	06106	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business I valued at more than \$5,000?	he/she is				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes Is contributor a principal of government the contributor apprincipal of government the contributor app	ich branc	h or b		C contractor? Yes No			
Method of Contribution:  Date Received Aggregate Contributions							
Cash Personal Check Credit/Debit Card Payroll Deduction Of	Money O	rder			_		
SUBTOTAL Section B — This Page \$400.00							
TC	OTAL (	of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS F (Enter total on			VIDUALS (Sections A mn A of Summary Page				

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Piling Repository)		TYPE OF REPORT		
ROSSETTI FOR COUNCIL		October 10		
A. Total Contributions from Small Contributors-Recely (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	s		
B. Itemized Co	ntributions from Indivi  First	duals		MI
Lazowski	Alan			В
Residential Street Address	City		State	Zîp Code
One Financial Plaza	Hartford		CT	
Principal Occupation	Name of Employer			
Chairman and CEO	LAZ Parking			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract OYes ONo	e officer of a municipality, with said municipality	4mou \$250	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No No No Section L1? If yes, list Event #	state contractor or prospective state contractor? Yes neh or branches No			
Method of Contribution:	Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order			
Last Name	First			мі
Residential Street Address	City		State	Zip Code
Principal Occupation	Name of Employer		1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of State o			Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, list Event #		e contractor? Yes No		
Method of Contribution:		Aggregate Contributions	1	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order			
Last Name	First		·	MI
Residential Street Address	City		State	Zip Code
Principal Occupation	Name of Employer	L		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No No Valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract  O Yes  No	e officer of a municipality, with said municipality	Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Yes Is contributor a principal of a section L1?  If yes, list Event # of government the contract	t is with: Executive	O Legislative ONo		
Method of Contribution:  Cash Personal Check Occidit/Debit Card Payroll Deduction OMoney	Order Date Received	Aggregate Contributions		,
SUBT	OTAL Section B — This	Page \$250		
TOTAL	of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page			

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

NAME OF COM	IMITTEE (Provide Compl	ele Name as Registered	with Filing Repos	itory)		TYPE OF REPORT October 10			
		C1. (	Contributio	ons from Ot	her Comi				
Name of Committee	and the second s		y, entre a la company	(Statement of Control of Statement of Statem	Name of Trea	A 1917 Harry La da	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
MarciaPACT					Gustavo Bajana				
Address 681 Burnham	Street			Is this contri event reporte	ed in Section L	ted with an Oyes ONo .1? list Event #	Amount o	Antount of Contribution \$375.00	
City		State	Zip Code	Date Recei		Aggregate Contributions			
Hartford		CT	06106	7/18/23	3				
Name of Committee	-				Name of Trea	surcr			
Address				Is this contril	d in Section L	ted with an Yes No	Amount o	f Contribution	
City		State	Zip Code	Date Recei		list Event #			
Chy		State	Zip Code	Bato Recor	yeu	Aggregate Commonitions			
Name of Committee		<u> </u>			Name of Trea	surce			
Address			<u>,</u>	Is this contril	d in Section L	ted with an Yes No	Amount o	f Contribution	
City		State	Zip Code	Date Recei		list Event # Aggregate Contributions			
<i></i> ,			Zip Code	2		3-355-5			
	C2. ]	Reimbursemen	ts or Surpl	lus Distribu	tions fron	n other Committees			
Name of Committee					Name of Trea	stre.			
Address				City			State	Zip Code	
Date Received	Expenditure # (If applicable)	Payment Type		L			Amoun	t of Receipt	
		OReimbursen	nent for shared e	expense OSı	ırplus Distribu	dion	_		
Description									
Name of Committee					Name of Trea	surer			
Address				City	<u> </u>		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type	ement for shared	d expense	Surplus Distri	bution	Amount	of Receipt	
Description				<u></u>					
			SUBTO	TAL Section	n C — This	<b>Page</b> \$375.00			
			TOTAL	of additional	Section C	Pages			
		ALL COMMIT IS C1 + C2) (Enter							

SEEC FORM 20

### IV. EXPENDITURES (Sections P—T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,	y en	TYPE OF REPORT				
ROSSETTI FOR CO			October 10	October 10			
	P. Expenses	Paid by Committee					
Name of Payee	-		Date of Payment	Method of Payment:  Check #			
Day Campaign			8/30/23	ODebi			
Street Address		City		State	Zip Code		
12 Bloomfield Av	enue	Windsor		СТ	06095		
Purpose of Expenditure (by code)	Description		Event #	Amount			
BNK	Banking Transaction fees			\$33.4	0		
Expenditure # tif applicable)							
Name of Payee			Date of Payment	Method o	f Payment:		
M&T Bank			6/30/23	O Debi			
Street Address		City		State	Zip Code		
Franklin Avenue Hartford				СТ	06106		
Purpose of Expenditure (by code)	Description		Event #	1	Amount		
BNK	Bank Fees			\$10.26			
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 controller)	re) O Indepen	dent				
Name of Payee			Date of Payment	Method of Chec	· .		
M&T Bank			7/11/23	O Debit Card OBFT			
Street Address		City		State	Zip Code		
Franklin Avenue		Hartford		СТ	06106		
Purpose of Expenditure (by code) BNK	Description Bank fees		Event #	\$10.2	Amount 6		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to  None of the below Coordinated with reimbursement sought (joint expenditute) Coordinated without reimbursement sought (in-kind con	ure) 🔘 Indeper	ndent ation A O B O C O D				
Name of Payee			Date of Payment	Method of Chec	•		
M&T Bank	•		7/31/23	O Debi			
Street Address		City		State	Zip Code		
Franklin Avenue		Hartford		CT	06106		
Purpose of Expenditure (by code) BNK	Description Bank fees		Event #	\$36.8	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the c	re)     Indepen					
		SUBTOTAL Section P —	- <b>This Page</b> \$57.34				
	тс	TAL of additional Secti	on P Pages \$1,575.56				
	TOTAL OF ALL EXPE (Enter total on Lin	ENSES PAID BY CON e 19, Column A of Summary			,		

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

Page 13 of 17

ROSSETTIFICR COUNCIL  P. Expenses Paid by Committee    Present of Payer		TEE. (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	1803000000		
Diese of Pryment   Sy 3 1/23   October   Octob	ROSSETTI FOR CO			October 10	- 20 7 200 7 4 200	TE SUEN TOUGH A TEST PERCUETO	
M8T Bank  Social Addiese  Propose of Preparations  Book floor  Propose of Preparations  Propose of Experiment  Proposed of Experiment  Propos		P. Expenses	Paid by Committee				
Sect Address   Proposed Edge-collision   Proceedings   Proceed   Progress of Edge-collision   Proceedings   Procedings   Procedings   Procedings   Proceedings   Procedings   Proced	Name of Payee			Date of Payment	i _	•	
State Address Franklin Aversue    City	M&T Bank			8/31/23			
Frenklin Avenue   Hartford   CT   06106   Purpose of Expenditure   Proposed Expenditure   P	Street Address		City			Zip Code	
Expenditure   Page			· ·				
Book   Bank   Ease   Say, Proceedings   Say, Proceedings   Say, Proceedings   Say, Proceedings   Say, Say, Say, Say, Say, Say, Say, Say,		Description	1	Event #	Ī	Amount	
Name of Physics Bank   Description   State of Physics   Date of Ph	(by code) BNK	Bank fees					
Name of Payses   Due of Payment   Ocheck # Och		None of the below Coordinated with reimbursement sought (joint expenditure	e) Independe	ent			
Description	Name of Payee				I	•	
State   Address   Cay	M&T Bank						
Franklin Avenue    Purpose of Expenditure   Purpose of Expenditure   Bank   fees   Sar, 7.8	Street Address		City				
Bank	Franklin Avenue	·				1	
BINK BARK fees  Expenditure # dispendence #		Description	1	Event#		Amount	
None of the below   Coordinated without reimbursement sought (joint espenditure)   Independent   Organization   A   B   C   D	(by code) BNK	Bank fees			\$37.7	8	
Street Address    City   State   Check #		None of the below Coordinated with reimbursement sought (joint expenditure	) Independe	nt			
Sincet Address    City   State   Zip Code	Name of Payce			Date of Payment			
State Address    City   State   Zip Code					1 2.		
Expenditure # (fl applicables)  Nome of the below Coordinated without reimbursement sought (joint expenditure)  Name of Payee  Name of Payee  Name of Payee  Date of Payment  City  Description  Description  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  City  Description  Description  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below  Coordinated without reimbursement sought (joint expenditure)  Description  D	Street Address		City				
None of the below Coordinated with reimbursement sought (joint expenditure) Independent Occordinated without reimbursement sought (in-kind contribution) Organization A B C D  Name of Payee    Date of Payment   Method of Payment   Ochock # Opebit Card OFFT		Description	E	Svent #		Amount	
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Name of Payee    Date of Payment   Method of Payment		Type of Expenditure (Itemization in Addendum P Required ur	iless "None of the below" is c	hecked)	1		
Street Address  City  State  City  State  City  State  City  State  Stat	(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure)	v) <b>O</b> Independe	ent			
Street Address  City  State  Zip Code  Purpose of Expenditure (by code)  Event #  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below  Coordinated with reimbursement sought (in-kind contribution)  SUBTOTAL Section P — This Page  \$75.56  TOTAL of additional Section P Pages	Name of Payee			Date of Payment	O Cheel	k #	
Purpose of Expenditure (by code)    Description	Street Address		City				
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  SUBTOTAL Section P — This Page \$75.56  TOTAL of additional Section P Pages  TOTAL OF ALL EXPENSES PAID BY COMMITTEE	7,001033		on,		Gaile	Dip code	
None of the below Coordinated with reimbursement sought (joint expenditure) Independent Organization A B C D  SUBTOTAL Section P — This Page \$75.56  TOTAL of additional Section P Pages		Description	E	Event #		Amount	
TOTAL of additional Section P Pages  TOTAL OF ALL EXPENSES PAID BY COMMITTEE		None of the below Coordinated with reimbursement sought (joint expenditure	e) [Independe	nt			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE		S	UBTOTAL Section P —	This Page \$75.56			
		To	TAL of additional Section	P Pages			
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## IV. EXPENDITURES (Sections P-T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
ROSSETTI FOR CO	DUNCIL		OOctober 10			
	P. Expenses	Paid by Committee				
Name of Payee		entre direction (1967) 🖍 entre 🦮 en et prime Studier en l'aprilier de	Date of Payment	Method of	Payment:	
Hartford Democr	atic Town Committee		8/10/23	O Check		
		I die.		O Debit	Card OEFT Zip Code	
Street Address		City		State	1 '	
750 Main Street		Hartford		СТ	06103	
Purpose of Expenditure	Description	Eyen	#		Amount	
(by code) CNTRB	Contribution for lawn signs			\$1500	00	
Expenditure #	<u> </u>	1 (0) (1) (1)		1 #1500	.00	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	uess "Iyone oj the below" is check	ea)			
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	O Coordinated without reimbursement sought (in-kind contri		DA OBOCOD			
Name of Payce			Date of Payment	Method of I		
				O Check		
Street Address		City	<u> </u>	State	Zip Code	
				l	}	
			n.	<u> </u>		
Purpose of Expenditure (by code)	Description	Event	#		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un-	less "None of the below" is check	ed)	1		
(if applicable)						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri				•	
Name of Payee	Coordinated without retinoussement sought (in-kind condi-	Outlon) Organization(	A OB OC OD  Date of Payment	Method of I	Payment.	
ramo al rayco			17410 017 07.110111	Check		
				O Debit	Card OEFT	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description	Event	#		Amount	
(by code)						
7				ļ		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is check	(ed)			
	None of the below Coordinated with reimbursement sought (joint expenditure)	re)				
	Coordinated without reimbursement sought (in-kind conti	<u>~</u> ·	DAOBOCO D		İ	
Name of Payee			Date of Payment	Method of I	ayment:	
				O Check		
Street Address		City	<u> </u>	O Debit	Card EFT Zip Code	
2444		- C.,		Diano	l Sq. cour	
Purpose of Expenditure (by code)	Description	Event	#		Amount	
(0) 2000)				1		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is check	ed)	1		
(if applicable)	O None of the below					
	O Coordinated with reimbursement sought (joint expenditure					
	Coordinated without reimbursement sought (in-kind contri	ibution) Organization(	) <u>A OB OC OD</u>			
	s	UBTOTAL Section P — This	Page \$1500.00			
	TO	TAL of additional Section P I	ages			
		NSES PAID BY COMMIT				
		19, Column A of Summary Page				