

SEEC FORM 20

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



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Richard DePalma
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COVER PAGE

1. NAME OF COMMITTEE

Castro for Mayor

2. TREASURER NAME

First <i>Richard</i>	MI <i>A</i>	Last <i>DePalma</i>	Suffix
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3. TREASURER ADDRESS

Street Address <i>10 Seaview Ave</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06518</i>
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4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy) <i>1/1/25</i>	5. OFFICE SOUGHT (Complete only if Candidate Committee) <i>Mayor</i>	6. DISTRICT NUMBER (if applicable)
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7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First <i>Joseph</i>	MI <i>A</i>	Last <i>Castro</i>	Suffix
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8. TYPE OF REPORT (Check One Box)

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

9. PERIOD COVERED

Beginning Date

3-13-25

Ending Date

3-31-25

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.

Richard DePalma

TREASURER OR DEPUTY TREASURER (SIGNATURE)

Richard DePalma

PRINT NAME OF SIGNER

4-7-25

DATE (mm/dd/yyyy)

SEEC FORM 20

Page 2 of 17

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
Castro for Mayor	Apr 1 - 10 filing	
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	2875.00	2875.00
14. Receipts from Other Committees (Sections C1 and C2)	5492.40	5492.40
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
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)	2250.00	2250.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	10,617.40	10,617.40
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	10,617.40	10617.40
19. Expenses Paid by Committee (Section P)	560.50	560.50
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	10,056.90	10056.90
21. In-Kind Donations not Considered Contributions Received (Section L4)	200.00	200.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Corfora For Mayor</i>		<i>Ap 26/110 Filing</i>		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>2875</i>		
B. Itemized Contributions from Individuals				
Last Name <i>Ginsberg</i>		First <i>Debra</i> MI		
Residential Street Address <i>21 Hickory Park</i>		City <i>Walkersfield</i> State <i>MD</i> Zip Code <i>26472</i>		
Principal Occupation <i>Commercial Bus Consultant</i>		Name of Employer <i>Chubb Inc</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution <i>375</i>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <i>2014</i>		Date Received <i>3-17-25</i>	Aggregate Contributions <i>375</i>	
□ Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				
Last Name		First		MI
Residential Street Address		City		State Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
□ Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				
Last Name		First		MI
Residential Street Address		City		State Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
□ Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				
SUBTOTAL Section B — This Page			<i>375</i>	
TOTAL of additional Section B Pages			<i>2500.</i>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			<i>2875</i>	

Section B ADDITIONAL PAGE 1 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<i>Candidate for Mayor</i>	<i>Ap6.110 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$ <i>2875</i>	
B. Itemized Contributions from Individuals		
Last Name <i>Spano</i>	First <i>David</i>	MI
Residential Street Address <i>23 Pennsylvania Ave</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Retired</i>	Name of Employer <i>Retired</i>	
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	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <i>203</i> <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 <i>2/20/25</i>	Aggregate Contributions <i>250. -</i>
Last Name <i>Pesdo</i>	First <i>Christopher</i>	MI
Residential Street Address <i>17 Pargatuck St.</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Clerk</i>	Name of Employer <i>KOC</i>	
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	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <i>985</i> <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 <i>3-13-25</i>	Aggregate Contributions <i>100. -</i>
Last Name <i>Luzzi</i>	First <i>Clare</i>	MI <i>CT</i>
Residential Street Address <i>434 Thompson Ave</i>	City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Nurse - Retired</i>	Name of Employer <i>Retired Town of CT</i>	
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	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <i>718</i> <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 <i>3-13-25</i>	Aggregate Contributions <i>375. -</i>
SUBTOTAL Section B — This Page		<i>725. 00</i>
TOTAL of additional Section B Pages		<i>1775. 00</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		<i>2875. 00</i>

Section B ADDITIONAL PAGE 2 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Carfaca For Mayor</i>		<i>2011 10 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>2875</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Bailey</i>		First <i>Joshua</i>	MI <i>0</i>
Residential Street Address <i>35 Red Bluff Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Attorney</i>		Name of Employer <i>Happy Ever After Family Law</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>AC31325</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>3-13-25</i>	Aggregate Contributions <i>150.00</i>
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Dechello</i>		First <i>Kathy</i>	MI
Residential Street Address <i>15 Oak Grove Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Rad. Tech</i>		Name of Employer <i>YHHS</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>AC31325</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>3-13-25</i>	Aggregate Contributions <i>75.00</i>
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name <i>Marten</i>		First <i>Karen</i>	MI
Residential Street Address <i>15 Oak Grove Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>MR Tech.</i>		Name of Employer <i>Yale Univ.</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <i>AC31325</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <i>Cash</i>		Date Received <i>3-13-25</i>	Aggregate Contributions <i>75.00</i>
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL Section B — This Page <i>300.00</i>			
TOTAL of additional Section B Pages <i>1475.00</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>2875.00</i>			

Section B ADDITIONAL PAGE 3 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Coofca Fort Mayor</i>		<i>April 10 Filing</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ <i>2875.00</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Spagge</i>		First <i>Cindy</i>	MI
Residential Street Address <i>42 Caroline Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Teacher</i>		Name of Employer <i>Retired</i>	
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	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # A031325</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No</i>	
Method of Contribution: <i>Cash</i>		Date Received <i>3-13-25</i>	Aggregate Contributions <i>200. -</i>
Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name <i>Vazzag</i>		First <i>John</i>	MI
Residential Street Address <i>1395 Hurly Tpk</i>		City <i>Town Hall</i>	State <i>CT</i> Zip Code <i>06611</i>
Principal Occupation		Name of Employer	
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	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # A031325</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No</i>	
Method of Contribution: <i>Cash</i>		Date Received <i>3-13-25</i>	Aggregate Contributions <i>100. -</i>
Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name <i>BaHes</i>		First <i>L159</i>	MI
Residential Street Address <i>35 Red Bluff Rd</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>Town Clerk</i>		Name of Employer <i>Town of East Haven</i>	
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	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # A031325</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No</i>	
Method of Contribution: <i>Cash</i>		Date Received <i>3-13-25</i>	Aggregate Contributions <i>150. -</i>
Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
SUBTOTAL Section B — This Page <i>450.00</i>			
TOTAL of additional Section B Pages <i>1085.00</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>2875.00</i>			

Section B ADDITIONAL PAGE 4 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Cast for a Fox Mayor</i>		<i>Appt to Filing 2875.00</i>	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ <i>2875.00</i>	
B. Itemized Contributions from Individuals			
Last Name <i>Fontang</i>		First <i>Stephen</i>	MI
Residential Street Address <i>23 Angel Place</i>		City <i>West Haven</i>	State <i>CT</i> Zip Code <i>06473</i>
Principal Occupation <i>Director of Economic Dev.</i>		Name of Employer <i>City of West Haven</i>	
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	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # 808825</i>		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive Legislative</i>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>3-13-25</i>	Aggregate Contributions <i>250.</i>
Last Name <i>Luzzi</i>		First <i>Michael</i>	MI
Residential Street Address <i>3 Whalers Pt.</i>		City <i>East Haven</i>	State <i>CT</i> Zip Code <i>06512</i>
Principal Occupation <i>A Horney</i>		Name of Employer <i>Law office of Michael Luzzi LLC</i>	
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	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive Legislative</i>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>3-13-25</i>	Aggregate Contributions <i>375.00</i>
Last Name <i>Stafford</i>		First <i>John</i>	MI
Residential Street Address <i>105 Battley Park Dr.</i>		City <i>Bridgeport</i>	State <i>CT</i> Zip Code <i>06605</i>
Principal Occupation <i>A Horney</i>		Name of Employer <i>Fullman Company LLC</i>	
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	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: Executive Legislative</i>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>3</i>	Aggregate Contributions <i>500.00</i>
SUBTOTAL Section B — This Page <i>1025.00</i>			
TOTAL of additional Section B Pages <i>0</i>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) <i>2875.00</i>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
<i>Carfoca For Mayor</i>			<i>April -10 Filing</i>		
C1. Contributions from Other Committees					
Name of Committee		Name of Treasurer			
<i>East Haven DJC</i>		<i>Richard Esposito</i>			
Address		Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Amount of Contribution	
<i>P.O Box 120446</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>125.00</i>	
City	State	Zip Code	Date Received	Aggregate Contributions	
<i>East Haven</i>	<i>CT</i>	<i>06512</i>	<i>3-13-05</i>	<i>125.00</i>	
Name of Committee		Name of Treasurer			
Address		Is this contribution associated with an event reported in Section L1? <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? <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					Amount of Receipt
Name of Committee		Name of Treasurer			
<i>Carfoca For Mayor</i>		<i>Richard DePalma</i>			
Address		City	State	Zip Code	
<i>10 Seaven Ave</i>		<i>East Haven</i>	<i>CT</i>	<i>06512</i>	
Date Received	Expenditure # (if applicable)	Payment Type	<input type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Surplus Distribution		Amount of Receipt
<i>3/13/05</i>					<i>\$15367.40</i>
Description					
<i>Surplus Distribution to Exploratory Committee</i>					
Name of Committee		Name of Treasurer			
Address		City	State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type	<input type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Surplus Distribution		Amount of Receipt
Description					
SUBTOTAL Section C — This Page					
TOTAL of additional Section C Pages					
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
D. Loans Received this Period				
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				Amount Received
Street Address	City	State	Zip Code	
TOTAL SECTION D				
E. Receipts from Entities other than Individuals or Other Committees <i>(Referendum Committees ONLY)</i>				
Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address		Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions	
TOTAL SECTION E				

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
F. Amount Transferred from Affiliated Business Treasury <i>(Business Entity Committees ONLY)</i>		
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
TOTAL SECTION F		
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury <i>(Organization Committees ONLY)</i>		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		
H. Personal Funds of the Candidate Received this Period <i>(Candidate Committees ONLY)</i>		
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION H		
I. Anonymous Contributions		
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>		

I. MONETARY RECEIPTS (Sections A—K)

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
J. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
TOTAL SECTION J				
K. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
TOTAL SECTION K				
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)				
Total Loans Received this Period (Section D)				
Total Receipts from Entities other than Individuals or Other Committees (Section E)				+
Total Amount Transferred from Affiliated Business Treasury (Section F)				+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)				+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)				+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)				+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)				+
Total of Other Monetary Receipts <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
L1. Event Information				
Event # Date of Event <i>031325 A</i>	Letter <i>smg11 B-F1</i>	Description <i>small B-F1 meets a guest</i>	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address <i>Post Fina's 937 State Street</i>		City <i>New Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Subpart 1: (All Committees) Was this event hosted at a personal residence? <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → <input type="text"/> <input checked="" type="checkbox"/> No				
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input checked="" type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No				
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? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → <input type="text"/> <input checked="" type="checkbox"/> No				
Event # Date of Event <i>031325 A</i>	Letter <i>smg11 B-F1</i>	Description <i>small B-F1 meets a guest</i>	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence? <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → <input type="text"/> <input type="checkbox"/> No				
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No				
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? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) → <input type="text"/> <input type="checkbox"/> No				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary 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*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Caricca for Mayor</i>		<i>April 10 Filing</i>		
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser <i>Law office of Michael Luzzi LLC</i>			Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>1172 Townsend Ave</i>		City <i>New Haven</i>	State <i>CT</i>	Zip Code <i>06517</i>
Date Received <i>3/3/25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250 -</i>	Amount of Program Ad Purchase <i>-</i>	Amount of Sign Purchase <i>250 -</i>
Name of Purchaser <i>Pulman & Comay LLC</i>			Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>850 Main Street</i>		City <i>Bridgeport</i>	State <i>CT</i>	Zip Code <i>06604</i>
Date Received <i>3-13-25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250 -</i>	Amount of Program Ad Purchase <i>-</i>	Amount of Sign Purchase <i>250 -</i>
Name of Purchaser <i>John E. Maria's Pizzeria & Pastries</i>			Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>280 Foxon Rd</i>		City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06518</i>
Date Received <i>3-13-25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250 -</i>	Amount of Program Ad Purchase <i>-</i>	Amount of Sign Purchase <i>250 -</i>
Name of Purchaser <i>Protek Security LLC</i>			Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address <i>110 Washington Ave</i>		City <i>North Haven</i>	State <i>CT</i>	Zip Code <i>06173</i>
Date Received <i>3-13-25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250</i>	Amount of Program Ad Purchase <i>-</i>	Amount of Sign Purchase <i>250 -</i>
Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>1000.00</i>
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				<i>-</i>
TOTAL of additional Section L3 Pages				<i>1250.00</i>
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				<i>2250.00</i>

Section L3. ADDITIONAL PAGE 1 of 1

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*

NAME OF COMMITTEE <i>Provide Complete Name as Registered with Filing Repository</i>		TYPE OF REPORT <i>April 10 Filing</i>		
<i>Carfora for Mayor</i>				
L3. Purchases of Advertising in a Program Book or on a Sign				
Name of Purchaser <i>Wright Plumbing</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address <i>53 Elm Street</i>		City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Date Received <i>3-13-25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250-</i>	Amount of Program Ad Purchase	Amount of Sign Purchase <i>250.00</i>
Name of Purchaser <i>JTT LLC</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address <i>1878 Seton Hall Dr</i>		City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Date Received <i>3-13-25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250.-</i>	Amount of Program Ad Purchase	Amount of Sign Purchase <i>250.00</i>
Name of Purchaser <i>Ciulla & Donofrio LLC</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address <i>127 Washington Ave</i>		City <i>North Haven</i>	State <i>CT</i>	Zip Code <i>06473</i>
Date Received <i>3-13-25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250.-</i>	Amount of Program Ad Purchase <i>-</i>	Amount of Sign Purchase <i>250.00</i>
Name of Purchaser <i>Total Plumbing & Heating</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address <i>117 Old Faxon Rd</i>		City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Date Received <i>3-12-25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250.-</i>	Amount of Program Ad Purchase <i>-</i>	Amount of Sign Purchase <i>250. -</i>
Name of Purchaser <i>A LieTo Construction</i>		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address <i>14 Shoreham Rd</i>		City <i>New Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Date Received <i>3-12-25</i>	Event # <i>A031325</i>	Aggregate Purchases for All Events <i>250-</i>	Amount of Program Ad Purchase <i>-</i>	Amount of Sign Purchase <i>250.00</i>
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				<i>1250.00</i>
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				<i>—</i>
TOTAL of additional Section L3 Pages				<i>0</i>
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				<i>2250.00</i>

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<i>California for Mayor</i>		<i>April 110 Filing</i>	
L4. In-Kind Donations Not Considered Contributions			
Name of Donor <i>Portofino's Restaurant</i> Street Address <i>937 State Street</i> City <i>New Haven</i> State <i>CT</i> Zip Code <i>06512</i>			
Donation Given By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation <i>Food Buffet Trays</i>		
	Date Received <i>3-13-05</i>	Event # <i>A0373 05</i>	Aggregate Value for this Event <i>200.00</i>
Name of Donor Street Address City State Zip Code			
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate Value for this Event
Name of Donor Street Address City State Zip Code			
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate Value for this Event
Name of Donor Street Address City State Zip Code			
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate value for this Event
SUBTOTAL Section L4 — This Page			
TOTAL of additional Section L4 Pages			
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		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="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>	
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>			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT			
M. In-Kind Contributions					
Name					
Street Address		City	State Zip Code		
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name					
Street Address		City	State Zip Code		
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name					
Street Address		City	State Zip Code		
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No				
Is this contribution associated with an event reported listed in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SUBTOTAL Section M — This Page					
TOTAL of additional Section M Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>					
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 <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Castro for Mayor</i>		<i>APR 110 Filing</i>	
P. Expenses Paid by Committee			
Name of Payee <i>Anedot</i>		Date of Payment <i>3-31-25</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address <i>1920 McKinney Ave</i>		City <i>Dallas</i>	State <i>TX</i> Zip Code <i>75201</i>
Purpose of Expenditure (by code) <i>BNK</i>	Description <i>Merchant Service Fee</i>	Event #	Amount <i>11.90</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee <i>Key Bank</i>	Date of Payment <i>3-31-25</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address <i>127 Public Square</i>	City <i>Cleveland</i>	State <i>OH</i> Zip Code <i>44113</i>	
Purpose of Expenditure (by code) <i>BNK</i>	Description <i>Check order for Campaign</i>	Event #	Amount <i>43.60</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee <i>Pasta Eina's Restaurant</i>	Date of Payment <i>3-13-25</i>	Method of Payment: <input checked="" type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address <i>937 State Street</i>	City <i>New Haven</i>	State <i>CT</i> Zip Code <i>06512</i>	
Purpose of Expenditure (by code) <i>Food</i>	Description <i>BUFFET for Fundraiser</i>	Event # <i>A031325</i>	Amount <i>475.00</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> 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="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
SUBTOTAL Section P — This Page		<i>560.50</i>	
TOTAL of additional Section P Pages		<i>0</i>	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		<i>560.50</i>	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Q. Campaign Expenses Paid by Candidate			
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q — This Page			
TOTAL of additional Section Q Pages			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, 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	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section R — This Page			
TOTAL of additional Section R Pages			
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, 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	
S. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section S-This Page			
TOTAL of additional Section S Pages			
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			
Previously reported Expenses Unpaid and still Outstanding			
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, 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	
T. Itemization of Reimbursements and Secondary Payees			
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="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> 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="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> 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="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> 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 <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section T — This Page			
TOTAL of additional Section T Pages			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS			