

SEEC FORM 20

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



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EAST HAVEN, CT.

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2025 APR 11 A 9:18

Richie DePalma
S/IN CLERK

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COVER PAGE

1. NAME OF COMMITTEE

Carfora For Mayor

2. TREASURER NAME

First Richard	MI A.	Last DePalma	Suffix
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3. TREASURER ADDRESS

Street Address 10 Seaview Avenue	City East Haven	State CT	Zip Code 06512
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4. ELECTION/REFERENDUM DATE

4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/4/2025	5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor	6. DISTRICT NUMBER (if applicable)
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7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Joseph	MI A.	Last Carfora	Suffix
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8. TYPE OF REPORT (Check One Box)

<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input checked="" type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination	<u>Termination Exploratory (2nd)</u>
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		

9. PERIOD COVERED

Beginning Date 1/2/2025	Ending Date 3/12/2025
thru	

10. CERTIFICATION

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

TREASURER OR DEPUTY TREASURER (SIGNATURE)

Richard A. DePalma

PRINT NAME OF SIGNER

04/11/2025

DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	Termination Exploratory Supplemental Expense	
	COLUMN A This Period	COLUMN B Aggregate
Carfora For Mayor	2nd Amendment to	
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	2,650.00	2,650.00
14. Receipts from Other Committees (Sections C1 and C2)	2,000.00	2,000.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	2,000.00	2,000.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	6,650.00	6,650.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6,650.00	6,650.00
19. Expenses Paid by Committee (Section P)	6,650.00	6,650.00
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0.00	0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. - Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment to Termination	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A \$ 2,650.00	
B. Itemized Contributions from Individuals			
Last Name Monaco		First Anthony MI	
Residential Street Address 424 Anderson Avenue		City Milford	State CT Zip Code 06460
Principal Occupation Owner/President		Name of Employer Anthony's High Tech Auto Center, Inc	
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? <i>If yes, list Event #</i> <u>A031325</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/11/2025	Aggregate Contributions 375.00
Last Name Viveiros		First Danielle MI	
Residential Street Address 45 North Hill Road		City North Haven	State CT Zip Code 06473
Principal Occupation Index Clerk		Name of Employer Town of East Haven	
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? <i>If yes, list Event #</i> <u>A031325</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/11/2025	Aggregate Contributions 350.00
Last Name Jansen		First LoriAnn MI	
Residential Street Address 424 Anderson Avenue		City Milford	State CT Zip Code 06460
Principal Occupation Owner/President		Name of Employer South Beach Tans Ltd.	
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? <i>If yes, list Event #</i> <u>A031325</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/11/2025	Aggregate Contributions 375.00
SUBTOTAL Section B — This Page 1,100.00			
TOTAL of additional Section B Pages 1,550.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> 2,650.00			

Section B ADDITIONAL PAGE 1 of 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment - Termination	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 2,650.00	
B. Itemized Contributions from Individuals			
Last Name Santino		First Joseph	MI
Residential Street Address 388 Coe Avenue		City East Haven	State CT Zip Code 06512
Principal Occupation Retired - Public Works		Name of Employer Retired - Town of East Haven	
<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 checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input checked="" type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/11/2025	Aggregate Contributions 300.00
Last Name Russo		First Stephen	MI J.
Residential Street Address 99 Queach Road		City Branford	State CT Zip Code 06405
Principal Occupation Home Improvement Contractor		Name of Employer Stephen Russo/Self	
<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 checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input checked="" type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/10/25	Aggregate Contributions 150.00
Last Name Coyle		First Charles	MI
Residential Street Address 25 Columbus Avenue		City East Haven	State CT Zip Code 06512
Principal Occupation Director of Public Works		Name of Employer Town of East Haven	
<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 checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input checked="" type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/11/2025	Aggregate Contributions 150.00
SUBTOTAL Section B — This Page <u>600.00</u>			
TOTAL of additional Section B Pages <u>2,050.00</u>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> <u>2,650.00</u>			

Section B ADDITIONAL PAGE 2 of 3

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
Carfora For Mayor		Amendment - Termination		
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A		
		\$ 2,650.00		
B. Itemized Contributions from Individuals				
Last Name Smith		First George	MI	
Residential Street Address 8 Maplevale Road		City East Haven	State CT Zip Code 06512	
Principal Occupation Management		Name of Employer AG Cleaning Agents LLC.		
<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 checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 50.00
<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input checked="" type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/28/2025	Aggregate Contributions 50.00	
Last Name Shearin		First James	MI	
Residential Street Address 81 Taunton Hill Road		City Newtown	State CT	Zip Code 06470
Principal Occupation Attorney		Name of Employer Pullman & Comley, LLC.		
<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 checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 250.00
<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input checked="" type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/06/25	Aggregate Contributions 250.00	
Last Name Fontana		First Stephen	MI	
Residential Street Address 23 Angel Place		City North Haven	State CT	Zip Code 06473
Principal Occupation Director of Economic Development		Name of Employer City of West Haven		
<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 checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution 100.00
<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input checked="" type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/16/2025	Aggregate Contributions 100.00	
SUBTOTAL Section B — This Page				400.00
TOTAL of additional Section B Pages				2,150.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				2,650.00

Section B ADDITIONAL PAGE 3 of 3

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor 2nd Amendment - Termination		Exploratory Supplemental Expense	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A \$ 2,650.00	
B. Itemized Contributions from Individuals			
Last Name Criscuolo Jr.		First Peter	MI J.
Residential Street Address 54 Fieldstone Court		City North Haven	State CT Zip Code 06473
Principal Occupation Connecticut State Marshal		Name of Employer Self / State of CT	
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 #</i> AU31325		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 checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 02/28/2025	Aggregate Contributions 150.00
Last Name Shorkey		First Carolyn	MI L.
Residential Street Address 10 Edge Hill Drive		City East Haven	State CT Zip Code 06512
Principal Occupation Secretary		Name of Employer Anthony Augliera Moving, Storage & Theatrical Transfer	
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> AU31325		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 checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/06/25	Aggregate Contributions 150.00
Last Name Annunziato		First Sal	MI
Residential Street Address 134 Red Hill Road		City Branford	State CT Zip Code 06405
Principal Occupation CEO		Name of Employer Nexgen Public Safety Solutions	
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> AU31325		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 checked="" type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 03/11/2025	Aggregate Contributions 250.00
SUBTOTAL Section B — This Page 550.00			
TOTAL of additional Section B Pages 2,100.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> 2,650.00			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Carfora For Mayor			2nd Amendment to Termination	Exploratory Supplemental Expense
C1. Contributions from Other Committees				
Name of Committee Power of Women PAC			Name of Treasurer Robert Bourne	
Address 17 Red Orange Road			Is this contribution associated with an <input type="radio"/> Yes <input checked="" type="radio"/> No event reported in Section L1? <i>If yes, list Event #</i> _____	
City Middletown	State CT	Zip Code 06457	Date Received 1/16/25	Aggregate Contributions 1,500.00
Name of Committee East Haven Democratic Town Committee			Name of Treasurer Richard Esposito	
Address PO Box 120446			Is this contribution associated with an <input type="radio"/> Yes <input checked="" type="radio"/> No event reported in Section L1? <i>If yes, list Event #</i> _____	
City East Haven	State CT	Zip Code 06512	Date Received 1/2/2025	Aggregate Contributions 500.00
Name of Committee			Name of Treasurer	
Address			Is this contribution associated with an <input type="radio"/> Yes <input checked="" type="radio"/> No event reported in Section L1? <i>If yes, list Event #</i> _____	
City	State	Zip Code	Date Received	Aggregate Contributions
C2. Reimbursements or Surplus Distributions from other Committees				
Name of Committee			Name of Treasurer	
Address			City	State Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input checked="" type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution	Amount of Receipt	
Description				
Name of Committee			Name of Treasurer	
Address			City	State Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input checked="" type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution	Amount of Receipt	
Description				
SUBTOTAL Section C — This Page 2,000.00				
TOTAL of additional Section C Pages 0				
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) <i>(Enter total on Line 14, Column A of Summary Page Totals)</i> 2,000.00				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
Carfora For Mayor		2nd Amendment to Termination		
D. Loans Received this Period				
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address	City	State	Zip Code	Amount Received
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address	City	State	Zip Code	Amount Received
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address	City	State	Zip Code	Amount Received
TOTAL SECTION D 0.00				
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)				
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 0.00				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment to Termination	Exploratory Supplemental Expense
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)			
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount	
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount	
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount	
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount	
TOTAL SECTION F			0.00
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)			
Date of Receipt	Date of Receipt	Date of Receipt	
Amount	Amount	Amount	
TOTAL SECTION G			0.00
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of payment: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
TOTAL SECTION H			0.00
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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
Carfora For Mayor		2nd Amendment to Termination		
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				0.00
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				0.00
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>				0.00

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Carfora For Mayor			2nd Amendment to Termination	Exploratory Supplemental Expense
L1. Event Information				
Event # Date of Event	Description			Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City		State Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> Yes <i>(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.)</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input type="radio"/> 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="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input type="radio"/> No		
Event # Date of Event	Description			Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No
Location: Street Address		City		State Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> Yes <i>(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.)</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input type="radio"/> 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="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				0.00
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				0.00
TOTAL of additional Section L1 Pages				0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>				0.00

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		
Carfora For Mayor			2nd Amendment to Termination		
			Exploratory Supplemental Expense		
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser Millers Carting LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 15 Bran Haven Drive		City East Haven	State CT	Zip Code 06512	
Date Received 3/11/25	Event # A031325	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 0.00	
Name of Purchaser New Haven Truck & Auto Body, Inc.				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 480 Short Beach Road		City East Haven	State CT	Zip Code 06512	
Date Received 3/11/25	Event # A031325	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 0.00	
Name of Purchaser DanMar Construction				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 222 Elm Street, Suite 1		City North Haven	State CT	Zip Code 06473	
Date Received 03/11/25	Event # A031325	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 0.00	
Name of Purchaser Flowers By Lisa				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 33 Hemingway Avenue		City East Haven	State CT	Zip Code 06512	
Date Received 03/11/25	Event # A031325	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 0.00	
Name of Purchaser Peter J. Criscuolo Jr., State Marshal				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 54 Held Stone Court		City North Haven	State CT	Zip Code 06473	
Date Received 03/11/25	Event # A031325	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase .00	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				1,250.00	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				0.00	
TOTAL of additional Section L3 Pages				750.00	
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)				2,000.00	

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		
Carfora For Mayor			2nd Amendment to Termination		
			Exploratory Supplemental Expense		
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser Quality Mechanical Corp.				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 231 Silver Sands Road		City East Haven		State CT	Zip Code 06512
Date Received 03/11/25	Event # A031325	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 0.00	
Name of Purchaser Millers Fuel Oil				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 15 Bran Haven Drive		City East Haven		State CT	Zip Code 06512
Date Received 03/11/25	Event # A031325	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 0.00	
Name of Purchaser A & G Contracting, Inc.				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 260 Commerce Street		City East Haven		State CT	Zip Code 06512
Date Received 03/10/25	Event # A031325	Aggregate Purchases for All Events 250.00	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase 0.00	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input checked="" type="radio"/> Other <input type="radio"/> 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	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input checked="" type="radio"/> Other <input type="radio"/> 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				750.00	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				0.00	
TOTAL of additional Section L3 Pages				1,250.00	
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)				2,000.00	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
Carfora For Mayor		2nd Amendment to Termination Exploratory Supplemental Expense		
L4. In-Kind Donations Not Considered Contributions				
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate Value for this Event	
SUBTOTAL Section L4—This Page 0.00				
TOTAL of additional Section L4 Pages 0.00				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i> 0.00				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT			
Carfora For Mayor		Amendment to Termination - Exploratory		Supplemental Expense	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party					
Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No		<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State	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>		<i>Fair Market Value of Donation</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No			
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>		<i>Fair Market Value of Donation</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No			
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>		<i>Fair Market Value of Donation</i>	
Name of Host		Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No			
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>		<i>Fair Market Value of Donation</i>	
SUBTOTAL Section L5 — This Page					
TOTAL of additional Section L5 Pages				0.00	
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>				0.00	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Carfora For Mayor			2nd Amendment to Termination Exploratory Supplemental Expense		
M. In-Kind Contributions					
Name _____					
Street Address _____			City _____		State _____ Zip Code _____
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received _____	Aggregate Contributions _____	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Name _____					
Street Address _____			City _____		State _____ Zip Code _____
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received _____	Aggregate Contributions _____	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Name _____					
Street Address _____			City _____		State _____ Zip Code _____
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received _____	Aggregate Contributions _____	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? <i>If yes, list Event #</i> _____	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
SUBTOTAL Section M — This Page				0.00	
TOTAL of additional Section M Pages				0.00	
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>				0.00	
N. Refundable Deposit to Telephone Company					
Last Name of Individual _____		First _____		MI _____	Date Deposit Made _____
Residential Street Address _____		City _____		State _____	Zip Code _____
Amount of Deposit					
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)

Page 13 of 17

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment to Termination	
P. Expenses Paid by Committee			
Name of Payee Anedot		Date of Payment 3/6/25	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 1920 McKinny Ave.		City Dallas	State TX Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Merchant Services Fee	Event #	Amount 29.60
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Key Bank	Date of Payment 02/28/25		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 127 Public Square	City Cleveland	State OH Zip Code 44113	
Purpose of Expenditure (by code) BNK	Description Monthly Bank Fee	Event #	Amount 3.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee East Haven Democratic Town Committee	Date of Payment 3/6/25		Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address PO Box 120446	City East Haven	State CT Zip Code 06512	
Purpose of Expenditure (by code) REF	Description Refund Contribution Amount Over Allowable Limit	Event #	Amount 125.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee Power of Women PAC	Date of Payment 3/6/25		Method of Payment: <input checked="" type="radio"/> Check # 06561 <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 17 Red Orange Road	City Middletown	State CT Zip Code 06457	
Purpose of Expenditure (by code)	Description Refund Contribution Amount Over Allowable Limit	Event #	Amount 1,125.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page		1,282.60	
TOTAL of additional Section P Pages		5,367.40	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>		6,650.00	

Section P. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment to Termination	
P. Expenses Paid by Committee			
Name of Payee Carfora For Mayor		Date of Payment 3/12/25	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card _____ <input checked="" type="radio"/> EFT
Street Address 10 Seaview Avenue	City East Haven	State CT	Zip Code 06512
Purpose of Expenditure (by code) SRPLS	Description Reimbursement of Surplus Funds to Candidate	Event #	Amount 5,367.40
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee	Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card _____ <input checked="" type="radio"/> EFT
Street Address	City		State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee	Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card _____ <input checked="" type="radio"/> EFT
Street Address	City		State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee	Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card _____ <input checked="" type="radio"/> EFT
Street Address	City		State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page		5,367.40	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment to Termination	
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 checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q — This Page 0.00			
TOTAL of additional Section Q Pages 0.00			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i> 0.00			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment to Termination	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:	
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="radio"/> Independent <input type="radio"/> Organization	
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="radio"/> Independent <input type="radio"/> Organization	
Name of Vendor, Person or Entity		Date of Transaction	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="radio"/> Independent <input type="radio"/> Organization	
SUBTOTAL Section R — This Page		0.00	
TOTAL of additional Section R Pages		0.00	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>		0.00	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment to Termination Exploratory Supplemental Expense	
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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
SUBTOTAL Section S-This Page			0.00
TOTAL of additional Section S Pages			0.00
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>			0.00
Previously reported Expenses Unpaid and still Outstanding			0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>			0.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Carfora For Mayor		2nd Amendment to Termination	
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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant		First	MI
			Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant		First	MI
			Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section T — This Page 0.00			
TOTAL of additional Section T Pages 0.00			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS 0.00			