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EAST HAVEN, CONN.

MAR 12 2025

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SEEC FORM 20

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

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COVER PAGE

1. NAME OF COMMITTEE

Carfora For Mayor

2. TREASURER NAME

| | | | |
|------------------|----------|-----------------|--------|
| First Richard | MI A. | Last DePalma | Suffix |
|------------------|----------|-----------------|--------|

3. TREASURER ADDRESS

| | | | |
|-------------------------------------|--------------------|-------------|--------------------|
| Street Address 10 Seaview Avenue | City East Haven | State CT | Zip Code 065612 |
|-------------------------------------|--------------------|-------------|--------------------|

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)

11/4/2025

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

6. DISTRICT NUMBER

(if applicable)

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

| | | | |
|-----------------|----------|-----------------|--------|
| First Joseph | MI A. | Last Carfora | Suffix |
|-----------------|----------|-----------------|--------|

8. TYPE OF REPORT (Check One Box)

- | | | | |
|--|---|--|--|
| <input type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input 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 checked="" type="radio"/> Termination | Termination Exploratory |
| <input type="radio"/> 24 Hour Independent Expenditure | <input type="radio"/> 45 days following election not held in November | | |
| <input type="radio"/> Primary <input type="radio"/> Election | | | |

9. PERIOD COVERED

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

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

3/11/2025

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 | |
|---|--------------------------------|------------------------------|
| Carfora For Mayor | Termination Exploratory | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees | | 0 |
| 12. Balance on hand at the beginning of Reporting Period | 0 | |
| 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 | 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) | 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) | 1,282.60 | 1,282.60 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 5,367.40 | 5,367.40 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | 0 | 0 |
| 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 | |
| Carfora For Mayor | | | | Termination Exploratory | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | 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 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? | | | Amount of Contribution 375.00 |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # A031325 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No | | | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 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 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? | | | Amount of Contribution 350.00 |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # A031325 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No | | | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 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 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? | | | Amount of Contribution 375.00 |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # A031325 | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No | | | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 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) (Enter total on Line 13, Column A of Summary Page Totals) | | | | 2,650.00 | |

Section B ADDITIONAL PAGE 1 of 3

| | | | | | |
|---|--|---|-----------------------------------|----------------------------------|-------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | Termination Exploratory | |
| 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 | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution 300.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>A031325</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 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 | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution 150.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>A031325</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 03/10/2025 | 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 | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution 150.00 | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>A031325</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <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 150.00 | | |
| SUBTOTAL Section B — This Page | | | | 600.00 | |
| TOTAL of additional Section B Pages | | | | 2,050.00 | |
| 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 ² of ³

| | | | | | |
|--|--|---|-------------------------|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | Termination Exploratory | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | 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 | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | Amount of Contribution 50.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <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 | | 02/28/2025 | 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 | | | |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No | | | Amount of Contribution 250.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <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 | | 03/06/2025 | 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 | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="radio"/> Yes <input checked="" type="radio"/> No | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | Amount of Contribution 100.00 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <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 | | 02/016/2025 | 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) (Enter total on Line 13, Column A of Summary Page Totals) | | | | 2,650.00 | |

Section B ADDITIONAL PAGE 3 of 3

| | | | | | |
|--|--|--|-------------------------|-------------------------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | Termination Exploratory | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | 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 East HavenNorth 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 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? | | | Amount of Contribution 150.00 |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| A031325 | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 03/11/2025 | 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? | | | Amount of Contribution 150.00 |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| A031325 | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 03/11/2025 | 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? | | | Amount of Contribution 250.00 |
| | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="radio"/> Yes <input checked="" type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | | |
| A031325 | | <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions | | |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | 03/11/2025 | 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) (Enter total on Line 13, Column A of Summary Page Totals) | | | | 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 | Termination Exploratory |

C1. Contributions from Other Committees

| | | | | | |
|--------------------|-------|----------|---|-------------------------|------------------------|
| Name of Committee | | | | Name of Treasurer | |
| Power of Women PAC | | | | Robert Bourne | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution |
| 17 Red Orange Road | | | If yes, list Event # _____ | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |
| Middletown | CT | 06457 | 1/16/25 | 1500.00 | 1500.00 |

| | | | | | |
|--------------------------------------|-------|----------|---|-------------------------|------------------------|
| Name of Committee | | | | Name of Treasurer | |
| East Haven Democratic Town Committee | | | | Richard Esposito | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution |
| PO Box 120446 | | | If yes, list Event # _____ | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |
| East Haven | CT | 06512 | 1/2/25 | 500.00 | 500.00 |

| | | | | | |
|-------------------|-------|----------|--|-------------------------|------------------------|
| Name of Committee | | | | Name of Treasurer | |
| | | | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No | | Amount of Contribution |
| | | | If yes, list Event # _____ | | |
| 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 | | | Amount of Receipt |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | |
| Description | | | | | |
| | | | | | |

| | | | | | |
|-------------------|---|---|------|-------------------|-------------------|
| Name of Committee | | | | Name of Treasurer | |
| | | | | | |
| Address | | | City | State | Zip Code |
| | | | | | |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type | | | Amount of Receipt |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | |
| 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) (Enter total on Line 14, Column A of Summary Page Totals)

2,000.00

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | |
|--|--|-------|--|-------------------------|-------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | | Termination Exploratory | |
| 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 (if applicable) | | | | | Amount Received | |
| Street Address | | City | | State | | Zip Code |
| 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 (if applicable) | | | | | Amount Received | |
| Street Address | | City | | State | | Zip Code |
| 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 (if applicable) | | | | | Amount Received | |
| Street Address | | City | | State | | Zip Code |
| TOTAL SECTION D 0 | | | | | | |
| 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 | | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|--|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Carfora For Mayor | Termination Exploratory |

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 <input type="radio"/> No If yes, list Event # | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # | Amount |
| TOTAL SECTION F | | | 0 |

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 |

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

| | | |
|-----------------|---|--------|
| Date of Receipt | Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| TOTAL SECTION H | | 0 |

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in any 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.

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 | Termination Exploratory |

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**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**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 (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i> | 0 |

II. EVENT ACTIVITY (Sections L1—L5)

| | | | |
|---|--------|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Carfora For Mayor | | Termination Exploratory | |
| L1. Event Information | | | |
| Event # Date of Event | Letter | 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 (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="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 (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <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 (If yes, enter Total Receipts here.) → \$ <input style="width: 100px;" 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 (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <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 (If yes, enter Total Receipts here.) → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No | |
| | | | |
| Event # Date of Event | Letter | 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 (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="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 (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <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 (If yes, enter Total Receipts here.) → \$ <input style="width: 100px;" 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 (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <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 (If yes, enter Total Receipts here.) → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> 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) | | | 0 |

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 | Termination Exploratory |

L3. Purchases of Advertising in a Program Book or on a Sign

| | | | |
|----------------------|--|--|--|
| Name of Purchaser | Purchase Made By: | | |
| Mililers Carting LLC | <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | | |

| | | | |
|---------------------|------------|-------|----------|
| Street Address | City | State | Zip Code |
| 15 Bran Haven Drive | East Haven | CT | 06512 |

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
| 03/11/25 | A031325 | 250.00 | 250.00 | 0 |

| | | | |
|----------------------------------|--|--|--|
| Name of Purchaser | Purchase Made By: | | |
| New Haven Truck & Auto Body Inc. | <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | | |

| | | | |
|----------------------|------------|-------|----------|
| Street Address | City | State | Zip Code |
| 480 Short Beach Road | East Haven | CT | 06512 |

| | | | | |
|---------------|----------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
| 03/11/25 | AS031325 | 250.00 | 250.00 | 0 |

| | | | |
|---------------------|--|--|--|
| Name of Purchaser | Purchase Made By: | | |
| DanMar Construction | <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | | |

| | | | |
|-------------------------|-------------|-------|----------|
| Street Address | City | State | Zip Code |
| 222 Elm Street, Suite 1 | North Haven | CT | 06473 |

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
| 03/11/2025 | A031325 | 250.00 | 250.00 | 0 |

| | | | |
|-------------------|--|--|--|
| Name of Purchaser | Purchase Made By: | | |
| Flowers By Lisa | <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | | |

| | | | |
|---------------------|------------|-------|----------|
| Street Address | City | State | Zip Code |
| 33 Hemingway Avenue | East Haven | CT | 06512 |

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
| 03/11/2025 | A031325 | 250.00 | 250.00 | 0 |

| | | | |
|-------------------------------------|--|--|--|
| Name of Purchaser | Purchase Made By: | | |
| Peter J Criscuolo Jr, State Marshal | <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship | | |

| | | | |
|----------------------|-------------|-------|----------|
| Street Address | City | State | Zip Code |
| 54 Field Stone Court | North Haven | CT | 06473 |

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
| 03/11/25 | A031325 | 250.00 | 250.00 | 0 |

| | | | | |
|--|--|--|--|----------|
| 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 |
|--|--|--|--|---|

| | | | | |
|--------------------------------------|--|--|--|--------|
| 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 (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Carfora For Mayor | Termination Exploratory |

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 03/11/2025 | Event # A031325 | Aggregate Purchases for All Events 250.00 | Amount of Program Ad Purchase 250.00 | Amount of Sign Purchase 0 | |
| 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 03/11/2025 | Event # A031325 | Aggregate Purchases for All Events 250.00 | Amount of Program Ad Purchase 250.00 | Amount of Sign Purchase 0 | |
| 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 03/10/2025 | Event # A031325 | Aggregate Purchases for All Events 250.00 | Amount of Program Ad Purchase 250.00 | Amount of Sign Purchase 0 | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input 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 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

TOTAL of additional Section L3 Pages 1,250.00

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 2,000.00
(Enter total on Line 16c, Column A of Summary Page Totals)

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 | | | | Termination Exploratory | |
| 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 | |
| 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 | | | | | |
| TOTAL of additional Section L4 Pages | | | | | |
| 0 | | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i> | | | | | |
| 0 | | | | | |

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | |
|---|---|---|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| Carfora For Mayor | | | Termination Exploratory | |
| 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 If yes, complete Itemization in Addendum L5 | |
| Street Address | | City | State | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | |
| Street Address | | City | State | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | |
| Street Address | | City | State | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | |
| Street Address | | City | State | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5 | |
| Street Address | | City | State | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate | | |
| SUBTOTAL Section L5 — This Page | | | 0 | |
| TOTAL of additional Section L5 Pages | | | 0 | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals) | | | 0 | |
| | | | | |

III. NONMONETARY RECEIPTS (Sections M—O)

| | | | | | |
|--|--|-------------------------|-------------------------------------|--|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | Termination Exploratory | |
| 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | |
| Name | | | | | |
| Street Address | | | City | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input 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? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative | | | | |
| SUBTOTAL Section M — This Page | | 0 | | | |
| TOTAL of additional Section M Pages | | 0 | | | |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) | | 0 | | | |
| N. Refundable Deposit to Telephone Company | | | | | |
| Last Name of Individual | | First | MI | Date Deposit Made | |
| Residential Street Address | | City | State | Zip Code | Amount of Deposit |
| Name of Telephone Company | | | | | |
| Street Address | | City | State | Zip Code | |
| TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals) | | | | | 0 |

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

| | | | | | |
|---|--|------------|-----------------|-------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | Termination Exploratory | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| Anedot | | | 3/6/25 | | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| 1920 McKinny Ave. | | Dallas | | TX | 75201 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| BNK | Merchant Services Fee | | | 29.60 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> 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: |
| Key Bank | | | 02/28/2025 | | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| 127 Public Square | | Cleveland | | OH | 44113 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| BNK | Monthly Bank Fee | | | 3.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> 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: |
| East Haven Democratic Town Committee | | | 03/06/2025 | | <input checked="" type="radio"/> Check # 06561 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| PO Box 120446 | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| REF | Refund Contribution Amount over Allowable Limit | | | 125.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> 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: |
| Power Of Women PAC | | | 03/06/2025 | | <input checked="" type="radio"/> Check # 06561 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| PO Box 120446 | | East Haven | | CT | 06512 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| REF | Refund Contribution Amount over Allowable Limit | | | 1,125.00 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> 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 | | | | 0 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | | 1,282.60 | |

IV. EXPENDITURES (Sections P—T)

| | | | |
|---|-------------|-------------------------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Carfora For Mayor | | Termination Exploratory | |
| Q. Campaign Expenses Paid by Candidate | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reimbursement claimed? <input 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 |
| TOTAL of additional Section Q Pages | | | 0 |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals) | | | 0 |

| | | | | | | | |
|--|--|--|--|---|--|-------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | | | Termination Exploratory | |
| 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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | | | |
| Name of 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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | | | |
| Name of 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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | | | |
| Name of 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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | | | |
| SUBTOTAL Section R — This Page | | | | | | 0 | |
| TOTAL of additional Section R Pages | | | | | | 0 | |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals) | | | | | | 0 | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|---|------|---------|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | Termination Exploratory | |
| 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 # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <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) </div> <div> <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div> | | | | |
| 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 # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <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) </div> <div> <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div> | | | | |
| 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 # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <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) </div> <div> <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div> | | | | |
| SUBTOTAL Section S-This Page | | | | 0 | |
| TOTAL of additional Section S Pages | | | | 0 | |
| 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 | |
| Previously reported Expenses Unpaid and still Outstanding | | | | 0 | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i> | | | | 0 | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|---|--|-------|---------|--|---|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| Carfora For Mayor | | | | Termination Exploratory | |
| 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 # | Amount | |
| 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 # | Amount | |
| 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 # | Amount | |
| 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 |
| TOTAL of additional Section T Pages | | | | | 0 |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | | 0 |