

# SEEC FORM 20

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



RECEIVED  
EAST HAVEN, CT.

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2023 JUL 10 A 8:38

*Chisa Battie*

TOWN CLERK  
Do Not Mark in This Space For Official Use Only

## COVER PAGE

### 1. NAME OF COMMITTEE

*Samantha "Sam" Parato for Mayor*

### 2. TREASURER NAME

First <i>Joseph</i>	MI <i>P</i>	Last <i>Coss</i>	Suffix
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### 3. TREASURER ADDRESS

Street Address <i>26 Ralphs Ln</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
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### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy) <i>11/07/2023</i>	5. OFFICE SOUGHT (Complete only if Candidate Committee) <i>Mayor</i>	6. DISTRICT NUMBER (if applicable)
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### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First <i>Samantha</i>	MI	Last <i>Parato</i>	Suffix
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### 8. TYPE OF REPORT (Check One Box)

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

### 9. PERIOD COVERED

Beginning Date  
*4/11/23*      Ending Date  
thru      *7/10/23*

### 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)

*Joseph Coss*

PRINT NAME OF SIGNER

*07/07/2023*

DATE (mm/dd/yyyy)

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

**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	
	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		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$7,846.73	
13. Contributions Received from Individuals (Sections A and B)	\$3,725.00	\$14,940.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
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)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$3,725.00	\$14,940.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$11,571.73	\$3,725.00
19. Expenses Paid by Committee (Section P)	\$1,183.42	\$4,551.69
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$10,388.31	\$10,388.31
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 (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samantha "Sam" Paroto for Mayor		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor)		\$ 0.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Schmedt		Karen	
Residential Street Address		City	State Zip Code
138 Allison Way		East Haven	CT 06512
Principal Occupation		Name of Employer	
Teacher		N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
If yes, list Event #		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		4/20/2023	\$250.00
Last Name		First	
Cicarella		Paul	
Residential Street Address		City	State Zip Code
104 (Imys Hwy)		North Haven	CT 06473
Principal Occupation		Name of Employer	
Retired		N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
If yes, list Event #		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		5/1/2023	\$100.00
Last Name		First	
Mullenix		Sean	
Residential Street Address		City	State Zip Code
121 George Street		East Haven	CT 06512
Principal Occupation		Name of Employer	
N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
If yes, list Event # 04 2023A		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		4/20/23	\$100.00
SUBTOTAL Section B — This Page \$300.00			
TOTAL of additional Section B Pages \$3,475.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3,725.00			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samantha "Sam" Paluto for Mayor		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$50.00	
B. Itemized Contributions from Individuals			
Last Name		First	
Sognur		Larry	
Residential Street Address		City	State Zip Code
118 Angela Dr		East Haven	CT 06512
Principal Occupation		Name of Employer	
Sgt. Law Attorney		APS, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event # 042023A		\$200.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		4/20/23	\$350.00
Last Name		First	
Lee		Robert	
Residential Street Address		City	State Zip Code
39 West St		East Haven	CT 06513
Principal Occupation		Name of Employer	
N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event # 042023A		\$75.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		4/20/23	\$75.00
Last Name		First	
Bryce		Holly	
Residential Street Address		City	State Zip Code
71 George St		East Haven	CT 06512
Principal Occupation		Name of Employer	
State Marshal			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
If yes, list Event # 042023A		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/20/23	\$100.00
SUBTOTAL Section B — This Page \$375.00			
TOTAL of additional Section B Pages \$3,350.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3,725.00			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samantha = Sam "Purata for Mayor		July 10th Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$50.00	
B. Itemized Contributions from Individuals			
Last Name White		First Kevin MI	
Residential Street Address 6 Taylor Ave		City East Haven State CT Zip Code 06512	
Principal Occupation Self-employed		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 042023A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$100.00
Last Name Vasilco - Purata		First Jordan MI CT	
Residential Street Address 17 Frank St		City East Haven State CT Zip Code 06512	
Principal Occupation PCT		Name of Employer Middlesex Hospital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 042023A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$100.00
Last Name DeSorbo		First Louis MI A	
Residential Street Address 26 Colonial Heights Rd		City East Haven State CT Zip Code 06473	
Principal Occupation N/A		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 042023A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$200.00
SUBTOTAL Section B — This Page \$300.00			
TOTAL of additional Section B Pages \$3,425.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3,725.00			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samantha "Sam" Parato for Mayor		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$50.00	
B. Itemized Contributions from Individuals			
Last Name Parato		First Eileen	
Residential Street Address 17 Frank Street		City East Haven	State CT Zip Code 06512
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>042023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$200.00
Last Name Morann		First Kevin	
Residential Street Address 28 Ozone Rd		City East Haven	State CT Zip Code 06512
Principal Occupation 911 Operator		Name of Employer Town of East Haven	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>042023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$350.00
Last Name Zullo		First Rosann	
Residential Street Address 357 Herpond Rd		City Madison	State CT Zip Code 06443
Principal Occupation Administrative Assistant		Name of Employer Zullo, Zullo, & Tuck, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # <u>042023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$300.00
SUBTOTAL Section B — This Page \$600.00			
TOTAL of additional Section B Pages \$3,125.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3,725.00			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samantha "Sam" Parato for Mayor		July 18 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 50.00	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Nastri		Robert	A
Residential Street Address		City	State Zip Code
55 Thompson St, 14A		East Haven	CT 06513
Principal Occupation		Name of Employer	
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # 042023A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$200.00
Last Name		First	MI
Maltese		Salvatore	R
Residential Street Address		City	State Zip Code
11 Holland Rd		East Haven	CT 06512
Principal Occupation		Name of Employer	
Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # 042023A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$200.00
Last Name		First	MI
Lehmacher		Thomas	T
Residential Street Address		City	State Zip Code
31 Coughlin Rd		Killingworth	CT 06419
Principal Occupation		Name of Employer	
Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/16/23	Aggregate Contributions \$50.00
SUBTOTAL Section B — This Page \$350.00			
TOTAL of additional Section B Pages \$3,375.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3,725.00			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samantha 'Sam' Parkuto for Mayor		July 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$ 50.00	
B. Itemized Contributions from Individuals			
Last Name Ruggiero, Jr.		First Carl	MI J
Residential Street Address 12 Oakhill Dr		City East Haven	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/12/23	Aggregate Contributions \$175.00
Last Name Parkuto		First Michelle	MI S
Residential Street Address 405 Thompson Ave		City East Haven	State CT
Principal Occupation Business Systems Analyst		Name of Employer Centene Corporation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/15/23	Aggregate Contributions \$250.00
Last Name Larson		First Robert	MI J
Residential Street Address 626 Greens Loop		City Chestnut	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/12/23	Aggregate Contributions \$150.00
SUBTOTAL Section B — This Page \$350.00			
TOTAL of additional Section D Pages \$3,375.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3,725.00			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Samantha "Sam" Parato for Mayor		July 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 50.00		
B. Itemized Contributions from Individuals				
Last Name Larson		First Mildred MI		
Residential Street Address 626 Green Loop		City Cheshire State CT Zip Code 06410		
Principal Occupation N/A		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/12/23		Aggregate Contributions \$300.00
Last Name Parato		First Fred MI J		
Residential Street Address 146 Tyler St		City East Haven State CT Zip Code 06512		
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/15/23		Aggregate Contributions \$100.00
Last Name Parato		First Noreen MI		
Residential Street Address 146 Tyler St		City East Haven State CT Zip Code 06512		
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/15/23		Aggregate Contributions \$100.00
SUBTOTAL Section B — This Page \$350.00				
TOTAL of additional Section B Pages \$3,375.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$3,725.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samuel "Sam" Parko for Mayor		July 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 50.00	
B. Itemized Contributions from Individuals			
Last Name Parko		First Brooke	MI S
Residential Street Address 154 Cricket Ln		City Orange	State CT Zip Code 06477
Principal Occupation Nursery Manager		Name of Employer Ivy League Landscapes	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/14/23	Aggregate Contributions \$100.00
Last Name Hennessey		First Thomas	MI
Residential Street Address 34 Columbus Ave		City East Haven	State CT Zip Code 06512
Principal Occupation Owner		Name of Employer Forbes Premium Fuel	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$175.00
Last Name Calonico		First Leo	MI M
Residential Street Address 116 Forest St Ext		City East Haven	State CT Zip Code 06512
Principal Occupation Technician		Name of Employer Oak Grove Construction	
Is contributor a lobbyist, spouse, <input type="checkbox"/> Yes or dependent child of a lobbyist? <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23	Aggregate Contributions \$200.00
SUBTOTAL Section B — This Page \$400.00			
TOTAL of additional Section B Pages \$3,325.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$3,725.06			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samantha "Sam" Parato for Mayor		JULY 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A \$ 50.00	
B. Itemized Contributions from Individuals			
Last Name		First	
McMahon		Elizabeth	
Residential Street Address		City	State Zip Code
21 Sixth Ave		Branford	CT 06405
Principal Occupation		Name of Employer	
SAC - employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		4/20/23	\$ 200.00
Last Name		First	
Riche		Donna	
Residential Street Address		City	State Zip Code
67 Charles Dr		East Haven	CT 06513
Principal Occupation		Name of Employer	
Realtor			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		4/20/23	\$ 200.00
Last Name		First	
Mauri		Vincent	
Residential Street Address		City	State Zip Code
58 Vista Dr		East Haven	CT 06512
Principal Occupation		Name of Employer	
Elevator Service Foreman		Ione, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
		4/20/23	\$ 250.00
SUBTOTAL Section B — This Page \$ 400.00			
TOTAL of additional Section B Pages \$ 3,325.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$ 3,725.00			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Sumantha "Surn" Parfuts for Mayor		July 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b> \$ 50.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Sittner		First Judith MI M	
Residential Street Address 41 Chidsey Ave		City East Haven State CT Zip Code 06512	
Principal Occupation Self-employed		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 042023A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23 Aggregate Contributions \$100.00	
Last Name Parfuts		First Elizabeth MI	
Residential Street Address 405 Thompson Ave		City East Haven State CT Zip Code 06512	
Principal Occupation Serenity Therapy		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 042023A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/20/23 Aggregate Contributions \$100.00	
Last Name Bittner		First Virginia MI M	
Residential Street Address 477 Thompson Ave		City East Haven State CT Zip Code 06512	
Principal Occupation N/A		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 042023A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 4/18/23 Aggregate Contributions \$100.00	
<b>SUBTOTAL Section B — This Page</b> \$300.00			
<b>TOTAL of additional Section B Pages</b> \$3,425.00			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> \$3,725.00			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
<i>Samantha - Sam's Parents for Mayor</i>		<i>JULY 10 Filing</i>		
<b>C1. Contributions from Other Committees</b>				
Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an <input type="checkbox"/> Yes <input type="checkbox"/> No event reported in Section L1? <i>If yes, list Event #</i> _____		
City	State	Zip Code	Date Received	
Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an <input type="checkbox"/> Yes <input type="checkbox"/> No event reported in Section L1? <i>If yes, list Event #</i> _____		
City	State	Zip Code	Date Received	
Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an <input type="checkbox"/> Yes <input type="checkbox"/> No event reported in Section L1? <i>If yes, list Event #</i> _____		
City	State	Zip Code	Date Received	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>				
Name of Committee		Name of Treasurer		
Address		City	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution		Amount of Receipt
Description				
Name of Committee		Name of Treasurer		
Address		City	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution		Amount of Receipt
Description				
<b>SUBTOTAL Section C — This Page</b>				<i>\$ 0.00</i>
<b>TOTAL of additional Section C Pages</b>				<i>\$ 0.00</i>
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</b>				<i>\$ 0.00</i>

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
<i>Samantha "Sam" Puerto for Mayor</i>		<i>July 10 Filing</i>		
<b>D. Loans Received this Period</b>				
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				<b>Amount Received</b>
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				<b>Amount Received</b>
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				<b>Amount Received</b>
Street Address	City	State	Zip Code	
<b>TOTAL SECTION D</b>				<b>\$0.00</b>
<b>E. Receipts from Entities other than Individuals or Other Committees <i>(Referendum Committees ONLY)</i></b>				
Name of Entity				
Street Address		Date Received		<b>Amount Received</b>
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address		Date Received		<b>Amount Received</b>
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address		Date Received		<b>Amount Received</b>
City	State	Zip Code	Aggregate Contributions	
<b>TOTAL SECTION E</b>				<b>\$0.00</b>

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
<i>Samantha "Sam" Paduto for Mayor</i>		<i>July 16 Filing</i>
<b>F. Amount Transferred from Affiliated Business Treasury <i>(Business Entity Committees ONLY)</i></b>		
Date of Receipt	Is this transaction associated with an event reported in Section L1?  <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?  <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?  <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?  <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
<b>TOTAL SECTION F</b>		<i>\$0.00</i>
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury <i>(Organization Committees ONLY)</i></b>		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		<i>\$0.00</i>
<b>H. Personal Funds of the Candidate Received this Period <i>(Candidate Committees ONLY)</i></b>		
Date of Receipt	Method of payment:  <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment:  <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment:  <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment:  <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		<i>\$0.00</i>
<b>I. Anonymous Contributions</b>		
<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 (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Samantha "Sam" Parcoto for Mayor		JULY 10 Filing		
<b>J. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		<b>Amount</b>
Street Address	City	State	Zip Code	
Name of Institution		Date Received		<b>Amount</b>
Street Address	City	State	Zip Code	
		<b>TOTAL SECTION J</b>		<b>\$0.00</b>
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
		<b>TOTAL SECTION K</b>		<b>\$0.00</b>
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>				
Total Loans Received this Period (Section D)		\$0.00		
Total Receipts from Entities other than Individuals or Other Committees (Section E)		+ \$0.00		
Total Amount Transferred from Affiliated Business Treasury (Section F)		+ \$0.00		
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)		+ \$0.00		
Total Amount of Personal Funds of the Candidate Received this Period (Section H)		+ \$0.00		
Total Amount of Interest from Deposits in Authorized Accounts (Section J)		+ \$0.00		
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)		+ \$0.00		
<b>Total of Other Monetary Receipts</b> (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)				<b>\$0.00</b>

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<i>Samantha "Sam" Peralta for Mayor</i>		<i>July 10 Filing</i>	
<b>L1. Event Information</b>			
Event # <i>042023A</i> Date of Event <i>04/20/23</i>	Description <i>Exploratory Fundraiser #2 - Telli's Pizza</i>	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address <i>Telli's Pizza / 410 Main St</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input type="checkbox"/> 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 checked="" type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input type="text" value="\$"/> <input checked="" type="checkbox"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> 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="checkbox"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input type="text" value="\$"/> <input type="checkbox"/> No	
Event # Date of Event	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address	City	State	Zip Code
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input type="checkbox"/> 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="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input type="text" value="\$"/> <input type="checkbox"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> 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="checkbox"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input type="text" value="\$"/> <input type="checkbox"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>		<i>\$0.00</i>	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>		<i>\$0.00</i>	
<b>TOTAL of additional Section L1 Pages</b>		<i>\$0.00</i>	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>		<i>\$0.00</i>	

## 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 <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
<i>Samantha "Sam" Paruto for Mayor</i>			<i>July 10 Filing</i>		
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>					
Name of Purchaser			Purchase Made By:		
			<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser			Purchase Made By:		
			<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser			Purchase Made By:		
			<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser			Purchase Made By:		
			<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser			Purchase Made By:		
			<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address		City	State	Zip Code	
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>					
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>					
<b>TOTAL of additional Section L3 Pages</b>					
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>					
<b>\$0.00</b>					

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<i>Samantha "Sam" Parato for Mayor</i>		<i>July 10 Filing</i>	
<b>L4. In-Kind Donations Not Considered Contributions</b>			
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate Value for this Event
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate Value for this Event
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate Value for this Event
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation		
	Date Received	Event #	Aggregate value for this Event
<b>SUBTOTAL Section L4 — This Page</b>			<i>\$0.00</i>
<b>TOTAL of additional Section L4 Pages</b>			<i>\$0.00</i>
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>			<i>\$0.00</i>

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<i>Samantha "Sam" Parlo for Mayor</i>		<i>July 10 Filing</i>	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>			
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation		<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation		<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation		<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State Zip Code
Description of Donation		<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>		
<b>SUBTOTAL Section L5 — This Page</b>			<i>\$0.00</i>
<b>TOTAL of additional Section L5 Pages</b>			<i>\$0.00</i>
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			<i>\$0.00</i>

## III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT		
<i>Samantha "Sam" Peruto for Mayor</i>		<i>July 10 Filing</i>		
<b>M. In-Kind Contributions</b>				
Name				
Street Address		City	State Zip Code	
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name				
Street Address		City	State Zip Code	
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name				
Street Address		City	State Zip Code	
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported listed in Section L1? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SUBTOTAL Section M — This Page</b>		<b>\$ 0.00</b>		
<b>TOTAL of additional Section M Pages</b>		<b>\$ 0.00</b>		
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>				
<b>N. Refundable Deposit to Telephone Company</b>				
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
<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>		<b>\$ 0.00</b>		

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Samantha "Sam" Parlato for Mayor		July 10 Filing	
<b>P. Expenses Paid by Committee</b>			
Name of Payee <i>Tollie's Pizza</i>		Date of Payment <i>4/21/23</i>	Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>410 Main Street</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Purpose of Expenditure (by code) <i>FOOD</i>	Description <i>Exploratory Fundraiser food expenses</i>	Event # <i>042023A</i>	Amount <i>\$1,033.42</i>
Expenditure # (if applicable) <i>0001</i>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee <i>Citizen's Bank</i>	Date of Payment <i>6/16/23</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <i>430 Foxon Rd</i>	City <i>East Haven</i>	State <i>CT</i>	Zip Code <i>06512</i>
Purpose of Expenditure (by code) <i>MISC</i>	Description <i>Purchased bank checks (15) to exchange funds in cash form for funds in check form to comply with cash donation limit. No new funds account, only exchanges.</i>	Event # <i>N/A</i>	Amount <i>\$150.00</i>
Expenditure # (if applicable) <i>0002</i>	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee	Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee	Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
<b>SUBTOTAL Section P — This Page</b>		<b>\$1,183.42</b>	
<b>TOTAL of additional Section P Pages</b>		<b>\$0.00</b>	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)		<b>\$1,183.42</b>	

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<i>Samantha - Sam' Pareto for Mayor</i>		<i>July 10 Filing</i>	
<b>Q. Campaign Expenses Paid by Candidate</b>			
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q — This Page <i>\$0.00</i>			
TOTAL of additional Section Q Pages <i>\$0.00</i>			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i> <i>\$0.00</i>			

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<i>Samantha - Sam's Parents for Mayor</i>		<i>July 10 Filing</i>	
<b>R. Expenses Incurred on Committee Credit Card</b>			
Name of Issuing Institution		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
<b>SUBTOTAL Section R — This Page</b>			<b>\$0.00</b>
<b>TOTAL of additional Section R Pages</b>			<b>\$0.00</b>
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>			<b>\$0.00</b>

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<i>Samantha "Sam" Pareda for Mayor</i>		<i>July 10 Filing</i>	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>			
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>  <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>  <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>  <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	
<b>SUBTOTAL Section S-This Page</b>			<i>\$0.00</i>
<b>TOTAL of additional Section S Pages</b>			<i>\$0.00</i>
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>			<i>\$0.00</i>
<b>Previously reported Expenses Unpaid and still Outstanding</b>			<i>\$0.00</i>
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>			<i>\$0.00</i>

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
<i>Samantha "Sam" Parko for Mayor</i>		<i>July 10 Filing</i>	
<b>T. Itemization of Reimbursements and Secondary Payees</b>			
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
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<b>SUBTOTAL Section T — This Page</b>			<i>\$0.00</i>
<b>TOTAL of additional Section T Pages</b>			<i>\$0.00</i>
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>			<i>\$0.00</i>