

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2024



Electronic Filing

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Page 1 of 14

**COVER PAGE**

|                                                                                                                                                                                                                                                                |                                                         |                                         |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| Greater New Haven Young Dems                                                                                                                                                                                                                                   |                                                         |                                         |                                    |
| 2. TREASURER NAME                                                                                                                                                                                                                                              |                                                         |                                         |                                    |
| First<br>Anthony                                                                                                                                                                                                                                               | MI<br>J                                                 | Last<br>Fiore                           | Suffix                             |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| Street Address<br>66 Central Ave                                                                                                                                                                                                                               | City<br>Hamden                                          | State<br>CT                             | Zip Code<br>06517                  |
| 4. ELECTION/REFERENDUM DATE                                                                                                                                                                                                                                    | 5. OFFICE SOUGHT (Complete only if Candidate Committee) |                                         | 6. DISTRICT NUMBER (if applicable) |
|                                                                                                                                                                                                                                                                |                                                         |                                         |                                    |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)                                                                                                                                                                                        |                                                         |                                         |                                    |
| First                                                                                                                                                                                                                                                          | MI                                                      | Last                                    | Suffix                             |
|                                                                                                                                                                                                                                                                |                                                         |                                         |                                    |
| 8. TYPE OF REPORT                                                                                                                                                                                                                                              |                                                         |                                         |                                    |
| Initial Contribution or Disbursement - Original                                                                                                                                                                                                                |                                                         |                                         |                                    |
| 9. PERIOD COVERED                                                                                                                                                                                                                                              |                                                         |                                         |                                    |
| Beginning Date<br>06/26/2026                                                                                                                                                                                                                                   |                                                         |                                         |                                    |
| Ending Date<br>08/06/2026                                                                                                                                                                                                                                      |                                                         |                                         |                                    |
| thru                                                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| 10. CERTIFICATION                                                                                                                                                                                                                                              |                                                         |                                         |                                    |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |                                                         |                                         |                                    |
| Electronic Filing<br>SIGNATURE                                                                                                                                                                                                                                 | Anthony Fiore<br>PRINT NAME OF THE SIGNER               | 08/07/2026 10:50:19AM<br>DATE CERTIFIED |                                    |
| A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.                                                                                                  |                                                         |                                         |                                    |

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                           | TYPE OF REPORT                                  |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------|
| <b>Greater New Haven Young Dems</b>                                                                                                                      | Initial Contribution or Disbursement - Original |                       |
|                                                                                                                                                          | COLUMN A<br>This Period                         | COLUMN B<br>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 |                                                 | <b>\$0.00</b>         |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | <b>\$0.00</b>                                   |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | <b>\$25.00</b>                                  | <b>\$25.00</b>        |
| 14. Receipts from Other Committees (Sections C1 and C2)                                                                                                  | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)                                                                                                        | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)                                                                              | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed                                                                                   |                                                 |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)                                                                                  | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)                                                                                        | <b>\$25.00</b>                                  | <b>\$25.00</b>        |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                   | <b>\$25.00</b>                                  | <b>\$25.00</b>        |
| 19. Expenses Paid by Committee (Section P)                                                                                                               | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)                                                         | <b>\$25.00</b>                                  | <b>\$25.00</b>        |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)                                                                                 | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)                                                                            | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)                                                                                                           | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 24. Refundable Deposit to Telephone Company (Section N)                                                                                                  | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 25. Loan Balance                                                                                                                                         | <b>\$0.00</b>                                   |                       |
| 25a. + Loans Received (Section D)                                                                                                                        | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)                                                                                                                 | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 25c. - Payments on Loan                                                                                                                                  | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount                                                                                                                       | <b>\$0.00</b>                                   |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)                                                                                                      | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)                                                                                               | <b>\$0.00</b>                                   | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)                                                                           | <b>\$0.00</b>                                   |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)                                                                           | <b>\$0.00</b>                                   |                       |

**I. MONETARY RECEIPTS (Section A-K)**

|                                                                                |                                                 |
|--------------------------------------------------------------------------------|-------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                  |
| Greater New Haven Young Dems                                                   | Initial Contribution or Disbursement - Original |

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor)***Subtotal Section A****\$0.00****B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-------------------|
| Last Name<br>Fiore                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | First Name<br>Anthony       |                                    | MI<br>J           |
| Residential Street Address<br>66 Central Ave                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    | City<br>Hamden              | State<br>CT                        | Zip Code<br>06517 |
| Principal Occupation                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    | Name of Employer            |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                    |                   |
| Method of Contribution<br><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<br>08/06/2026 | Aggregate Contributions<br>\$25.00 | \$25.00           |
| <b>Total of Section B</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |                             |                                    | <b>\$25.00</b>    |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>                                                                                                                         |                                                                                                                                                                                                                                                                                                                    |                             |                                    | <b>\$25.00</b>    |

**I. MONETARY RECEIPTS (Section A-K)**

|                                                                                |                                                 |
|--------------------------------------------------------------------------------|-------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                  |
| Greater New Haven Young Dems                                                   | Initial Contribution or Disbursement - Original |

**C1. Contributions from Other Committees**

|                            |       |                                                                                                         |               |                        |
|----------------------------|-------|---------------------------------------------------------------------------------------------------------|---------------|------------------------|
| Name of Committee          |       | Name of Treasurer                                                                                       |               |                        |
| Address                    |       | Is this contribution associated with an event reported in Section L1?<br>Yes No<br>If yes, list Event # |               | Amount of Contribution |
| City                       | State | Zip Code                                                                                                | Date Received |                        |
| <b>Total of Section C1</b> |       |                                                                                                         |               |                        |

**I. MONETARY RECEIPTS (Section A-K)**

|                              |                                                 |
|------------------------------|-------------------------------------------------|
| NAME OF COMMITTEE            | TYPE OF REPORT                                  |
| Greater New Haven Young Dems | Initial Contribution or Disbursement - Original |

**C2. Reimbursements or Surplus Distributions from other Committees**

|                               |             |          |                                                                          |  |                   |
|-------------------------------|-------------|----------|--------------------------------------------------------------------------|--|-------------------|
| Name of Committee             |             |          | Name of Treasurer                                                        |  |                   |
| Address                       |             |          | Date Received                                                            |  | Amount of Receipt |
| City                          | State       | Zip Code | Payment Type<br>Reimbursement for shared expense<br>Surplus Distribution |  |                   |
| Expenditure # (if applicable) | Description |          |                                                                          |  |                   |
| <b>Total of Section C2</b>    |             |          |                                                                          |  |                   |

**I. MONETARY RECEIPTS (Section A-K)**

|                                                                                |                                                 |
|--------------------------------------------------------------------------------|-------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                  |
| Greater New Haven Young Dems                                                   | Initial Contribution or Disbursement - Original |

**D. Loans Received this Period**

|                                            |  |                                                                   |       |          |                                                               |                 |
|--------------------------------------------|--|-------------------------------------------------------------------|-------|----------|---------------------------------------------------------------|-----------------|
| Name of Lender                             |  | Source of Loan:<br>Bank      Candidate      Individual      Other |       |          |                                                               | Date of Receipt |
| Street Address                             |  | City                                                              | State | Zip Code | Is there a cosigner or Guarantor of this loan?<br>Yes      No |                 |
| Name of Cosigner/Guarantor (if applicable) |  |                                                                   |       |          | Amount Received                                               |                 |
| Street Address                             |  | City                                                              | State | Zip Code |                                                               |                 |
| <b>Total of Section D</b>                  |  |                                                                   |       |          |                                                               |                 |

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

TYPE OF REPORT

Greater New Haven Young Dems

Initial Contribution or Disbursement - Original

**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

**Total of Section E****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Greater New Haven Young Dems

Initial Contribution or Disbursement - Original

**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?

Yes

No

If yes, list Event #

Amount

**Total of Section F****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

TYPE OF REPORT

Greater New Haven Young Dems

Initial Contribution or Disbursement - Original

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (*Organization Committees ONLY*)**

Date of Receipt

Amount

**Total of Section G**

**I. MONETARY RECEIPTS (Section A-K)**

| NAME OF COMMITTEE            | TYPE OF REPORT                                  |
|------------------------------|-------------------------------------------------|
| Greater New Haven Young Dems | Initial Contribution or Disbursement - Original |

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

| Date of Receipt           | Method of Payment                                                               | Amount |
|---------------------------|---------------------------------------------------------------------------------|--------|
|                           | Cash                      Personal Check                      Credit/Debit Card |        |
| <b>Total of Section H</b> |                                                                                 |        |

**I. Monetary Receipts (Section A-K)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                  |
|--------------------------------------------------------------------------------|-------------------------------------------------|
| Greater New Haven Young Dems                                                   | Initial Contribution or Disbursement - Original |

**J. Interest from Deposits in Authorized Accounts**

| Name of Institution       | Date Received | Amount              |
|---------------------------|---------------|---------------------|
| Street Address            | City          | State      Zip Code |
| <b>Total of Section J</b> |               |                     |

**I. MONETARY RECEIPTS (Section A-K)**

| NAME OF COMMITTEE            | TYPE OF REPORT                                  |
|------------------------------|-------------------------------------------------|
| Greater New Haven Young Dems | Initial Contribution or Disbursement - Original |

**K. Miscellaneous Monetary Receipts not Considered Contributions**

| Name                      | Date of Transaction | Amount Received     |
|---------------------------|---------------------|---------------------|
| Street Address            | City                | State      Zip Code |
| Description               |                     |                     |
| <b>Total of Section K</b> |                     |                     |

## L1. Event Information

**Total of Section L1**

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

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

**Total of Section L3**

|                     |  |
|---------------------|--|
|                     |  |
| Total of Section L3 |  |

**II. EVENT ACTIVITY (Sections L1 - L5)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                  |
|--------------------------------------------------------------------------------|-------------------------------------------------|
| Greater New Haven Young Dems                                                   | Initial Contribution or Disbursement - Original |

**L4. In-Kind Donations Not Considered Contributions**

|                     |                         |         |                                |                               |
|---------------------|-------------------------|---------|--------------------------------|-------------------------------|
| Name of the Donor   |                         |         |                                |                               |
| Street Address      |                         | City    |                                | State    Zip Code             |
| Donation Given by:  | Description of Donation |         |                                | Fair Market Value of Donation |
| Business Entity     |                         |         |                                |                               |
| Individual          | Date Received           | Event # | Aggregate value for this event |                               |
| Sole Proprietorship |                         |         |                                |                               |

**Total of Section L4****II.EVENT ACTIVITY (Sections L1 - L5)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                  |
|--------------------------------------------------------------------------------|-------------------------------------------------|
| Greater New Haven Young Dems                                                   | Initial Contribution or Disbursement - Original |

**L5. In-Kind Donations Not Considered Contributions Associated with a House Party**

|                         |                                           |                                                                |                                             |
|-------------------------|-------------------------------------------|----------------------------------------------------------------|---------------------------------------------|
| Name of the Host        |                                           | Is this event supporting more than one candidate or committee? |                                             |
|                         |                                           | Yes    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            |                                             |

**Total of Section L5**



**III. NONMONETARY RECEIPTS (Sections M - O)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                  |
|--------------------------------------------------------------------------------|-------------------------------------------------|
| Greater New Haven Young Dems                                                   | Initial Contribution or Disbursement - Original |

**M. In-Kind Contributions**

|                                                                       |           |                                                                                                                                                                                                                                          |                                     |
|-----------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Name                                                                  |           |                                                                                                                                                                                                                                          |                                     |
| Street Address                                                        |           | City                                                                                                                                                                                                                                     | State<br>Zip Code                   |
| Type of Contributor:                                                  | Committee | Date Received                                                                                                                                                                                                                            | Aggregate contributions             |
| Individual / Sole Proprietorship                                      | Other     |                                                                                                                                                                                                                                          | Description of In-Kind Contribution |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>No | If contribution is in excess of \$400 to a candidate committee 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 \$5000? | Yes<br>No                           |
| Is this contribution associated with an event reported in Section L1? | Yes<br>No | Is contributor a principal of state contractor or prospective state contractor?                                                                                                                                                          | Yes<br>No                           |
| If yes, list Event#                                                   |           | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                            | Executive<br>Legislative            |
|                                                                       |           | Fair Market Value of this Contribution                                                                                                                                                                                                   |                                     |

**Total of Section M****III. Non Monetary Receipts (Sections M - O)**

| NAME OF COMMITTEE            | TYPE OF REPORT                                  |
|------------------------------|-------------------------------------------------|
| Greater New Haven Young Dems | Initial Contribution or Disbursement - Original |

**N. Refundable Deposit to Telephone Company**

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| Name of Telephone company  |            |       |                   |
| Street Address             | City       | State | Zip Code          |
| Amount of Deposit          |            |       |                   |

**Total of Section N**

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

|                                                                                |                                                                                                                                                                                                                                                                                                                                 |      |                 |                                                 |                                                     |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------|-------------------------------------------------|-----------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                 |      |                 | TYPE OF REPORT                                  |                                                     |
| Greater New Haven Young Dems                                                   |                                                                                                                                                                                                                                                                                                                                 |      |                 | Initial Contribution or Disbursement - Original |                                                     |
| <b>P. Expenses Paid By Committee</b>                                           |                                                                                                                                                                                                                                                                                                                                 |      |                 |                                                 |                                                     |
| Name of Payee                                                                  |                                                                                                                                                                                                                                                                                                                                 |      | Date of Payment |                                                 | Method of Payment<br>Check #<br>Debit Card      EFT |
| Street Address                                                                 |                                                                                                                                                                                                                                                                                                                                 | City |                 | State                                           | Zip Code                                            |
| Purpose of Expenditure (by code)                                               | Description                                                                                                                                                                                                                                                                                                                     |      |                 |                                                 | Event #                                             |
| Expenditure # (if applicable)                                                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization      A      B      C      D |      |                 |                                                 | Amount                                              |
| <b>Total of Section P</b>                                                      |                                                                                                                                                                                                                                                                                                                                 |      |                 |                                                 |                                                     |

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

|                                                                                |             |      |                 |                                                 |                                          |
|--------------------------------------------------------------------------------|-------------|------|-----------------|-------------------------------------------------|------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             |      |                 | TYPE OF REPORT                                  |                                          |
| Greater New Haven Young Dems                                                   |             |      |                 | Initial Contribution or Disbursement - Original |                                          |
| <b>Q. Campaign Expenses Paid By Candidate</b>                                  |             |      |                 |                                                 |                                          |
| Name of Payee (Name of vendor, Person or Entity who candidate paid directly)   |             |      | Date of Payment |                                                 | Is Reimbursement Claimed?<br>Yes      No |
| Street Address                                                                 |             | City |                 | State                                           | Zip Code                                 |
| Purpose of Expenditure (by code)                                               | Description |      | Event #         |                                                 | Amount                                   |
| <b>Total of Section Q</b>                                                      |             |      |                 |                                                 |                                          |

**IV. EXPENDITURES**

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          |                                                 |          |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          | <b>TYPE OF REPORT</b>                           |          |
| Greater New Haven Young Dems                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          | Initial Contribution or Disbursement - Original |          |
| <b>R. Expenses Incurred on Committee Credit Card</b>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          |                                                 |          |
| Name of Issuing Institution                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Type of Credit Card:<br><div> <input type="checkbox"/> Visa         <input type="checkbox"/> Master Card         <input type="checkbox"/> Discover         <input type="checkbox"/> American Express         <input type="checkbox"/> Other       </div> |                                                 |          |
| Name of Vendor, Person or Entity                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          | Date of Transaction                             |          |
| Street Address                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City                                                                                                                                                                                                                                                     | State                                           | Zip Code |
| Purpose of Expenditure (by code)                                                      | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                          |                                                 | Event #  |
| Expenditure # (if applicable)                                                         | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><br><input type="checkbox"/> None of the below<br><br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |  |                                                                                                                                                                                                                                                          |                                                 | Amount   |
| <b>Total of Section R</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                          |                                                 |          |

**IV. EXPENDITURES**

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |      |                                                 |                                      |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-------------------------------------------------|--------------------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |      | <b>TYPE OF REPORT</b>                           |                                      |
| Greater New Haven Young Dems                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |      | Initial Contribution or Disbursement - Original |                                      |
| <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 #                              |
| Expenditure# (if applicable)                                                          | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)<br><br><input type="checkbox"/> None of the below<br><br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |  |      |                                                 | Amount Incurred (Estimate or Actual) |
| <b>Total of Section S</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |      |                                                 |                                      |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                  |
|--------------------------------------------------------------------------------|-------------------------------------------------|
| Greater New Haven Young Dems                                                   | Initial Contribution or Disbursement - Original |

**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 |                                             |          |
|                                                                                |                                                                                                                                                                                                                                                                                                                          |       | Check #                                                                   | Debit Card                                  | EFT      |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |                                                                                                                                                                                                                                                                                                                          | City  |                                                                           | State                                       | Zip Code |
| Purpose of Expenditure (by code)                                               | Description                                                                                                                                                                                                                                                                                                              |       |                                                                           |                                             | Event #  |
| Expenditure #                                                                  | Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)<br><br>None of the below<br>Coordinated with reimbursement sought (joint expenditure)      Independent<br>Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D |       |                                                                           |                                             | Amount   |

**Total of Section T****Section L5. ADDENDUM**

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
|                   |                |

**L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum**

|                                |  |
|--------------------------------|--|
| <b>Event #</b>                 |  |
| Name of Candidate or Committee |  |

### Section P. ADDENDUM

|                                                 |                               |                                          |                              |
|-------------------------------------------------|-------------------------------|------------------------------------------|------------------------------|
| NAME OF COMMITTEE                               |                               | TYPE OF REPORT                           |                              |
|                                                 |                               |                                          |                              |
| <b>P. Expenses Paid By Committee - Addendum</b> |                               |                                          |                              |
| <b>Expenditure #</b>                            | <b>Supported</b>              | <b>Opposed</b>                           | <b>Amount of Expenditure</b> |
| Name of Candidate or Committee                  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |                              |
| Are Limits Aggregated?<br><b>Yes</b> <b>No</b>  | Aggregating Committees        |                                          |                              |

### Section R. ADDENDUM

|                                                                 |                               |                                          |                              |
|-----------------------------------------------------------------|-------------------------------|------------------------------------------|------------------------------|
| NAME OF COMMITTEE                                               |                               | TYPE OF REPORT                           |                              |
|                                                                 |                               |                                          |                              |
| <b>R. Expenses Incurred on Committee Credit Card - Addendum</b> |                               |                                          |                              |
| <b>Expenditure #</b>                                            | <b>Supported</b>              | <b>Opposed</b>                           | <b>Amount of Expenditure</b> |
| Name of Candidate or Committee                                  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |                              |

| Section S. ADDENDUM                                                          |                               |                                          |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------------|
| NAME OF COMMITTEE                                                            |                               | TYPE OF REPORT                           |
|                                                                              |                               |                                          |
| S. Expenses Incurred by Committee but Not Paid During this Period - Addendum |                               |                                          |
| Expenditure #                                                                | Supported      Opposed        | Amount of Expenditure                    |
| Name of Candidate or Committee                                               | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |

| Section T. ADDENDUM                                              |                               |                                          |
|------------------------------------------------------------------|-------------------------------|------------------------------------------|
| NAME OF COMMITTEE                                                |                               | TYPE OF REPORT                           |
|                                                                  |                               |                                          |
| T. Itemization of Reimbursements and Secondary Payees - Addendum |                               |                                          |
| Expenditure #                                                    | Supported      Opposed        | Amount of Expenditure                    |
| Name of Candidate or Committee                                   | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |