

**SEEC FORM 30**Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 23

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
<b>Godfrey 24</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Joshua</b>		MI	Last <b>Beckett Flores</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>8 Arrow Meadow Rd</b>			City <b>New Fairfield</b>		State <b>CT</b>	Zip Code <b>06812</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)				7. DISTRICT NUMBER ( if applicable )	
<b>11/05/2024</b>		<b>State Representative</b>				<b>R110</b>	
8. CANDIDATE NAME ( Complete only if Candidate or Exploratory Committee)							
First <b>Bob</b>		MI	Last <b>Godfrey</b>			Suffix	
9. TYPE OF REPORT							
<b>30 Days Following Primary - Amendment</b>							
10. PERIOD COVERED							
Beginning Date		thru		Ending Date			
<b>08/07/2024</b>				<b>08/31/2024</b>			
11. 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.							
<b>Electronic Filing</b>		<b>Joshua Beckett Flores</b>			<b>04/21/2026 1:03:46PM</b>		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>							

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Godfrey 24</b>	30 Days Following Primary - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$13,867.03</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$6,695.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$36,500.04</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$0.00</b>	<b>\$43,195.04</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$13,867.03</b>	<b>\$43,195.04</b>
20. Expenses Paid by Committee (Section N)	<b>\$9,479.62</b>	<b>\$38,807.63</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns )	<b>\$4,387.41</b>	<b>\$4,387.41</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$7,275.08</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Godfrey 24		30 Days Following Primary - Amendment	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
<b>B. Itemized Contributions from Individuals</b>			
Last Name	First	MI	Contribution ID #
Residential Street Address	City	State	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?	Yes	No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?
If yes, indicate which branch or branches of government the contract is with:	Executive	Legislative	Yes
			No
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:	
	No	Cash	Personal Check
If yes, list Event #		Money Order	Credit/Debit Card
		Date Received	Aggregate Contributions
			Amount of Contribution
			<b>Total of Section B</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			(Sections A + B) (Total on Line 14, Column A of Summary Page)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Godfrey 24		30 Days Following Primary - Amendment	
<b>C1. Contributions from Other Committees</b>			
Name of Committee		Name of Treasurer	
Address	Is this contribution associated with an event reported in Section J1?		Amount of Contribution
	Yes		No
	If yes, list Event #		
City	State	Zip Code	Date Received
			Aggregate Contributions
			<b>Total of Section C1</b>

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

NAME OF COMMITTEE	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**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				
			Reimbursement for shared expense Surplus distribution from exploratory committee				
Expenditure #	Description						
<b>Total of Section C2</b>							

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

NAME OF COMMITTEE	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**D. Loans Received this Period**

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**E. 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 E</b>				

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

NAME OF COMMITTEE	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment	Primary General Election Special Election		
Supplemental/Post Election Deficit			
<b>Total of Section H</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT		
Godfrey 24		30 Days Following Primary - Amendment		
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction	Amount Received	
Street Address	City	State		Zip Code
Description				
<b>Total of Section I</b>				

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Godfrey 24		30 Days Following Primary - Amendment	
<b>J1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No
Location: Street Address		City	State      Zip Code
Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 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.	
	No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes	If yes, to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
	No		
<b>Subpart 1:</b>			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes	(If yes, enter Total Receipts here.)	
	No		
<b>Total of Section J1</b>			

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor

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

**Total of Section J3**

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host	Is this event supporting more than one candidate? Yes      No      If yes, complete Itemization in Addendum J4
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Street Address	City	State	Zip Code
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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 J4**

**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**K. In-Kind Contributions**

Name			
Street Address		City	State   Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive   Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual   Committee   Sole Proprietorship			

**Total of Section K****III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**L. 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

**Total of Section L**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Silvia Merlin		Date of Payment 08/07/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9907</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34B Austin St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Justin Kaiser		Date of Payment 08/07/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9908</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 161 Main St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit POST	Description Stamps		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$19.00

Name of Payee Jean Paul Trudel		Date of Payment 08/07/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9911</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address McDermott Street		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$320.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

#### N. Expenses Paid By Committee

Name of Payee Gulf		Date of Payment 08/07/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Main St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Fuel		Amount  \$14.98	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Quick Stop		Date of Payment 08/08/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 241 White St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Fuel		Amount  \$14.55	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Jacqueline Saldana		Date of Payment 08/08/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9905</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 43 Kohanza St		City Danbury	State CT	Zip Code 06811
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount  \$360.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

#### N. Expenses Paid By Committee

Name of Payee Quick Stop		Date of Payment 08/08/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 241 White St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit FOOD	Description Supplies for HQ			Amount  \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee Quick Stop		Date of Payment 08/08/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 241 White St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit BNK	Description ATM Fee			Amount  \$2.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee Price Rite		Date of Payment 08/09/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Main St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit FOOD	Description Water & Food for HQ			Amount  \$64.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum N				

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

#### N. Expenses Paid By Committee

Name of Payee Price Rite		Date of Payment 08/09/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 Main St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit BNK	Description ATM Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$2.50
Name of Payee Pippa's		Date of Payment 08/10/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 114 South St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Campaign Meeting: Godfrey, Cromwell, Eriquez			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$74.67
Name of Payee Basebuilder		Date of Payment 08/11/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>3006</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 161 Main St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit A-PH-BNK	Description Phone Bank			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$3,000.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jean Paul Trudel		Date of Payment 08/12/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9902</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address McDermott Street		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount  \$300.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

Name of Payee Jacqueline Saldana		Date of Payment 08/12/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9903</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 43 Kohanza St		City Danbury	State CT	Zip Code 06811
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount  \$380.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

Name of Payee Silvia Merlin		Date of Payment 08/12/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9904</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34B Austin St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount  \$310.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

#### N. Expenses Paid By Committee

Name of Payee Will Cromwell		Date of Payment 08/12/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9912</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Sherman Rd # B2		City Hartford	State CT	Zip Code 06105
Purpose of Expendit FOOD	Description HQ Rally		Amount  \$85.96	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Gisella's		Date of Payment 08/13/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Starr St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit FOOD	Description Food for HQ Primary Day		Amount  \$218.67	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Pippa's		Date of Payment 08/13/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 114 South St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit FOOD	Description Primary Victory		Amount  \$948.21	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Gulf		Date of Payment 08/13/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Main St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Fuel ATM Debit		Amount  \$5.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

Name of Payee Silvia Merlin		Date of Payment 08/14/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>3003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34B Austin St		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount  \$360.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

Name of Payee Jacqueline Saldana		Date of Payment 08/14/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>3004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Kohanza Street		City Danbury	State CT	Zip Code 06811
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount  \$520.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

#### N. Expenses Paid By Committee

Name of Payee Jean Paul Trudel		Date of Payment 08/14/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>3005</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address McDermott Street		City Danbury	State CT	Zip Code 06810
Purpose of Expendit Misc *	Description Canvass, Phone Bank, GOTV		Amount  \$500.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee DaSilva Realty		Date of Payment 08/15/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>3002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 288 Main St		City Danbury	State CT	Zip Code
Purpose of Expendit OVHD	Description Primary HQ Rent		Amount  \$300.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee Sarah Ganong		Date of Payment 08/15/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>3007</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Hamilton St # 3		City Hartford	State CT	Zip Code 06106
Purpose of Expendit FOOD	Description Food & Beverage for HQ Volunteers		Amount  \$267.66	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee CCM & CO		Date of Payment 08/15/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>3008</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1022 Boulevard		City West Hartford	State CT	Zip Code 06109
Purpose of Expendit PRNT	Description GOTV Cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Community Labor Administrative Services		Date of Payment 08/15/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>3009</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Sands St Fl 6		City Brooklyn	State NY	Zip Code 11201
Purpose of Expendit A-OTH	Description Campaign Texting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$122.86

Name of Payee Vespucci Lodge #160		Date of Payment 08/16/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>1013</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Christopher Columbus Ave		City Danbury	State CT	Zip Code 06810
Purpose of Expendit A-OTH	Description Festival Sign			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$150.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

#### N. Expenses Paid By Committee

Name of Payee Bob Godfrey	Date of Payment 08/26/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>9906</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 13 Stillman Ave	City Danbury	State CT	Zip Code
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Purpose of Expendit Misc *	Description Water for HQ	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$12.78
If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee Gulf	Date of Payment 08/29/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 28 Main St	City Danbury	State CT	Zip Code 06810
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Purpose of Expendit Misc *	Description HQ Supplies	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00
If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee Gulf	Date of Payment 08/29/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 28 Main St	City Danbury	State CT	Zip Code 06810
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Purpose of Expendit BNK	Description ATM Fee	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$2.99
If yes, assign an Expenditure # and complete Itemization in Addendum N		

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**N. Expenses Paid By Committee**

Name of Payee Union Savings Bank		Date of Payment 08/31/2024	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 116 Main St		City Danbury	State CT	Zip Code
Purpose of Expendit BNK	Description Bank Statement Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$3.00
If yes, assign an Expenditure # and complete Itemization in Addendum N				

**Total of Section N****\$9,479.62****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	30 Days Following Primary - Amendment

**O. Expenses Paid By Candidate**

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No	
Street Address	City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	Event #		

**Total of Section O**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**P. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor			Date of Transaction
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum P			

**Total of Section P****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor			Date Incurred
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

**Total of Section Q**

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  Check #  Debit Card  EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				

**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Godfrey 24	30 Days Following Primary - Amendment

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
<b>Total of Section S</b>				

<b>Section J4. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section P. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section P. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section Q. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section R. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>R. Itemization of Reimbursements and Secondary Payees - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought