



Electronic Filing
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COVER PAGE

1. NAME OF COMMITTEE Herron Gaston for State Senate			2. TYPE OF COMMITTEE <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee									
3. TREASURER NAME												
First Anthony	MI R	Last Paoletto		Suffix								
4. TREASURER ADDRESS												
Street Address 321 Lynne Pl	City Bridgeport		State CT	Zip Code 06610								
5. ELECTION DATE 11/08/2022	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S023								
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)												
First Herron	MI Keyon	Last Gaston		Suffix								
9. TYPE OF REPORT 30 Days Following Primary - Original												
10. PERIOD COVERED												
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Beginning Date</td> <td style="width: 30%;"></td> <td style="width: 30%;">Ending Date</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">08/03/2022</td> <td style="text-align: center;">thru</td> <td style="text-align: center;">08/31/2022</td> <td></td> </tr> </table>					Beginning Date		Ending Date		08/03/2022	thru	08/31/2022	
Beginning Date		Ending Date										
08/03/2022	thru	08/31/2022										
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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.												
Electronic Filing	Anthony Paoletto		09/01/2022 4:14:33PM									
SIGNATURE	PRINT NAME OF THE SIGNER		DATE CERTIFIED									
<p>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.</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	
Herron Gaston for State Senate	30 Days Following Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$21,516.31	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$21,212.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$99,325.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$120,537.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$21,516.31	\$120,537.00
20. Expenses Paid by Committee (Section N)	\$21,359.06	\$120,379.75
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$157.25	\$157.25
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Herron Gaston for State Senate		30 Days Following Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY
B. Itemized Contributions from Individuals			

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? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No Executive Legislative			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
If yes, list Event #	No	Cash	Personal Check		
		Money Order	Credit/Debit Card		

Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Herron Gaston for State Senate				30 Days Following Primary - Original	
C1. Contributions from Other Committees					
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	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Herron Gaston for State Senate				30 Days Following Primary - 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 Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Herron Gaston for State Senate				30 Days Following Primary - Original	
D. Loans Received this Period					
Name of Lender			Source of Loan: Bank Candidate Individual Other		Date of Receipt
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	State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

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	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code
Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

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			
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		

Total of Section I**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

J1. Event Information

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 to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
	No		
Subpart 1:			
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		

Total of Section J1

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

J3. 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
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

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		
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 J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

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:	Yes No Executive Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			
			Fair Market Value of this Contribution

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

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
			Amount of Deposit

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Voice Broadcasting		Date of Payment 08/04/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1527 S Cooper St		City Arlington	State TX	Zip Code 76010
Purpose of Expend A-ATM	Description Calling/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		Expenditure # (if applicable)	Event #	\$100.00

Name of Payee Campaign Verify		Date of Payment 08/05/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 3554 1215 31st Street NW		City Washington	State DC	Zip Code 20027
Purpose of Expend A-ATM	Description Calling/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		Expenditure # (if applicable)	Event #	\$95.00

Name of Payee Nancy Williams		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1166</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 Union Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$337.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Lamar Johnson		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1167</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 85 Union Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$247.50

Name of Payee Ralsteeni Hall		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1168</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Richardson St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$300.00

Name of Payee Carolyn Nah		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1169</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Lewis St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$360.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Harold Brown		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1170</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Lewis St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$360.00

Name of Payee James Glenn		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 43 Freeman St		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$60.00

Name of Payee Christina Albino		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1172</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 348 Park Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$277.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Anthony Ettison		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1173</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Ridgefield Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$375.00

Name of Payee Anthony Ettison		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1174</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Ridgefield Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$375.00

Name of Payee Ruthie Vines		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1175</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 385 Platt St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$180.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Doris Candelario		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1176</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 487 Hallet St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$225.00

Name of Payee Luz Martinez		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1177</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 670 Pearl Harbor St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$337.50

Name of Payee Sonja Singletary		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1178</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1071 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$315.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Nancy Baez		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1179</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$600.00

Name of Payee Robert Anderson		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1180</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Alpine St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$780.00

Name of Payee George Jordan		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1181</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Poplar St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$472.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Cashe Rogers		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1182</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 508 Harral Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$240.00

Name of Payee Shellay Ebron		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1183</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$225.00

Name of Payee Janeen Gomez		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1184</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Beechwood Ave		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$435.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Rolanda Smith		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1186</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1099 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$250.00

Name of Payee Coleen LePere		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1187</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave		City New Haven	State CT	Zip Code 06512
Purpose of Expend CNSLT	Description Wage for Coordinator			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$900.00

Name of Payee Alveta Taylor		Date of Payment 08/05/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1188</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 511 Pembroke Ave		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$285.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Shellay Ebron		Date of Payment 08/06/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1189</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$448.00

Name of Payee Ernest Brown		Date of Payment 08/06/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1190</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Huntington Tpke		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Nilda Rodriguez		Date of Payment 08/06/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1191</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Amsterdam Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$150.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee BJs Wholesale		Date of Payment 08/08/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Black Rock Tpke		City Fairfield	State CT	Zip Code 06825
Purpose of Expend OVHD	Description Election Day Supplies			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		Expenditure # (if applicable)	Event #	\$38.95

Name of Payee Dollar General		Date of Payment 08/08/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 577 Fairfield Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend OVHD	Description Election Day Supplies			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		Expenditure # (if applicable)	Event #	\$52.60

Name of Payee Staples		Date of Payment 08/08/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1201 Kings Hwy		City Fairfield	State CT	Zip Code 06824
Purpose of Expend OVHD	Description Election Day Supplies			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		Expenditure # (if applicable)	Event #	\$372.01

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Testo's Pizzeria & Restaurant		Date of Payment 08/08/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1023 Brooklawn Ave		City Fairfield	State CT	Zip Code 06825
Purpose of Expend FOOD	Description Food for Workers			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		Expenditure # (if applicable)	Event #	\$44.50

Name of Payee Wilma Edmonds		Date of Payment 08/08/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1192</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 783 Kossuth St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$280.00

Name of Payee Valero		Date of Payment 08/09/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 406 Huntington Tpke		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend FOOD	Description Election Day Supplies			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		Expenditure # (if applicable)	Event #	\$13.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Voice Broadcasting		Date of Payment 08/09/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1527 S Cooper St		City Arlington	State TX	Zip Code 76010
Purpose of Expend A-ATM	Description Calling/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		Expenditure # (if applicable)	Event #	\$100.00

Name of Payee Peoples United Bank		Date of Payment 08/10/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1728 Park Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend BNK	Description Bank 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		Expenditure # (if applicable)	Event #	\$5.00

Name of Payee Doris Candelario		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1193</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 487 Hallet St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$307.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Nancy Williams		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1194</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 Union Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$195.00

Name of Payee Shellay Ebron		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1195</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 285 Maplewood Ave		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$128.00

Name of Payee Lamar Johnson		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1197</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 316 Olive St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$60.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Nancy Baez		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1198</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Ogden St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$547.50

Name of Payee Christina Albino		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1199</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 348 Park Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$360.00

Name of Payee Zjhume Younger		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1200</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 176 Williams St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$210.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Adrienne Younger		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1201</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 195 Sixth St		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$510.00

Name of Payee Anjenice Younger		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1202</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 263 Beardsley St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$510.00

Name of Payee Sonja Singletary		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1204</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1071 Iranistan Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$75.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Ralsteeni Hall		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1205</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Richardson St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$600.00

Name of Payee Elizabeth Robinson		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1206</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 175 Norland Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$360.00

Name of Payee Ebony Young		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1207</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 515 E Main St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$307.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Michael Thompson		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1208</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 165 Barnum Ave		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$247.50

Name of Payee Denise Arrington		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1209</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 165 Barnum Ave		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$345.00

Name of Payee Nyisha Upchurch		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1210</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 165 Barnum Ave		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$345.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee George Jordan		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1211</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Poplar St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$320.00

Name of Payee Michael Hall		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1213</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 34 Richardson St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$172.50

Name of Payee Anthony Ettison		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1214</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Ridgefield Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$350.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Carolyn Nah		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1215</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Lewis St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$390.00

Name of Payee Harold Brown		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1217</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Lewis St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$365.00

Name of Payee Coleen LePere		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1218</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Woodward Ave		City New Haven	State CT	Zip Code 06512
Purpose of Expend CNSLT	Description Wage for Coordinator			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		Expenditure # (if applicable)	Event #	\$900.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Octavia Criag		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1219</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1020 Connecticut Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$195.00

Name of Payee Alex Graham		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1222</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Alpine St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$210.00

Name of Payee Jermich Teele		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1223</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Cedar St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$210.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Saundra Lemon		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1224</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 246 Berkshire Ave		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$210.00

Name of Payee Alveta Taylor		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1225</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 511 Pembroke Ave		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$160.00

Name of Payee Richard Baldwin		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1226</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 89 Cottage St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$175.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Shwan Davis		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1227</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 27 Steven St		City New Haven	State CT	Zip Code 06519
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$210.00

Name of Payee Rashien Leak		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1229</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 27 Steven St		City New Haven	State CT	Zip Code 06519
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$210.00

Name of Payee Raheem Howell		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1230</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1472 Stratford Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$135.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Nancy Melendez		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1231</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 Louisiana Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$150.00

Name of Payee Dwan Williams		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1233</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 982 Hancock Ave		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$120.00

Name of Payee Nathaniel Britton		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1234</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 41 Bishop Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			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		Expenditure # (if applicable)	Event #	\$60.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Ernest Brown		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1235</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Huntington Tpke		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

Name of Payee Cashe Rogers		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1236</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 508 Harral Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$120.00

Name of Payee Michael Jones		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1237</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 445 Wilmont Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$60.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Pearlie Ebron		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1238</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Wakeman St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$240.00

Name of Payee Nancy Williams		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1239</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 376 Union Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$40.00

Name of Payee Mario Pettway		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1240</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2240 E Main St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$210.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Romero Jones		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1241</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2240 E Main St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$210.00

Name of Payee George Jordan		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1242</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 66 Poplar St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$210.00

Name of Payee Joel Gonzalez		Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1244</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 347 Lenox Ave		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$210.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Miriam Gonzalez	Date of Payment 08/11/2022	Method of Payment <input checked="" type="checkbox"/> Check # <u>1245</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 211 Beach St	City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Wage for Canvassing/Election Day	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$172.00
Total of Section N			\$21,359.06

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
	30 Days Following Primary - Original		
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
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
Herron Gaston for State Senate	30 Days Following Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express 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				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

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				
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

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				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Herron Gaston for State Senate	30 Days Following Primary - Original

S. Surplus Distribution of Equipment and Furniture

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

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

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

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

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

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