



COVER PAGE

| | | | | | |
|---|--|-----------------------------|---|------------------------------------|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Maritza Bond For CT | | | <input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Jenell | MI | Last Lawson | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 60 Whittier Rd | City New Haven | State CT | Zip Code 06515 | | |
| 5. ELECTION DATE 11/08/2022 | 6. OFFICE SOUGHT (Complete only if Candidate Committee) Undetermined | | | 7. DISTRICT NUMBER (if applicable) | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Maritza | MI | Last Bond | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| October 10 Filing - Amendment | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 09/05/2021 | | thru | | 09/30/2021 | |
| 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 | Jenell Lawson | 01/10/2022 7:54:07PM | | | |
| 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 | |
|---|-------------------------------|-----------------------|
| Maritza Bond For CT | October 10 Filing - Amendment | |
| | 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 | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$5,920.44 | \$5,920.44 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 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) | \$5,920.44 | \$5,920.44 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$5,920.44 | \$5,920.44 |
| 20. Expenses Paid by Committee (Section N) | \$5.00 | \$5.00 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$5,915.44 | \$5,915.44 |
| 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 |
| Maritza Bond For CT | October 10 Filing - Amendment |

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

| | | | |
|---|--|------------------------------------|--|
| Last Name Maritza | First Bond | MI | Contribution ID # 0050 |
| Residential Street Address 784 Quinnipiac Ave | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/21/2021 | Aggregate Contributions \$10.00- \$5.00- |

| | | | |
|--|--|------------------------------------|---|
| Last Name Maritza | First Bond | MI | Contribution ID # 0050 |
| Residential Street Address 784 Quinnipiac Ave | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation Director | Name of Employer City of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/21/2021 | Aggregate Contributions \$5.00 \$5.00 |

| | | | |
|--|--|------------------------------------|---|
| Last Name Michael | First Licamele | MI | Contribution ID # 0048 |
| Residential Street Address 18 Wells Hill Rd | City Easton | State CT | Zip Code 06612 |
| Principal Occupation Real Estate Development | Name of Employer MSL Group Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$250.00 \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Tim | First Raynor | MI | Contribution ID # 0047 |
| Residential Street Address 12 Pepperwood Ln | City Branford | State CT | Zip Code 06405 |
| Principal Occupation Professor | Name of Employer University of Bridgeport | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|--|
| Last Name Fuad | First Mukarbel | MI | Contribution ID # 0046 |
| Residential Street Address 784 Quinnipiac Ave . | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation Architect | Name of Employer self= Employed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|---|
| Last Name Lucecita | First Lelendez | MI | Contribution ID # 0045 |
| Residential Street Address 130 Coe Ave | City East Haven | State CT | Zip Code 06512 |
| Principal Occupation Supervisor | Name of Employer AMN Healthcare | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$500.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|---|--|--|---|
| Last Name Lucecita | First Lelendez | MI | Contribution ID # 0045 |
| Residential Street Address 130 Coe Ave | City East Haven | State CT | Zip Code 06512 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$750.00 |
| | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|--|---|
| Last Name Fuad | First Mukarbel | MI | Contribution ID # 0046 |
| Residential Street Address 784 Quinnipiac Ave. | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$500.00- |
| | | | Amount of Contribution \$250.00- |

| | | | |
|---|--|--|---|
| Last Name Tim | First Raynor | MI | Contribution ID # 0047 |
| Residential Street Address 12 Pepperwood Ln | City Branford | State CT | Zip Code 06405 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$500.00- |
| | | | Amount of Contribution \$250.00- |

| | | | |
|---|--|--|---|
| Last Name Michael | First Licamele | MI | Contribution ID # 0048 |
| Residential Street Address 18 Wells Hill Rd | City Easton | State CT | Zip Code 06612 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$500.00- |
| | | | Amount of Contribution \$250.00- |

| | | | |
|---|--|--|---|
| Last Name Jenell | First Lawson | MI M | Contribution ID # 0049 |
| Residential Street Address 60 Whittier Rd | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/23/2021 | Aggregate Contributions \$200.00- |
| | | | Amount of Contribution \$100.00- |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|--|
| Last Name Jenell | First Lawson | MI M | Contribution ID # 0049 |
| Residential Street Address 60 Whittier Rd | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation Deputy Director and VP of HR | Name of Employer Community Action Agency of New Haven, Inc. | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/23/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|--|
| Last Name Lucecita | First Melendez | MI | Contribution ID # 0045 |
| Residential Street Address 130 Coe Ave | City East Haven | State CT | Zip Code 06512 |
| Principal Occupation Supervisor | Name of Employer AMN Healthcare | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Date Received 09/23/2021 | Aggregate Contributions \$500.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|--------------------------|--|---|
| Last Name Sheila | First Carmon | MI | Contribution ID # 0040 |
| Residential Street Address 326 W Rock Ave | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 09/24/2021 | Aggregate Contributions \$200.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00- | |

| | | | |
|--|--------------------------|--|---|
| Last Name Shirley | First Joyner | MI | Contribution ID # 0041 |
| Residential Street Address 130 Judwin Ave | City New Haven | State CT | Zip Code 06516 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Date Received 09/24/2021 | Aggregate Contributions \$150.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$75.00- | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|--|---|
| Last Name Michele | First Rayner | MI | Contribution ID # 0042 |
| Residential Street Address 12 Pepperwood Ln | City Branford | State CT | Zip Code 06405 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2021 | Aggregate Contributions \$500.00- |
| | | Amount of Contribution \$250.00- | |

| | | | |
|---|---|--|--|
| Last Name Melissa | First Nixon | MI | Contribution ID # 0043 |
| Residential Street Address 79 Florence Rd | City Branford | State CT | Zip Code 06405 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2021 | Aggregate Contributions \$50.00- |
| | | Amount of Contribution \$25.00- | |

| | | | |
|---|---|--|---|
| Last Name John | First Brannelly | MI | Contribution ID # 0044 |
| Residential Street Address 1475 Burr St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2021 | Aggregate Contributions \$500.00- |
| | | Amount of Contribution \$250.00- | |

| | | | |
|--|---|---|--|
| Last Name John | First Brannelly | MI | Contribution ID # 0044 |
| Residential Street Address 1475 Burr St | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation Ovarian Cancer Advocate | Name of Employer Clarity Foundation | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2021 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|---|
| Last Name Melissa | First Nixon | MI | Contribution ID # 0043 |
| Residential Street Address 79 Florence Rd | City Branford | State CT | Zip Code 06405 |
| Principal Occupation N?A | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2021 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|---|---|--|
| Last Name Michele | First Raynor | MI | Contribution ID # 0042 |
| Residential Street Address 12 Pepperwood Ln | City Branford | State CT | Zip Code 06405 |
| Principal Occupation Teacher | Name of Employer City of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2021 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|---|---|
| Last Name Shirley | First Joyner | MI | Contribution ID # 0041 |
| Residential Street Address 130 Judwin Ave | City New Haven | State CT | Zip Code 06516 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2021 | Aggregate Contributions \$75.00 |
| | | Amount of Contribution \$75.00 | |

| | | | |
|--|---|---|--|
| Last Name Sheila | First Carmon | MI | Contribution ID # 0040 |
| Residential Street Address 326 W Rock Ave | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation Deputy Director | Name of Employer City of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/24/2021 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|---|--|
| Last Name Stephanie | | First Carmon | | MI | Contribution ID # 0039 |
| Residential Street Address 328 Westrock Ave | | City New Haven | | State CT | Zip Code 06515 |
| Principal Occupation G.I. Tech | | | Name of Employer City of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$20.22 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 09/25/2021 | |
| If yes, list Event # | | | | Aggregate Contributions \$20.22 | |

| | | | | | |
|--|--|--|---|---|--|
| Last Name Stephanie | | First Carmon | | MI | Contribution ID # 0039 |
| Residential Street Address 328 Westrock Ave | | City New Haven | | State CT | Zip Code 06515 |
| 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution \$20.22 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 09/25/2021 | |
| If yes, list Event # | | | | Aggregate Contributions \$40.44 | |

| | | | | | |
|--|--|--|---|--|---|
| Last Name Djana | | First Harp | | MI | Contribution ID # 0037 |
| Residential Street Address 71 Edgewood Way | | City New Haven | | State CT | Zip Code 06515 |
| 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution \$200.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 09/26/2021 | |
| If yes, list Event # | | | | Aggregate Contributions \$400.00 | |

| | | | | | |
|--|--|--|---|--|---|
| Last Name Joseph | | First Tagliari | | MI | Contribution ID # 0038 |
| Residential Street Address 265 Bradley St | | City New Haven | | State CT | Zip Code 06510-1104 |
| 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution \$100.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 09/26/2021 | |
| If yes, list Event # | | | | Aggregate Contributions \$200.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|--|---|
| Last Name Joseph | | First Tagliari | | MI | Contribution ID # 0038 |
| Residential Street Address 265 Bradley St | | City New Haven | | State CT | Zip Code 06510-1104 |
| Principal Occupation Dentist | | | Name of Employer Comprehensive Dental Health | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$100.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 09/26/2021 | |
| If yes, list Event # | | | | Aggregate Contributions \$100.00 | |

| | | | | | |
|--|--|--|--|--|---|
| Last Name Djana | | First Harp | | MI | Contribution ID # 0037 |
| Residential Street Address 71 Edgewood Way | | City New Haven | | State CT | Zip Code 06515 |
| Principal Occupation Healthcare | | | Name of Employer SWCHC | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$200.00 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 09/26/2021 | |
| If yes, list Event # | | | | Aggregate Contributions \$200.00 | |

| | | | | | |
|--|--|--|--|---|--|
| Last Name Carolyn | | First Carmon | | MI | Contribution ID # 0036 |
| Residential Street Address 21 Fairview Ave | | City Hamden | | State CT | Zip Code 06514 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution \$20.22 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 09/27/2021 | |
| If yes, list Event # | | | | Aggregate Contributions \$20.22 | |

| | | | | | |
|--|--|--|---|---|--|
| Last Name Carolyn | | First Carmon | | MI | Contribution ID # 0036 |
| Residential Street Address 21 Fairview Ave | | City Hamden | | State CT | Zip Code 06514 |
| 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution \$20.22 |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 09/27/2021 | |
| If yes, list Event # | | | | Aggregate Contributions \$40.44 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|--|---|
| Last Name Armando | First Cora | MI | Contribution ID # 0035 |
| Residential Street Address 52 Cedar Hill Rd | City Shelton | State CT | Zip Code 06484 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/28/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | |

| | | | |
|--|--|---|--|
| Last Name Armando | First Cora | MI | Contribution ID # 0035 |
| Residential Street Address 52 Cedar Hill Rd | City Shelton | State CT | Zip Code 06484 |
| Principal Occupation Assistant Fire Chief | Name of Employer City of Bridgeport | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/28/2021 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|--|
| Last Name Douglas | First Hausladen | MI | Contribution ID # 0034 |
| Residential Street Address 115 S Water St | City New Haven | State CT | Zip Code 06519 |
| Principal Occupation Executive Director | Name of Employer New Haven Parking Authority | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2021 | Aggregate Contributions \$250.00 |
| | | Amount of Contribution \$250.00 | |

| | | | |
|--|--|---|--|
| Last Name Kyle | First Daniels | MI | Contribution ID # 0033 |
| Residential Street Address 603 Whalley Ave | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2021 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|---|
| Last Name Anthony | First Hernandez | MI | Contribution ID # 0032 |
| Residential Street Address 5 Holland Rd | City East Haven | State CT | Zip Code 06512 |
| Principal Occupation Maintenance Tech | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2021 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|--|---|
| Last Name Anthony | First Hernandez | MI | Contribution ID # 0032 |
| Residential Street Address 5 Holland Rd | City East Haven | State CT | Zip Code 06512 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2021 | Aggregate Contributions \$100.00- |
| | | Amount of Contribution \$50.00- | |

| | | | |
|--|---|--|---|
| Last Name Kyle | First Daniels | MI | Contribution ID # 0033 |
| Residential Street Address 603 Whalley Ave | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | |

| | | | |
|--|---|--|---|
| Last Name Douglas | First Hausladen | MI | Contribution ID # 0034 |
| Residential Street Address 115 S Water St | City New Haven | State CT | Zip Code 06519 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/29/2021 | Aggregate Contributions \$500.00- |
| | | Amount of Contribution \$250.00- | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Felder | First Gwen | MI | Contribution ID # 0001 |
| Residential Street Address 279 Bassett St | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation Educational Assistant | Name of Employer Gateway Community College | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|---|-------------------------|--|--|
| Last Name Michael | First Martone | MI | Contribution ID # 0002 |
| Residential Street Address 52 Kenyon St | City Hartford | State CT | Zip Code 06105 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|--------------------------------|---|--|
| Last Name Kenny | First Howell | MI | Contribution ID # 0003 |
| Residential Street Address 25 Salem St | City Hartford | State CT | Zip Code 06114 |
| Principal Occupation N/A | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|--|
| Last Name Jonathan | First LeBlanc | MI | Contribution ID # 0004 |
| Residential Street Address 165 Park St | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation Server | Name of Employer JS Restaurant Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|---|
| Last Name Maria | First Carmona | MI | Contribution ID # 0005 |
| Residential Street Address 111 Williams Dr | City Guilford | State CT | Zip Code 06437 |
| Principal Occupation Owner | Name of Employer MVC BUSINESS SOLUTIONS LLC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|---|--------------------------|--|--|
| Last Name Felder | First Gwen | MI | Contribution ID # 0001 |
| Residential Street Address 279 Bassett St | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$50.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00- | |

| | | | |
|---|-------------------------|--|---|
| Last Name Michael | First Martone | MI | Contribution ID # 0002 |
| Residential Street Address 52 Kenyon St | City Hartford | State CT | Zip Code 06105 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00- | |

| | | | |
|---|-------------------------|--|---|
| Last Name Kenny | First Howell | MI | Contribution ID # 0003 |
| Residential Street Address 25 Salem St | City Hartford | State CT | Zip Code 06114 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00- | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | | |
|---|--------------------------|--|--|---|
| Last Name Jonathan | First LeBlanc | MI | Contribution ID # 0004 | |
| Residential Street Address 165 Park St | City New Haven | State CT | Zip Code 06511 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$500.00- |
| | | | Amount of Contribution \$250.00- | |

| | | | | |
|---|-------------------------|--|---|---|
| Last Name Maria | First Carmona | MI | Contribution ID # 0005 | |
| Residential Street Address 111 Williams Dr | City Guilford | State CT | Zip Code 06437 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00- |
| | | | Amount of Contribution \$50.00- | |

| | | | | |
|---|--------------------------|--|---|---|
| Last Name Cathy | First Graves | MI | Contribution ID # 0006 | |
| Residential Street Address 257 Stevenson Rd | City New Haven | State CT | Zip Code 06515 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00- |
| | | | Amount of Contribution \$50.00- | |

| | | | | |
|---|--------------------------|--|---|---|
| Last Name Daryl | First Jones | MI | Contribution ID # 0007 | |
| Residential Street Address 30 Whittier Rd | City New Haven | State CT | Zip Code 06515 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00- |
| | | | Amount of Contribution \$50.00- | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|--|--|---|
| Last Name Jose | First Echegaray | MI | Contribution ID # 0008 |
| Residential Street Address 1027 Main St. | City Stratford | State CT | Zip Code 06515 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | |

| | | | |
|---|--|--|---|
| Last Name Danny | First Pizzaro | MI | Contribution ID # 0009 |
| Residential Street Address 1491 Huntington Tpke | City Trumbull | State CT | Zip Code 06611 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | |

| | | | |
|---|--|--|---|
| Last Name Andrea | First Scott | MI | Contribution ID # 0010 |
| Residential Street Address 130 Roger White Dr | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | |

| | | | |
|---|--|--|---|
| Last Name Felicia | First Bond | MI | Contribution ID # 0011 |
| Residential Street Address 95 Carew Rd | City Hamden | State CT | Zip Code 06517 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00- |
| | | Amount of Contribution \$50.00- | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | | |
|---|-------------------------|--|------------------------------------|--|
| Last Name Dunn | First Pearson | MI | Contribution ID # 0012 | |
| Residential Street Address 378 Wintergreen Ave | City Hamden | State CT | Zip Code 06514 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$50.00- |
| | | Amount of Contribution \$25.00- | | |

| | | | | |
|---|--------------------------|--|------------------------------------|---|
| Last Name Madelyn | First Polanco | MI | Contribution ID # 0013 | |
| Residential Street Address 473 Whalley Ave | City New Haven | State CT | Zip Code 06511 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | | |

| | | | | |
|---|--------------------------------|--|------------------------------------|---|
| Last Name Martin | First Torresquintero | MI | Contribution ID # 0014 | |
| Residential Street Address 42 Front St | City New Haven | State CT | Zip Code 06513 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$150.00- |
| | | Amount of Contribution \$75.00- | | |

| | | | | |
|---|--------------------------|--|------------------------------------|---|
| Last Name Anaika | First Ocasio | MI | Contribution ID # 0015 | |
| Residential Street Address 120 Hyde St | City New Haven | State CT | Zip Code 06512 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | | |
|---|---------------------------|--|---|---|
| Last Name Anthony | First Paoletto | MI | Contribution ID # 0016 | |
| Residential Street Address 321 Lynne Pl | City Bridgeport | State CT | Zip Code 06610 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00- |
| | | | Amount of Contribution \$50.00- | |

| | | | | |
|---|---------------------------|--|--|---|
| Last Name Cathleen | First Simpson | MI | Contribution ID # 0017 | |
| Residential Street Address 115 Balmforth St | City Bridgeport | State CT | Zip Code 06605 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$500.00- |
| | | | Amount of Contribution \$250.00- | |

| | | | | |
|---|--------------------------|--|--|---|
| Last Name Laura | First Miller | MI | Contribution ID # 0018 | |
| Residential Street Address 45 Nash St Apt 14 | City New Haven | State CT | Zip Code 06511-2683 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | | Amount of Contribution \$100.00- | |

| | | | | |
|---|------------------------------|--|--|---|
| Last Name Erik | First Patchkofskey | MI | Contribution ID # 0019 | |
| Residential Street Address 182 Lawncrest Rd | City New Haven | State CT | Zip Code 06515 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | | Amount of Contribution \$100.00- | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---------------------------|--|---|
| Last Name Lonnie | First Blackwell | MI J | Contribution ID # 0020 |
| Residential Street Address 15 Boxwood Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00- | |

| | | | |
|---|--------------------------|--|---|
| Last Name Raymond | First Gradwell | MI CT | Contribution ID # 0021 |
| Residential Street Address 99 Milford Point Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00- | |

| | | | |
|---|--------------------------|--|---|
| Last Name Luvana | First Jones | MI CT | Contribution ID # 0022 |
| Residential Street Address 1190 Quinnipiac Ave | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$500.00- |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00- | |

| | | | |
|---|--------------------------|--|---|
| Last Name Toni N. | First Harp | MI CT | Contribution ID # 0023 |
| Residential Street Address 71 Edgewood Way | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00- | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | | |
|---|------------------------------|--|--|---|
| Last Name Kimberly | First Staley | MI | Contribution ID # 0024 | |
| Residential Street Address 17 Farm Hill Rd | City West Hartford | State CT | Zip Code 06107 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$300.00- |
| | | | Amount of Contribution \$150.00- | |

| | | | | |
|---|--------------------------|--|---|---|
| Last Name Eliezer | First Cruz | MI | Contribution ID # 0025 | |
| Residential Street Address 29 Clinton Ave | City New Haven | State CT | Zip Code 06513 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00- |
| | | | Amount of Contribution \$50.00- | |

| | | | | |
|---|----------------------------|--|--|---|
| Last Name William | First Pristina | MI | Contribution ID # 0026 | |
| Residential Street Address 31 Grandview Ter | City North Haven | State CT | Zip Code 06473 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | | Amount of Contribution \$100.00- | |

| | | | | |
|---|-------------------------|--|---|---|
| Last Name Marcos | First Paca | MI | Contribution ID # 0027 | |
| Residential Street Address 447 Whitney Ave | City Trumbull | State CT | Zip Code 06611 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00- |
| | | | Amount of Contribution \$50.00- | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | | |
|---|---------------------------|--|------------------------------------|---|
| Last Name Maria | First Ayala | MI | Contribution ID # 0028 | |
| Residential Street Address 70 Funston Ave | City Bridgeport | State CT | Zip Code 06606 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | | |

| | | | | |
|---|--------------------------|--|------------------------------------|---|
| Last Name William | First Geacio | MI | Contribution ID # 0029 | |
| Residential Street Address 120 Hyde St | City New Haven | State CT | Zip Code 06512 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$200.00- |
| | | Amount of Contribution \$100.00- | | |

| | | | | |
|---|---------------------------|--|------------------------------------|---|
| Last Name Stephen | First Perry | MI | Contribution ID # 0030 | |
| Residential Street Address 782 Ocean Ave | City West Haven | State CT | Zip Code 06516 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$400.00- |
| | | Amount of Contribution \$200.00- | | |

| | | | | |
|---|----------------------------|--|------------------------------------|---|
| Last Name Shafiq | First Abdussabur | MI | Contribution ID # 0031 | |
| Residential Street Address 670 Winthrop Ave | City New Haven | State CT | Zip Code 06511 | |
| Principal Occupation | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$400.00- |
| | | Amount of Contribution \$200.00- | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|--|--|
| Last Name Shafiq | First Abdussabur | MI | Contribution ID # 0031 |
| Residential Street Address 670 Winthrop Ave | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation Owner | Name of Employer ECO-URBAN PIONEERS CONSTRUCTION | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$200.00 |
| | | Date Received 09/30/2021 | Aggregate Contributions \$200.00 |

| | | | |
|--|--------------------------------|--|--|
| Last Name Stephen | First Perry | MI | Contribution ID # 0030 |
| Residential Street Address 782 Ocean Ave | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation N/A | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$200.00 |
| | | Date Received 09/30/2021 | Aggregate Contributions \$200.00 |

| | | | |
|--|---|--|--|
| Last Name William | First Ocacio | MI | Contribution ID # 0029 |
| Residential Street Address 120 Hyde St | City New Haven | State CT | Zip Code 06512 |
| Principal Occupation Owner | Name of Employer Thomas Malcolm and Associate | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$100.00 |
| | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |

| | | | |
|--|---|--|--|
| Last Name Maria | First Ayala | MI | Contribution ID # 0028 |
| Residential Street Address 70 Funston Ave | City Bridgeport | State CT | Zip Code 06606 |
| Principal Occupation Data Analyst | Name of Employer City of Bridgeport | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$100.00 |
| | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Marcos | First Paca | MI | Contribution ID # 0027 |
| Residential Street Address 447 Whitney Ave | City Trumbull | State CT | Zip Code 06611 |
| Principal Occupation Partner | Name of Employer Thomas Malcom and Associate | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$50.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|---|---|--|
| Last Name William | First Pristina | MI | Contribution ID # 0026 |
| Residential Street Address 31 Grandview Ter | City North Haven | State CT | Zip Code 06473 |
| Principal Occupation Owner | Name of Employer Modern Pizza | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|---|
| Last Name Eliezer | First Cruz | MI | Contribution ID # 0025 |
| Residential Street Address 29 Clinton Ave | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation administrator | Name of Employer The Community Foundation for Greater New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|--|
| Last Name Kimberly | First Staley | MI | Contribution ID # 0024 |
| Residential Street Address 17 Farm Hill Rd | City West Hartford | State CT | Zip Code 06107 |
| Principal Occupation CAO | Name of Employer Capital Workforce Partner | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$150.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$150.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|------------------------------------|---|--|
| Last Name Toni N. | First Harp | MI | Contribution ID # 0023 |
| Residential Street Address 71 Edgewood Way | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|--|
| Last Name Luvana | First Jones | MI | Contribution ID # 0022 |
| Residential Street Address 1190 Quinnipiac Ave | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation Owner | Name of Employer Curly Hair Salon | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|---|--------------------------------|---|--|
| Last Name Raymond | First Gradwell | MI | Contribution ID # 0021 |
| Residential Street Address 99 Milford Point Rd | City Milford | State CT | Zip Code 06460 |
| Principal Occupation Associate Vice President | Name of Employer AIE | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|------------------------------------|---|--|
| Last Name Lonnie | First Blackwell | MI J | Contribution ID # 0020 |
| Residential Street Address 15 Boxwood Ln | City Milford | State CT | Zip Code 06461 |
| Principal Occupation Retired | Name of Employer retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Erik | First Patchkofsky | MI | Contribution ID # 0019 |
| Residential Street Address 182 Lawncrest Rd | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation Director | Name of Employer City of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|--------------------------------|---|--|
| Last Name Laura | First Miller | MI | Contribution ID # 0018 |
| Residential Street Address 45 Nash St Apt 14 | City New Haven | State CT | Zip Code 06511-2683 |
| Principal Occupation Health advocate | Name of Employer IRC | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|--|
| Last Name Cathleen | First Simpson | MI | Contribution ID # 0017 |
| Residential Street Address 115 Balmforth St | City Bridgeport | State CT | Zip Code 06605 |
| Principal Occupation Labor relations director | Name of Employer City of Bridgeport | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$250.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$250.00 | |

| | | | |
|--|---|---|---|
| Last Name Anthony | First Paoletto | MI | Contribution ID # 0016 |
| Residential Street Address 321 Lynne Pl | City Bridgeport | State CT | Zip Code 06610 |
| Principal Occupation Special project manager | Name of Employer City of Bridgeport | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|---|---|---|--|
| Last Name Anaika | First Ocasio | MI | Contribution ID # 0015 |
| Residential Street Address 120 Hyde St | City New Haven | State CT | Zip Code 06512 |
| Principal Occupation Owner | Name of Employer The Serene Spot | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|---|
| Last Name Martin | First Torresquintero | MI | Contribution ID # 0014 |
| Residential Street Address 42 Front St | City New Haven | State CT | Zip Code 06513 |
| Principal Occupation Outdoor Adventure Coordinator | Name of Employer City of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$75.00 |
| | | Amount of Contribution \$75.00 | |

| | | | |
|---|---|---|--|
| Last Name Madelyn | First Polanco | MI | Contribution ID # 0013 |
| Residential Street Address 473 Whalley Ave | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation N/A | Name of Employer N/A | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|---|---|---|
| Last Name Cathy | First Graves | MI | Contribution ID # 0006 |
| Residential Street Address 257 Stevenson Rd | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation Director | Name of Employer City of New Haven | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|---|
| Last Name Daryl | First Jones | MI | Contribution ID # 0007 |
| Residential Street Address 30 Whittier Rd | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation Finance | Name of Employer Access health ct | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|--|
| Last Name Jose | First Echegaray | MI | Contribution ID # 0008 |
| Residential Street Address 1027 Main St . | City Stratford | State CT | Zip Code 06515 |
| Principal Occupation Mortgage Banker | Name of Employer Pryma Lending Group | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|---|---|--|
| Last Name Danny | First Pizzaro | MI | Contribution ID # 0009 |
| Residential Street Address 1491 Huntington Tpke | City Trumbull | State CT | Zip Code 06611 |
| Principal Occupation project coordinator | Name of Employer City of Bridgeport | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|--|------------------------------------|---|--|
| Last Name Andrea | First Scott | MI | Contribution ID # 0010 |
| Residential Street Address 130 Roger White Dr | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | | Date Received 09/30/2021 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|---|
| Last Name Felicia | First Bond | MI | Contribution ID # 0011 |
| Residential Street Address 95 Carew Rd | City Hamden | State CT | Zip Code 06517 |
| Principal Occupation Adult Probation Officer | Name of Employer State of Connecticut | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|---|
| Last Name Dunn | First Pearson | MI | Contribution ID # 0012 |
| Residential Street Address 378 Wintergreen Ave | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation Advertising | Name of Employer All Dunn Advertising | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 09302021A | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 09/30/2021 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$5,920.44 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$5,920.44 |

(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 |
| Maritza Bond For CT | October 10 Filing - Amendment |

C1. Contributions from Other Committees

| | | | |
|-------------------|---|----------|-------------------------|
| Name of Committee | Name of Treasurer | | |
| Address | Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # | | Amount of Contribution |
| City | State | Zip Code | Date Received |
| | | | Aggregate Contributions |

| | | | |
|----------------------------|--|--|--|
| Total of Section C1 | | | |
|----------------------------|--|--|--|

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|-------------|----------|---|-------------------------------|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Maritza Bond For CT | | | | October 10 Filing - 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 | | | | |
| Total of Section C2 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | | |
|--|--|------|-----------------|-------------------------------|---|-------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | | |
| Maritza Bond For CT | | | | October 10 Filing - 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) | | | | | | |
| Street Address | | City | State | Zip Code | Amount Received | |
| Total of Section D | | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - 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 | |
| Total of Section E | | |

I. Monetary Receipts (Section A-I)

| | |
|---------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

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 |
| Maritza Bond For CT | October 10 Filing - Amendment |

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

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

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

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 |
| Maritza Bond For CT | October 10 Filing - Amendment |

J1. Event Information

| | | | |
|--|-------------|-----------------------------|--|
| Event # Date of Event 09/30/2021 | Letter A | Description Dinner Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-------------|-----------------------------|--|

| | | | |
|--|-------------------|-------------|-------------------|
| Location: Street Address 937 State St | City New Haven | State CT | Zip Code 06511 |
|--|-------------------|-------------|-------------------|

| | | |
|--|--|---|
| Was this event hosted at a personal residence? | <input type="checkbox"/> 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. |
| | <input checked="" type="checkbox"/> 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? | <input checked="" type="checkbox"/> Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. |
| | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | (If yes, enter Total Receipts here.) | <input type="text" value="\$0.00"/> |
| | <input checked="" type="checkbox"/> No | | |

Total of Section J1

\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - Amendment |

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 |
| Maritza Bond For CT | October 10 Filing - 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 | | |
| 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 |
| Maritza Bond For CT | October 10 Filing - Amendment |

K. In-Kind Contributions

| | | | |
|--|---------------|---|--|
| Name | | | |
| Street Address | | City | State Zip Code |
| Is this contribution associated with an event reported in Section J1? If yes, list Event# | Yes No | Description of In-Kind Contribution | |
| 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 |
| Maritza Bond For CT | October 10 Filing - 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 |
| Maritza Bond For CT | October 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-------------------|
| Name of Payee Maritza Bond | Date of Payment 09/21/2021 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 784 Quinnipiac Ave | City New Haven | State CT | Zip Code 06511 |
| Purpose of Expend REF | Description Refund initial payment that was made in error | 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 # |
| | | | \$5.00 |
| Total of Section N | | | \$5.00 |

IV. EXPENDITURES (Sections N - S)

| | | | |
|---|-------------------------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | | |
| | October 10 Filing - 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 |
| 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 |
| Maritza Bond For CT | October 10 Filing - 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 | | | | |

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

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - 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 |
| Maritza Bond For CT | October 10 Filing - 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 | | | | |
| Total of Section R | | | | |

IV. EXPENDITURES (Sectuibs N - S)

| | |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Maritza Bond For CT | October 10 Filing - 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 | | | | |
| 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 |