

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Waterbury Working Class Pac			
3. TREASURER NAME			
First	MI	Last	Suffix
Juan	F	Miranda	Jr
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
547 Bucks Hill Rd	Waterbury	CT	06704
5. TYPE OF REPORT			
Initial Contribution or Disbursement - Original			
6. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2025		07/25/2025	
thru			
7. 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, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof. Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national.			
Electronic Filing	Juan Miranda	07/27/2025 4:55:14PM	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</p>			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
 For Independent Expenditure Political Committees
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Waterbury Working Class Pac	Initial Contribution or Disbursement -	Original
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$0.00
9. Balance on hand at the beginning of Reporting Period	\$0.00	
10. Monetary Receipts (Section A and B)	\$2,570.00	\$2,570.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$2,570.00	\$2,570.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$2,570.00	\$2,570.00
14. Expenses Paid by Committee (Section G)	\$0.00	\$0.00
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$2,570.00	\$2,570.00
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$2,228.63	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$2,228.63	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

A. Total Contributions from Small Individual Contributors-Received this Period ONLY	\$0.00
<i>(See instructions for definition of Small Individual Contributor)</i>	Subtotal Section A

B. Itemized Monetary Receipts

Name ADRIAN MORALES				
Street Address 102 Martone St		City Waterbury	State CT	Zip Code 06708
Principal Occupation (if applicable) CAE		Name of Employer (if applicable) GONETSPEED		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? If yes, list Event # 07242025A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Check <input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> EFT <input type="checkbox"/> Money Order
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with:		Aggregate Receipts \$40.00
Description (if applicable)			Date Received 07/24/2025	Amount Received \$40.00

Name PAUL J VANCE				
Street Address 24 Summit Rdg		City Watertown	State CT	Zip Code 06795
Principal Occupation (if applicable) ATTORNEY		Name of Employer (if applicable) SELF EMPLOYED		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? If yes, list Event # 07242025A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Check <input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> EFT <input type="checkbox"/> Money Order
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with:		Aggregate Receipts \$100.00
Description (if applicable)			Date Received 07/24/2025	Amount Received \$100.00

Name SAM LEWIS				
Street Address 173 Old Bound Rd		City Wolcott	State CT	Zip Code 06716
Principal Occupation (if applicable)		Name of Employer (if applicable) TOWN OF CROMWELL		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		<input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$100.00	
If yes, list Event # 07242025A	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received
Description (if applicable)		Date Received 07/24/2025	\$100.00	

Name ROSALBA MIRANDA				
Street Address 547 Bucks Hill Rd		City Waterbury	State CT	Zip Code 06704
Principal Occupation (if applicable) LEAD PERSON		Name of Employer (if applicable) NEOPERL		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		<input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$200.00	
If yes, list Event # 07242025A	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received
Description (if applicable)		Date Received 07/24/2025	\$200.00	

Name Juan F Miranda			
Street Address 547 Bucks Hill Rd		City Waterbury	State CT
Zip Code 06704		Principal Occupation (if applicable) DRIVER	
Name of Employer (if applicable) UPS		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No	
Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$100.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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	
Description (if applicable) Open IE account		Date Received 07/24/2025	Amount Received \$100.00

Name ROSEANN G LAMAS			
Street Address 555 Bucks Hill Rd		City Waterbury	State CT
Zip Code 06704		Principal Occupation (if applicable) RETIRED	
Name of Employer (if applicable)		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes If yes, list Event # 07242025A <input type="checkbox"/> No	
Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$100.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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	
Description (if applicable)		Date Received 07/24/2025	Amount Received \$100.00

Name CRYSTAL L ROMAN			
Street Address 271 Dorchester Ave		City Waterbury	State CT
Zip Code 06704		Principal Occupation (if applicable) BUS DRIVER	
Name of Employer (if applicable) HISPANIC COALITION		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts \$40.00	
If yes, list Event # 07242025A <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Description (if applicable)	
Date Received 07/24/2025		\$40.00	

Name CATHERINE M ORTIZ			
Street Address 1083 E Main St		City Waterbury	State CT
Zip Code 06705		Principal Occupation (if applicable) DIRECTOR REC CTR	
Name of Employer (if applicable) CITY OF WATERBURY		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts \$40.00	
If yes, list Event # 07242025A <input type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Description (if applicable)	
Date Received 07/24/2025		\$40.00	

Name VANESSA IRIZARRY				
Street Address 181 Dellwood Dr		City Waterbury	State CT	Zip Code 06708
Principal Occupation (if applicable) THERAPIST		Name of Employer (if applicable) SOLIDARITY COUSELING		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$40.00	
If yes, list Event # 07242025A	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount Received
Is contributor a state contractor, prospective state contractor or principal thereof? <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				
Description (if applicable)			Date Received 07/24/2025	\$40.00

Name JESSICA RODRIGUEZ				
Street Address 52 Ridge St		City Waterbury	State CT	Zip Code 06706
Principal Occupation (if applicable) TEACHER		Name of Employer (if applicable) CITY OF WATERBURY		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$40.00	
If yes, list Event # 07242025A	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount Received
Is contributor a state contractor, prospective state contractor or principal thereof? <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				
Description (if applicable)			Date Received 07/24/2025	\$40.00

Name ABIGAIL DIAZ				
Street Address 169 Mount Vernon Ave		City Waterbury	State CT	Zip Code 06708
Principal Occupation (if applicable) LPN		Name of Employer (if applicable) THE BRADLEY HOME		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$100.00
If yes, list Event # 07242025A		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received
Is contributor a state contractor, prospective state contractor or principal thereof? <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		
Description (if applicable)			Date Received 07/24/2025	\$100.00

Name ZAIDA MARTINEZ				
Street Address 77 Simsbury St		City Waterbury	State CT	Zip Code 06704
Principal Occupation (if applicable) DIRECTOR		Name of Employer (if applicable) NEW OPPORTUNITIES INC.		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$50.00
If yes, list Event # 07242025A		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received
Is contributor a state contractor, prospective state contractor or principal thereof? <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		
Description (if applicable)			Date Received 07/24/2025	\$50.00

Name JULIA GENTILE				
Street Address 229 Spindle Hill Rd		City Wolcott	State CT	Zip Code 06716
Principal Occupation (if applicable) PATIENT CARE TECH		Name of Employer (if applicable) HARTFORD HEALTH CARE		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes If yes, list Event # 07242025A <input type="checkbox"/> No		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$50.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received
Description (if applicable)			Date Received 07/24/2025	\$50.00

Name CLAUDIA WILKINS				
Street Address 730 Waterville St		City Waterbury	State CT	Zip Code 06710
Principal Occupation (if applicable) ACCOUNTANT		Name of Employer (if applicable) CLAVETTE & COMPANY		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes If yes, list Event # 07242025A <input type="checkbox"/> No		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$50.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received
Description (if applicable)			Date Received 07/24/2025	\$50.00

Name MICHAEL GROSSO				
Street Address 4 Norman St		City Waterbury	State CT	Zip Code 06708
Principal Occupation (if applicable) DRIVER		Name of Employer (if applicable) CENTERAL CT. CABLE		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 07242025A		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$40.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received
Description (if applicable)			Date Received 07/24/2025	\$40.00

Name JEFFERY SANTOPIETRO				
Street Address 34 Southgate Rd		City Waterbury	State CT	Zip Code 06708
Principal Occupation (if applicable) RETIRED		Name of Employer (if applicable)		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 07242025A		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$100.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received
Description (if applicable)			Date Received 07/24/2025	\$100.00

Name JOSE CANCEL			
Street Address 604 Frost Rd		City Waterbury	State CT
Zip Code 06705		Principal Occupation (if applicable) MAINTENANCE	
Name of Employer (if applicable) CITY OF WATERBURY		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts \$80.00	
If yes, list Event # 07242025A <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Description (if applicable)	
Date Received 07/24/2025		\$80.00	

Name DAVE GUGLIOTTI			
Street Address 95 Sky Hill Dr		City Wolcott	State CT
Zip Code 06716		Principal Occupation (if applicable) DRIVER	
Name of Employer (if applicable) RW		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts \$40.00	
If yes, list Event # 07242025A <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received	
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Description (if applicable)	
Date Received 07/24/2025		\$40.00	

Name REYNALDO MELENDEZ			
Street Address 33 Natalie Ter		City Waterbury	State CT
Zip Code 06705		Principal Occupation (if applicable) RETIRED	
Name of Employer (if applicable)			
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts \$40.00
If yes, list Event # 07242025A		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a state contractor, prospective state contractor or principal thereof? <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	
Description (if applicable)		Date Received 07/24/2025	Amount Received \$40.00

Name JOSEPH SANTOPIETRO			
Street Address 34 Southgate Rd		City Waterbury	State CT
Zip Code 06708		Principal Occupation (if applicable) REAL ESTATE	
Name of Employer (if applicable) SPERRY ST LLC			
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts \$200.00
If yes, list Event # 07242025A		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a state contractor, prospective state contractor or principal thereof? <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	
Description (if applicable)		Date Received 07/24/2025	Amount Received \$200.00

Name ANDRE MICHAUD				
Street Address 175 Columbia Blvd		City Waterbury	State CT	Zip Code 06710
Principal Occupation (if applicable) RETIRED		Name of Employer (if applicable)		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		<input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts
If yes, list Event # 07242025A <input type="checkbox"/> No		<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received
Description (if applicable)			Date Received 07/24/2025	\$100.00

Name STEVE PEDBEREZNAK				
Street Address 1662 Musco View Ave		City Cheshire	State CT	Zip Code 06410
Principal Occupation (if applicable) CONSULTANT		Name of Employer (if applicable) NINJA REPUBLIC		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		<input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts
If yes, list Event # 07242025A <input type="checkbox"/> No		<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$100.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received
Description (if applicable)			Date Received 07/24/2025	\$100.00

Name BRYAN A HERON				
Street Address 19 Boland Dr		City Waterbury	State CT	Zip Code 06705
Principal Occupation (if applicable) MAINTENANCE		Name of Employer (if applicable) CITY OF WATERBURY		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of Receipt <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$40.00
If yes, list Event # 07242025A		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received
		Is contributor a state contractor, prospective state contractor or principal thereof? <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		
Description (if applicable)			Date Received 07/24/2025	\$40.00

Name MICHAEL LANESE				
Street Address 7 Kaynor Dr		City Waterbury	State CT	Zip Code 06708
Principal Occupation (if applicable) SELF EMPLOY		Name of Employer (if applicable) AUTO REGISTRATION SERVICES LLC		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Affiliated Organization <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$280.00
If yes, list Event # 07242025A		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount Received
		Is contributor a state contractor, prospective state contractor or principal thereof? <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		
Description (if applicable)			Date Received 07/24/2025	\$280.00

Name FINBAR O'NEILL			
Street Address 241 Hudson St		City Hackensack	State NJ
Zip Code 07601		Principal Occupation (if applicable) REAL ESTATE OWNER	
Name of Employer (if applicable) TAFTVILLE LANDING LLC		Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	
Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		Is this receipt associated with an event reported in Section F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts \$500.00	
If yes, list Event # 07242025A <input type="checkbox"/> No		<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <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		Amount Received	
Description (if applicable)		Date Received 07/24/2025	\$500.00
Total of Section B			\$2,570.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			\$2,570.00

I. RECEIPTS (Section A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Waterbury Working Class Pac			Initial Contribution or Disbursement - Original	
C. Loans Received this Period				
Name of Lender		Source of Loan:		Date of Receipt
		<input type="checkbox"/> Bank	<input type="checkbox"/> Individual	<input type="checkbox"/> Committee
		<input type="checkbox"/> Other		
Street Address		City	State	Zip Code
Is there a cosigner or Guarantor of this loan?				Yes No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address		City	State	Zip Code
Total of Section C				

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

D. In-Kind Contributions

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

Total of Section D

I. Receipts (Sections A - E)

NAME OF COMMITTEE	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

E. Refundable Deposit to Telephone Company

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

Total of Section E

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

F. Event Information

Event #	Letter	Description	Was this a fundraising event?	
Date of Event			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
07/24/2025	A	Dinner Event		
Location: Street Address		City	State	Zip Code
971 Main St		Watertown	CT	06795

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	
		Check #	EFT
		Debit Card	
Street Address	City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)		Event #
Yes No If yes, complete Section G. Addendum			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)	Office Sought	Supported Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section Number G	Associated with Referendum? Yes No
Yes No			Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	Expenditure Number Section Number I		Final or Full Payment Partial with Balance Owing
Yes No			

Total of Section G

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)	Event #
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Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)	Office Sought	Supported Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H	Associated with Referendum? Yes No	Amount
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Total of Section H

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

I. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor TAVERNA MEDITRRANEO		Date Incurred 07/24/2025	
Street Address 971 Main St	City Watertown	State CT	Zip Code 06795
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section I. Addendum	Description FUNDRAISER DINNER EVENT TO BE PAY AT LATER DATE		Event # 07242025A
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) FNDR *	Expenditure Number Section Number I	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Amount \$2,228.63

Total of Section I	\$2,228.63
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
		Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? Yes No If yes, complete Section J. Addendum	Description		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)		Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number J	Associated with Referendum? Yes No	Amount

Total of Section J

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number Section Number	
Address of Person Making Contribution - City	State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Waterbury Working Class Pac	Initial Contribution or Disbursement - Original

L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section Number	
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

G. Expenses Paid By Committee - Addendum

Expenditure Number as reported in Section G G	Total Amount of the Expenditure
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Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

H. Expenses Incurred on Committee Credit Card - Addendum

Expenditure Number as reported in Section H	Total Amount of Expenditure
H	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

I. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure Number as reported in Section I	Total Amount of the Expenditure
I	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	

Section J. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
J. Itemization of Reimbursements and Secondary Payees - Addendum			
Expenditure Number as reported in Section J	Total Amount of the Expenditure		
J			
Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	