#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED FOR FILING OCT 3 0 2019 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Page 1 of 17

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#### **COVER PAGE**

1. NAME OF COMMITTEE		e es es es es es							
Carfora 2019									
2. TREASURER NAME								·········	
First	1	М		Last					Suffix
Richard				Esposi	to				
3. TREASURER ADDRESS									
Street Address			City				State	Zip (	
56 Morgan Ave			Eas	st Haver	1		СТ	06	512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	te only	if Candidate	Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/05/2019	Mayor							(if applicable	e)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI		Last					Suffix
Joseph				Carfor	а				
8. TYPE OF REPORT (Check One Box)							• •		
O January 10 filing	7th day preced	ding primar	у	<b>○</b> 7th	day preceding referendum		Initial Con		or Disbursement
O April 10 filing	O30 days follow	ving primar							
OJuly 10 filing	<b>⊙</b> 7th day preced	_							
October 10 filing	12th day prece			<b>○</b> Ter	mination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving electio							
9. PERIOD COVERED									
	Beginning Da	te			Ending Date				
-	10/01/2019		_	thru	10/27/2019				
10. CERTIFICATION					No. of the second secon		mmaaa aan aan aan aan aan aan aan aan aa		***************************************
I hereby certify and state, under p Disclosure Statement for the per	enalties of false s	statement, rue, accu	that a	all of the	information set forth on plete.	this Ite	mized Ca	ımpaign I	Finance
Richard Esposito 10/29/2019							2019		
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		PRIN	TNAME	OF SIGNER			DATE	(mm/dd/yyyy)
A person who is					plated any provisions of prisonment or both.	the cam	paign fin	ance stat	utes
					******				

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Carfora 2019	7th Day Preceding Election							
	COLUMN A This Period	COLUMN B Aggregate						
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00						
12. Balance on hand at the beginning of Reporting Period	5959.56							
13. Contributions Received from Individuals (Sections A and B)	13,480	37,891.15						
14. Receipts from Other Committees (Sections C1 and C2)	0.00	625.00						
15. Other Monetary Receipts (Sections D through K)	5,000	5,000						
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00						
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		·						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	250.00	2,325.00						
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	18,730.00	39,245.93						
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	24,689.56	24.689.56						
19. Expenses Paid by Committee (Section P)	16,014.29	38,360.37						
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	8,675.27	8,675.27						
21. In-Kind Donations not Considered Contributions Received (Section L4)								
22. In-Kind Donations not Considered Contributions — House Party (Section L5)								
23. In-Kind Contributions Received (Section M)	588.88							
24. Refundable Deposit to Telephone Company (Section N)								
25. Loan Balance								
25a. + Loans Received (Section D)								
25b. + Interest and Penalties on Loan								
25c Payments on Loan								
25d. Total Outstanding Loan Amount								
26. Campaign Expenses Paid by Candidate (Section Q)								
27. Expenses Incurred on Committee Credit Card (Section R)								
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)								
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)								

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Carfora 2019			7th Da	ay Preceding	; Filing	J		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S		s Period ONLY OTAL SECTION A	\$					
B. Itemized Con	ıtribu	ıtions from Individ	duals					
Last Name	Firs						М	
Abbott	Li	nda						
	City				State	Zip (		
53 Laurel St	East	Haven			CT	06	512	
Principal Occupation		Name of Employer						
Retired								
	obbyist? O No does contributor or business he/she is associated with have a contract with said municipality					Amount of Contrib		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes   Is contributor a principal of a s   If yes, indicate which bran of government the contract	ich or b	ranches	e contrac Legi	No				
Method of Contribution:		Date Received		e Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/03/2019	80.00	ì				
Last Name	Firs	<u>l</u> st	L				МІ	
Abbott	Li	inda						
Residential Street Address	City				State	Zip (	Code	
53 Laurel St	East	ast Haven CT 0					512	
Principal Occupation		Name of Employer						
retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a can	didate for a chief executive intensity in the contract Yes No	e officer with said	of a municipality municipality		ount o	t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10272019a  Section 2.17  Yes   Is contributor a principal of a section L1?  If yes, list Event # 10272019a	nch or t	branches		<b>⊙</b> No				
Method of Contribution:		Date Received		e Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/27/2019	205.0	00				
Last Name	Fin						MI	
Acabbo	J	oanne			•			
	City	Haven			State	_	Code	
127 French ave	Easi	···			СТ	00	512	
Principal Occupation		Name of Employer						
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount o 5.00	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10272019a  Section L1?  No  No  Is contributor a principal of a section L1?  If yes, indicate which brain of government the contract	nch or b	oranches	_	ŌNo				
Method of Contribution:  Date Received Aggregate Contributions								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/27/2019	200.0	00				
SUBT	гота	L Section B — This	Page	265.00				
ТОТАІ	J of ac	lditional Section B I	Pages	13,215				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections Aumn A of Summary Page		13,480				

### Section B ADDITIONAL PAGE 3a of 17

NAME OF COMMITTEE (Provide Complete Nam	ue as Registered with Filing Repository)	4 (3 A),		TYPE OF REPORT					
Carfora 2019				7th Day Precedin	g Filin	9			
A. Total Contributions from Si (See instructions for definition of Small of	一直一直的 一直 医二二二甲基二二甲基乙二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二甲基二		is Period ONLY OTAL SECTION A	\$					
	B. Itemized Co.	ntrib	utions from Indivi	duals					
Last Name		Fi	rst				МІ		
Albis		J	ames						
Residential Street Address		City			State	1	Code		
55 Sharon Dr		East	Haven		СТ	06	512		
Principal Occupation Name of Employer									
Senior Advisor			CT department of	energy and enviro	onment	:al			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		is in excess of \$400 to a candidate for a chief executive officer of a municipality, or or business he/she is associated with have a contract with said municipality than \$5,000?  Yes  No				ount o	f Contribution		
event reported in Section L1?	Yes No Is contributor a principal of a significant which brain of government the contract	nch or l	branches	No No					
If yes, list Event #  Method of Contribution:	of government the contrac	21 15 WII	Date Received	Aggregate Contributions	_				
Cash Personal Check Credit/Debit C	Card OPavroll Deduction OMoney	Order		İ					
Last Name		Fi					МІ		
Alpine			/incent						
Residential Street Address		City			State	Zip	Code		
33 Hartman ave		east	haven	ct	06	512			
Principal Occupation Name of Employer									
Representitive BAC Local CT									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality		ount o	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Ye	S				
Method of Contribution:			Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order	10/17/2019	125.00					
Last Name		- 1	irst				М		
Balter		'	Joshua						
Residential Street Address		City			State	-	Code		
35 Red Bluff Rd		Eas	t Haven		СТ	U	3512 		
Principal Occupation Attorney			Name of Employer Balter Law						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					.00	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	• No	S )				
Method of Contribution:			Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	10/03/2019	90.00					
	SUB'	TOTA	AL Section B — This	Page 160.00					
	ТОТА	L of a	dditional Section B	Pages 13,055					
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		OIVIDUALS (Sections lumn A of Summary Page						

# Section B ADDITIONAL PAGE 3b of 17.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Carfora 2019			7th Day Precedin	g Filing			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$		·		
B. Itemized Co.	atrib	utions from Indivi	duals		MM		
Last Name		rst				М	
Balter	L	isa					
Residential Street Address	City	···········		State	Zip	Code	
35 Red Bluff Rd	East	t Haven		CT	06	513	
Principal Occupation		Name of Employer					
Owner Balter Travles		Balter Travel ager	псу				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Oyes  No				of Contribution	
Is this contribution associated with an event reported in Section L1?  We list Event # 10032019a  Yes Is contributor a principal of a significant which brain of government the contract	nch or	branches _	e contractor? Yes OLegislative				
7,700,700 20,700,700	21 12 WH	Date Received	Aggregate Contributions	_			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	1	65.00				
Last Name		irst				МІ	
Balter		_isa					
Residential Street Address	City			State	Zip	Code	
35 Red Bluff Rd	_	t Haven		CT	1 1	513	
Principal Occupation		Name of Employer			<u> </u>		
Owner Balter Travles Balter travel agency							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	315.00				
Last Name	F	irst				М	
Barnick		Joseph					
Residential Street Address	City	a		State	1 *	Code	
3 Leonardo	Non	th Haven		СТ	06	3472	
Principal Occupation		Name of Employer					
Owner		Barnick truck and	· •				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo 250		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes  No  Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	branches	_ ONo				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	250.00				
SUB	ГОТА	AL Section B — This	Page 515.00				
TOTA	Lofa	dditional Section B l	Pages 12,540.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Jumn A of Summary Page					

# Section B ADDITIONAL PAGE 3c of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Carfora 2019			7th Day Preceding Filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)  S		is Period ONLY OTAL SECTION A	\$					
B. Itemized Con	tribu	itions from Individ	duals					
Last Name	Fire					MI		
Barrett		indy			·			
	City	1.1		State	Zip (			
30 Silver Sands rd	East	Haven		СТ	06	512		
Principal Occupation		Name of Employer						
Owner		Little Bears day ca	are					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amo	f Contribution			
event reported in Section L1? No If yes, indicate which bran								
If yes, list Event # 10172019a of government the contract  Method of Contribution:	C 15 1114	Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	100.00					
Last Name	Fin	st				МІ		
Barrett	1	lichael						
	 City			State	Zip (	Code		
30 Silver Sands Rd	•	Haven		СТ	1 1	512		
Principal Occupation Name of Employer								
Supervisor Sims metal								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amo		f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No If yes, list Event # 10172019a  Is contributor a principal of a section L1?  If yes, list Event # 10172019a	nch or l	branches _	te contractor? Yes					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	275.00					
Last Name	Fir					М		
Benivegna	I N	/lichelle						
	City			State	1 1	Code		
20 South st	East	Haven		СТ	06	512		
Principal Occupation		Name of Employer						
Service Associate		Morgan Stanley						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o 5.00	f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No Is contributor a principal of a significant which brain of government the contract	nch or l	branches	_ ONo					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	155.00					
SUBT	ГОТА	L Section B — This	Page 325.00					
TOTAL	of a	dditional Section B l	Pages 12,215					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A Jumn A of Summary Page						

# Section B ADDITIONAL PAGE 3d of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Carfora 2019				7th Day Preceding Filing					
A. Total Contributions from Sm (See instructions for definition of Small Co.	· · · · · · · · · · · · · · · · · · ·		is Period ONLY OTAL SECTION A	\$					
	B. Itemized Con	tribu	utions from Indivi	duals		ejirer			
Last Name		Fir	st					MI	
Caldwell		Je	ennifer						
Residential Street Address		City				State	1 1	Code	
69 Kimberly cir		Norti	h Haven			СТ	06	6473	
Principal Occupation			Name of Employer						
CHNCY									
or dependent child of a lobbyist?  No		400 to a candidate for a chief executive officer of a municipality (she is associated with have a contract with said municipality Pyes ONo					ount 6 5.00	of Contribution	
1 1	Is contributor a principal of a s  If yes, indicate which bran  of government the contract	ch or t	oranches		No		120.00		
If yes, list Event # 10172019a  Method of Contribution:	2 80 tollimont die contract	FILU	Date Received		e Contributions	1			
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	10/17/2019	125.0	00				
Last Name		Fir	zţ	<u></u>		.1		МІ	
Camera		V	'incent						
Residential Street Address		City				State	Zip	Code	
43 Foote PI		East Haven CT 06512						3512	
Principal Occupation	<u> </u>		Name of Employer						
Retired									
or dependent child of a lobbyist? • No	If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?	o a can	adidate for a chief executive ciated with have a contract Yes No	e officer with said	of a municipality I municipality		.00	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a		nch or	branches _	_	<b>⊙</b> No				
Method of Contribution:			Date Received	, <u> </u>	e Contributions	1			
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	10/17/2019	20.0	D				
Last Name			rst	•			•	МІ	
Capone		_   J	udith						
Residential Street Address		City				State	1 *	Code	
20 Twin Lakes Rd		Nort	h Branford			СТ	00	6471	
Principal Occupation Retired			Name of Employer						
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						.00	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a		ich or l	branches _	_	<b>⊙</b> No				
Method of Contribution:	Method of Contribution:  Date Received Aggregate Contributions								
Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	10/03/2019	60.00	)				
	SUBT	OTA	L Section B — This	Page	205.00				
	TOTAL	of a	dditional Section B	Pages	12,010				
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line )		IVIDUALS (Sections Aummary Page						

# Section B ADDITIONAL PAGE 3e of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	4,5756.5		TYPE OF REPORT					
Carfora 2019			7th Day Preceding Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$					
B. Itemized Co.	ntribu	tions from Individ	luals					
Last Name	First						МІ	
Capone		ıdith 			1-20-0010	- <del></del>		
Residential Street Address	City				State	Zip (		
20 Twin Lakes Rd	North	Branford			CT	064	4/1	
Principal Occupation		Name of Employer						
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract OYes ONo	with said	municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes   Is contributor a principal of a fixed fix	nch or br	ranches	_	O No				
Method of Contribution:		Date Received	Aggregat	e Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/03/2019	110.0	0				
Last Name	First	¢	<u> </u>		1		MI	
Capone	Ju	ıdith						
Residential Street Address	City	<del>.</del>		•	State	Zip (		
20 Twin Lakes Rd	North	Branford			CT	06	471	
Principal Occupation	, 	Name of Employer				1		
Retired Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ŀ	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  **Moderate of Section L1?**  **If yes, list Event # 10172019a*  **If yes, list Event # 10172019a*  **If yes, indicate which brateful of government the contral of government the government the government the government of government the government the government of government o	anch or b	oranches _		<ul><li>No</li></ul>				
Method of Contribution:		Date Received		e Contributions	7			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	10/17/2019	485.0	00				
Last Name	Firs				•		МІ	
Cesare	Ai	manda						
Residential Street Address	City				State	1 1	Code	
140 Thompson st	East	Haven			СТ	06	513	
Principal Occupation		Name of Employer		<u> </u>			· -	
Med Assistant		Gastro Med Grou	р					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					<sup>7</sup> , Am 25.		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes Is contributor a principal of a figure which bra of government the contra	anch or b	oranches		<b>⊙</b> No				
Method of Contribution:  Date Received Aggregate Contributions								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	10/03/2019	25.00	)				
SUBTOTAL Section B — This Page 550.00								
TOTAL of additional Section B Pages 11,460.00								
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	IVIDUALS (Sections A	A + B) Totals)			•		
	,	J J						

# Section B ADDITIONAL PAGE 3f of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Carfora 2019				7th Day Preceding Filing				
A. Total Contributions from Si (See instructions for definition of Small of			nis Period ONLY OTAL SECTION A	\$				
	B. Itemized Cor	ntrib	utions from Indivi	duals				
Last Name		Fi	rst					MI
Cesare		V	Marianne					
Residential Street Address		City			- 1	State	1 1	Code
8 Felicia dr		east	t haven			CT	06	512
Principal Occupation			Name of Employer					
Paraprofessional			EH board of Ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Ores  No			Amo: 25.0	f Contribution		
	Yes Is contributor a principal of a s				Yes			
event reported in Section L1?  If yes, list Event #	No If yes, indicate which bran of government the contract							
Method of Contribution:			Date Received Aggregate Contributions					
Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMoney	Order	10/06/2019	225.00				
Last Name		Fi	irst	I		<b>-</b>		МІ
Cesare		1	<b>V</b> arianne					
Residential Street Address		City				State	Zip	Code
8 Felicia Dr		Eas	t Haven			CT	06	513
Principal Occupation			Name of Employer				1	
paraprofessional			Eh Board of Ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo		f Contribution
	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or	branches	te contractor?	Yes No			
Method of Contribution:			Date Received	Aggregate Contributi	ons			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	10/03/2019	285.00				
Last Name		- 1	îrst					MI
Cesare		1	Richard					
Residential Street Address		City			i	State	1	Code
8 Felicia Dr		Las	st Haven			СТ	06	6513 
Principal Occupation			Name of Employer					
retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo 500		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or	branches	_ (	Yes No			
Method of Contribution:								
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	y Ordei	10/17/2019	500.00				
	SUB	ГОТ	AL Section B — This	Page 585.00				
	TOTAL	Lofa	additional Section B	Pages 10,875	.00			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	M INI 13, Co	DIVIDUALS (Sections . Jumn A of Summary Page	A + B) Totals)				

# Section B ADDITIONAL PAGE 3g of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Carfora 2019			7th D	h Day preceding filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$				,	
B. Itemized Co	ntrit	outions from Individ	duals		de de la	Ŋ vin		
Last Name	F	First				***************************************	М	
Chieppo	- 10	Gary						
Residential Street Address	City	·			State	Zip	Code	
173 Henry st	Eas	st Haven			CT	06	513	
Principal Occupation		Name of Employer		<u>l</u>		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is associated with have a contraction of the contributor or business he/she is a contributor or business he/she is							f Contribution	
valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a	ntoto o	OYes ONo	a contro	tor? OYes	100	U.UC	,	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	_	<b>⊙</b> No				
Method of Contribution:		Date Received		e Contributions	$\dashv$			
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		rinst					М	
Last Name Ciolino		Eric					IVII	
Residential Street Address	City				State	Zin	Code	
9667 North High St	, ,	ast Haven				1 -	512	
Principal Occupation Name of Employer								
Land Scaper Yale								
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a ca	I andidate for a chief executive	e officer	of a municipality	. Amo	unt o	f Contribution	
or dependent child of a lobbyist?  One does contributor or business he/she valued at more than \$5,000?					100			
Is this contribution associated with an  Yes Is contributor a principal of a	state o		te contrac	tor? OYes		.00		
event reported in Section L1? No If yes, indicate which bra	anch o	r branches	_	<b>⊙</b> №				
If yes, list Event # 10172019a of government the contra	ect is w	vith: Executive  Date Received	<u> </u>	e Contributions	4			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	v Orda	1	100.0					
		First	100				МІ	
Last Name Clemens		Vivian					MI	
Residential Street Address	City				State	7 in	Code	
116 Morgan ave	1 1	st Haven			CT	1 -	S512	
Principal Occupation	J	Name of Employer						
retired								
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a ca	andidate for a chief executiv	e officer	of a municipality	, Amo	unto	of Contribution	
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	e is ass	sociated with have a contract  Yes  No	with said	l municipality	150			
Is this contribution associated with an Yes Is contributor a principal of a	state c	contractor or prospective stat	e contrac	tor? OYes				
event reported in Section L1? No If yes, indicate which bra If yes, list Event # 10032019a of government the contra			OI on	ielative ÖNo				
If yes, list Event # 10032019a   Of government the contract is with:   C Executive   Legislative								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 10/03/2019	150.0					
SUB	тот	AL Section B — This	Page	1,250.00				
TOTA	Lofa	additional Section B I	Pages	9,625.00				
TOTAL OF ALL CONTRIBUTIONS FRO	M IN	DIVIDUALS (Sections A	4 + B)					
		olumn A of Summary Page						

# Section B ADDITIONAL PAGE 3h of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Carfora 2019			7th day preceding filing						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$						
B. Itemized Co	ntrib	utions from Indivi	duals						
Last Name	Fü						MI		
ciemens	\ v	rivian							
Residential Street Address	City				State	1 ^	Code		
116 Morgan ave	east	haven			СТ	06	5512		
Principal Occupation		Name of Employer							
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said	municipality		Amount of Contribution 125.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	nch or l	branches	_	O No					
Method of Contribution:		Date Received	Aggregat	e Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/17/2019	275.0	0					
Last Name		rst	I	·			МІ		
Coyle	c	Charles							
Residential Street Address	City				State	Zip	Code		
23 Farm Meadow Rd	East	t Haven			CT	06	512		
Principal Occupation	L	Name of Employer			1				
retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount 0	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes  Is contributor a principal of a If yes, indicate which brateful of government the contraction.	anch or	branches	_	<b>⊙</b> No					
Method of Contribution:		Date Received		e Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	10/03/2019	70.00	)					
Last Name		irst	•				MI		
Coyle sr.	۴	Kevin							
Residential Street Address	City				State	1 -	Code		
6 Jeffrey Rd	East	t Haven			СТ	06	6513 		
Principal Occupation		Name of Employer							
Machanic		Turnpike auto boo	dy —						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount o	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes Section Is contributor a principal of a section L1?  If yes, indicate which brateful for the section Is contributor a principal of a section Is contributor a section Is	anch or	branches	_	<b>⊙</b> No					
Method of Contribution:  Date Received Aggregate Contributions									
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	10/03/2019	15.00	l					
SUB	TOTA	AL Section B — This	Page	160.00					
TOTAL of additional Section B Pages 9,4				9,465.00					
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A lumn A of Summary Page							
(23Mer total on 24Me	,								

### Section B ADDITIONAL PAGE 3i of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Carfora 2019			7th Preceding Fili	ng				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$					
		,						
B. Itemized Co	ntrib	outions from Indivi	duals					
Last Name	F	First			MI			
Crevier	_  ·	Joshua						
Residential Street Address	City			State	Zip Code			
6 Jeffrey Rd	Eas	st Haven		CT	06513			
Principal Occupation	<b></b>	Name of Employer			-			
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Am.	ount of Contribution			
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lfyes, indicate which bra	nch or	branches	<b>⊙</b> No					
If yes, list Event # 10172019a of government the contra	ot is W	Date Received	C Legislative Aggregate Contributions	_				
Method of Contribution:	. 0.4.		50.00					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			30.00		· · · · · · · · · · · · · · · · · · ·			
Last Name		Pirst			MI			
Crisafi	;	Susan		·				
Residential Street Address	City	4 1 1		State	Zip Code			
123 Cosey Beach Ave Apt 7	Las	st Haven		CT	06512			
Principal Occupation		Name of Employer						
retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which bre of government the contra	ınch o	r branches	te contractor? Yes No Legislative					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Ordei	r   10/01/2019	100.00					
Last Name	F	First		I	MI			
Deieso		Nick						
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code			
6 Jeffrey Rd	Eas	st Haven		CT	06513			
Principal Occupation	<u>.                                    </u>	Name of Employer		1				
Sales		Partyka Chevy						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution			
event reported in Section L1? O No If yes, indicate which bra	s this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes If yes, indicate which branch or branches							
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	10/17/2019	150.00					
SUB'	ГОТ	AL Section B — This	Page 250.00					
тота	Lofa	additional Section B I	Pages 9,215.00					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

# Section B ADDITIONAL PAGE 3j of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	NONE		TYPE OF REPOR	T		-0	
Carfora 2019			7th Preceding	7th Preceding Fliling			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		otal Section A	\$				
B. Itemized Co.	ntrib	outions from Individ	duals				
Last Name	Fi	irst					МІ
Deieso	F	Patti					
Residential Street Address	City			:	State	Zip (	Code
6 Jeffrey Rd	Eas	t Haven			CT	06	513
Principal Occupation		Name of Employer	•				
Pricing Coordinator		Slocum and Sons					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a munic does contributor or business he/she is associated with have a contract with said municipa							f Contribution
valued at more than \$5,000?  Is this contribution associated with an  Yes Is contributor a principal of a:	state co	OYes ONo	e contractor?	) Yes	100.	.00	
event reported in Section L1?  If yes, list Event # 10172019  No If yes, indicate which brain of government the contract.	nch or	branches _	OLegislative	No No			
Method of Contribution:		Date Received	Aggregate Contributi	ons	-		
⊙Cash ○Personal Check ○Credit/Debit Card ○Payroll Deduction ○Money	Order	10/17/2019	200.00				
Last Name		irst			<u> </u>		МІ
Deko		Anthony					
Residential Street Address	City			:	State	Zip (	Code
5 Summitt ave	Eas	t Haven		l	CT	06	512
Principal Occupation		Name of Employer		•		<u> </u>	
Fire Flghter							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor?	Yes No			
Method of Contribution:		Date Received	Aggregate Contribution	ons	1		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/17/1029	125.00				
Last Name	F	irst	<u> </u>		<u> </u>		MI
Deko	_   <b>.</b>	Joseph					
Residential Street Address	City				State	Zip	Code
147 Salerno ave	eas	t haen			ct	06	512
Principal Occupation	L	Name of Employer		L		<u> </u>	
Fire fighter		Guilford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?							f Contribution
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes ONO							
If yes, list Event # 10032019 of government the contract  Method of Contribution:	CL IS W	ith: Executive  Date Received	C Legislative Aggregate Contributi	ons	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 10/03/2019 185.00							
SUBT	ГОТА	AL Section B — This	Page 245.00				
TOTA)	Lofa	ndditional Section B I	Pages 8,970.0	0			
TOTAL OF ALL CONTRIBUTIONS FROM	M INI	DIVIDUALS (Sections A	( + B)				
(Enter total on Line	13, Co	lumn A of Summary Page	Totals)				

# Section B ADDITIONAL PAGE 3k of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
carfora 2019				7th preceding filing				
A. Total Contributions from Sm (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$				
	B. Itemized Cor	itrib	utions from Indivi	duals				<u>Marketti</u>
Last Name		Fi	rst					МІ
Deko		J	oseph					
Residential Street Address		City				State	Zip (	Code
147 Salerno ave		East	Haven			CT	06	512
Principal Occupation			Name of Employer					
Fire Fighter			Guilford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes over the pendent child of a lobbyist?						, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Eyent # 10172019a  Yes   Is contributor a principal of a state contractor or prospective state contractor? Yes   If yes, indicate which branch or branches of government the contract is with:    Section L1:								
If yes, list Event # 10172019a	of government the contract	15 111	Date Received		e Contributions			
Method of Contribution:  Cash Personal Check Credit/Debit Cash	rd OPayroll Deduction OMoney	Order		435.0				
Last Name			rst					MI
Deko		- 1	loseph					
Residential Street Address		City				State	Zip (	l Code
147 Salerno ave East Haven					CT	1 -	512	
Principal Occupation			Name of Employer				1	
Fire fighter			Guilford					
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a		nch or	branches		<b>⊙</b> No			
Method of Contribution:			Date Received	Aggregat	e Contributions	_		
OCash OPersonal Check OCredit/Debit Car	rd Payroll Deduction OMoney	Order	10/17/2019	560.0	00			
Last Name		Fi	rst			•		МІ
Deko		F	Robert					
Residential Street Address		City				State	1	Code
1 Hart Landing		Guil	ford			СТ	06	473
Principal Occupation	-		Name of Employer					
Police officer			North Branford					
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					/, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Is contributor a principal of a state contractor or prospective state contractor?  One of government the contract is with:  Executive O Legislative								
Method of Contribution:	_		Date Received	00 0	te Contributions			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	10/17/2019	125.0	)0			
	SUBT	COTA	AL Section B — This	Page	500.00			
	TOTAI	ofa	dditional Section B l	Pages	8,470.00			
TOTAL OF A	LL CONTRIBUTIONS FROM	1 IND	DIVIDUALS (Sections A	A + B)				
	(Enter total on Line	13, Col	lumn A of Summary Page	Totals)				

### Section B ADDITIONAL PAGE 31 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	. 1: 11 1		TYPE OF REPORT		y THE		
Carfora 2019			7th Preceding Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	• •			
						;	
B. Itemized Co	ntrib	outions from Individ	duals				
Last Name	- 1	rirst				М	
Deko		Susan					
Residential Street Address	City			State	Zip (		
131 Salerno ave	Eas	st Haven		СТ	06	512	
Principal Occupation		Name of Employer				:	
Nurse		Artis senior Living					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of sequence of \$400 to a candidate for a chief executive officer of a does contributor or business he/she is associated with have a contract with said mu valued at more than \$5,000?  Yes No					ount o. 5.00	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes  OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	r 10/17/2019	150.00				
Last Name	F	irst				МІ	
Derbacher		Amy					
Residential Street Address	City			State	Zip (	Code	
57 Foote Rd	Eas	st Haven		CT	06	512	
Principal Occupation		Name of Employer		1	1		
Manager		Barnes and Noble	)				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes   Is contributor a principal of a fyes, indicate which brace of government the contraction.	anch o	r branches	te contractor?	5			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ordei	r 10/17/2019	150.00				
Last Name	- 1	First				М	
Dimartino		Norman					
Residential Street Address	City			State	1 -	Code	
85 Francis st ext.	eas	st haven		ct	06	512	
Principal Occupation Retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction.	ınch oı	r branches	te contractor?	3			
Method of Contribution:	<u>··</u>	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	10/03/2019	20.00				
SUB	тот	AL Section B — This	Page 270.00	<u>.</u>			
TOTAL of additional Section B Pages 8,200.00							
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A olumn A of Summary Page					

# Section B ADDITIONAL PAGE 3m of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Carfora 17				7th F	receding Flii	ng		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$				
B. Itemized C	ontr	·ihu	itions from Indivi	duals		ÇKÜNÜ E		
Last Name		Firs		duib			-	МІ
Esposito		Jc	panne					
Residential Street Address	City	<u> </u>				State	Zij	Code
85 Francis st ext	Ea	ast	Haven			СТ	0	6512
Principal Occupation			Name of Employer					
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?						/, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes   Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches of government the contract is with:  OExecutive					<b>⊙</b> No			
If yes, list Event # 10032019a of government the contract is with: Execu  Method of Contribution:  Date Received					te Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord	der	10/03/2019	30.0				
Last Name		Firs	it					М
Esposito		Jo	oanne					
Residential Street Address	City	<u>l                                     </u>				State	Zij	Code
85 Francis st ext						СТ	0	6512
Principal Occupation			Name of Employer			<u> </u>		
retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?							5.00	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Section L1?  If yes, list Event # 10172019a  Is contributor a principal of government the contributor of government the contributor aprincipal of government the contributor aprinci	branch	or b	ranches	_	<b>⊙</b> No			
Method of Contribution:		_	Date Received	"" "	te Contributions			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord		10/17/2019	155.	00			
Last Name Fimiari		Firs	ichael					MI
Residential Street Address	City					State		p Code
555 Townsend ave	Ne	ew	Haven			СТ	0	6512
Principal Occupation			Name of Employer					
Clerk			Ferraros Market					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?						7, An.		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes  Is contributor a principal of If yes, indicate which to of government the contributor aprincipal of If yes, indicate which to of government the contributor aprincipal of If yes, indicate which to of government the contributor aprincipal of If yes, indicate which the contributor apprincipal of If yes, indicate which the contributor apprin	branch	or b	ranches	_	<b>⊙</b> No			
Method of Contribution:			Date Received	"" "	te Contributions	$\neg$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	пеу Ого	der	10/03/2019	80.0	0			
su	вто	TA)	L Section B — This	Page	170.00			
тот	AL of	f ad	lditional Section B l	Pages	8,020			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li			VIDUALS (Sections Aumn A of Summary Page					

# Section B ADDITIONAL PAGE <sup>3n</sup> of <sup>17</sup>

Residential Street Address 23 Angel Pl Principal Occupation Dep Director Econ Development  State City O6473    Name of Employer   New Haven	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	אני	34, 14 <u>)</u>		TYPE O	F REPORT	i arrewa ek	45,547	
Substitution from playing regions   Substitution   Stephen   Ste	Carfora 2019				7th Pr	7th Preceding Filing			
First   Stephen   Process   Proces					\$				·
First   Stephen   Process   Proces				1					
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Residential Street Address  49 Austin ave  Principal Occepation Care giver    State   Zip Code   Cot   O6512									М
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Principal Occupation Care giver  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contributor associated with an event reported in Section 17 grays and the Care of Secti		- 1						1 -	
Secontribution a lobbyist, spouse, or dependent child of a lobbyist. Securitive of location associated with an event reported in Section L1?    Yes   State   Zip code   Zib	49 Austin ave	16	east	haven			ct	06	512
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Substitution associated with an event reported in Section L1?   State   Stat	care giver			eh board of ed					
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Residential Street Address 81 Eddon Dr  Principal Occupation Private Investigator  Substance of Employer Bennar Investigators  State CT 06512  Name of Employer Bennar Investigators  Is contributor a lobby ist, spouse, or dependent child of a lobby ist?  No least this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OM	oney C	Order	10/03/2019	25.00	)			
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81 Eddon Dr  Principal Occupation Private Investigator  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  TOTAL of additional Section B Pages  Principal Occupation  Name of Employer  Bennar Investigators  Name of Employer  Bennar Investigators  Amount of Contribution  Amount of Contribution  Private Investigators  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No No Section Investigators  Private Investigators  Is contributor or business fie/she is associated with have a contract with said municipality valued at more than \$5,000?  Pres No No Section Investigators  Pres No No No Section Investigators  Private Investigators  Is contributor a lobbyist, spouse, or dependent child of a municipality, doces contribution or prospective state contract with said municipality, doces or not prospective state contract with said municipality of Yes No	Froscano		В	len					
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### Section B ADDITIONAL PAGE 30 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Carfora 2019				7th preceding filing				
A. Total Contributions from Small Contributors-Reco			s Period ONLY TAL SECTION A	\$				
B. Itemized	Contr	ibu	tions from Indivi	duals		N. S.		
Last Name		Firs	t				М	
Fucci		Al						
Residential Street Address	City	,			State	Zip	Code	
20 Jarden Dr	E	ast	Haven		CT	06	5512	
Principal Occupation			Name of Employer					
retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he valued at more than \$5,000?					, Am 25.		of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes    If yes, indicate which branch or branches of government the contract is with:   OExecutive   OLegislative      OExecutive   OEXECUTIVE								
If yes, list Event # of government the con  Method of Contribution:		*******	Date Received	Aggregate Contributions	-			
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Last Name		Firs	<u> </u>				М	
Fucci		Al						
Residential Street Address	City	<u> </u>			State	Zip	Code	
20 Jarden Dr	1 1		Haven		СТ		3512	
Principal Occupation			Name of Employer		<u></u>			
retired			. ,					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{3}{2}\$ does contributor or business her valued at more than \$\frac{5}{2}\$000?						ount	of Contribution	
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Last Name		Firs	S <b>t</b>				MI	
fucci		al						
Residential Street Address	City	y			State	Zip	Code	
20 Jarden Dr	E	ast	Haven		СТ	0	3512	
Principal Occupation			Name of Employer					
Retired								
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### Section B ADDITIONAL PAGE <sup>3p</sup> of <sup>17</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Carfora 2019			7th Preceeding Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S		is Period ONLY OTAL SECTION A	\$				·	
B. Itemized Con	trib	utions from Individ	duals		V 100 10	1,515		
Last Name		rst					М	
Fucci	C	Cynthia						
	City	11131			State	1 1	Code	
74 B Shore Dr	Bran	nford			СТ	06	405	
Principal Occupation		Name of Employer						
retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	with said	municipality	Amo		f Contribution			
Is this contribution associated with an event reported in Section L1?  No No Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 10032019a  Or government the contract is with:  Or government the contract is with:								
If yes, list Event # 10032019a of government the contract	ı is Wil	Date Received		Contributions	-			
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Last Name		rst			<u> </u>		МІ	
Ruocco		Gennaro						
	City	. He			State	Zip	Code	
74 Bennett Rd East Haven						1 -	513	
Principal Occupation		Name of Employer					···········	
retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a car	ndidate for a chief executive ciated with have a contract  Yes  No	e officer o with said	f a municipality municipality	, Amo		f Contribution	
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Last Name	- 1	irst	·				MI	
Ruocco		Gennaro						
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74 Bennett Rd	Eas	t Haven			СТ	00	S513	
Principal Occupation		Name of Employer						
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Ame		of Contribution	
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TOTAL of additional Section B Pages 7,275.00								
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INI 13, Co	DIVIDUALS (Sections lumn A of Summary Page	A + B) Totals)				·	

# Section B ADDITIONAL PAGE 3q of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF R	EPORT			
Carfora 2019			7th Preceeding Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$				
B. Itemized Co.	ntribu	itions from Individ	luals				
Last Name	Firs	st				М	
Girven	Вє	everly					
Residential Street Address	City	***************************************			State	Zip Code	
18 Hilton ave	East	Haven			CT	06512	
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo 50.0	unt of Contribution	
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Last Name	Firs	<u>t</u> st				MI	
Girven	To	odd					
Residential Street Address	City				State	Zip Code	
60 Coleman st unit 9 East Haven					СТ	06512	
Principal Occupation		Name of Employer					
Machanic		RJ shore					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	didate for a chief executive intention in the did not be a contract Yes O No	e officer of a with said mu	municipality nicipality	7, Amo	unt of Contribution	
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Last Name	Firs					MI	
Hargraves	Li	inda					
Residential Street Address	City				State	Zip Code	
521 Thompson ave	east	haven			СТ	06512	
Principal Occupation		Name of Employer					
retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes lif contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					/, Amo	ount of Contribution	
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# Section B ADDITIONAL PAGE 3r of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Carfora 2019			7th Preceeding Fliing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$				
B. Itemized Co.	ntrib	outions from Individ	duals				
Last Name		irst			···	М	
Heaney	F	Alicia					
Residential Street Address	City		11/1//	State	1 -	Code	
57 Hobson St	East	t Haven		CT	06	512	
Principal Occupation	tw-	Name of Employer					
retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract OYes ONo	with said municipality	y, <b>Am</b> 60.		f Contribution	
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Method of Contribution:		Date Received	Aggregate Contributions				
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Last Name		irst	1			MI	
Hoff	F	Robert					
Residential Street Address	City			State	Zip	Code	
587 Bredley St East Haven					06	512	
Principal Occupation	I	Name of Employer		<u> </u>		····	
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a   If yes, indicate which bra  of government the contra	ınch or	branches	te contractor? Yes	3			
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	60.01				
Last Name	- 1	irst				MI	
Lesco		Ashley					
Residential Street Address	City			State	1 -	Code	
23 Taylor ave	Las	st Haven		СТ	106	S512	
Principal Occupation		Name of Employer					
Paralegal		Marcus Las					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Use If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am 20		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Ordei	Date Received r 10/03/2019	Aggregate Contributions 70.00				
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TOTAL of additional Section B Pages 7005.00							
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A plumn A of Summary Page					

# Section B ADDITIONAL PAGE 3s of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Carfora 2019			7th Preceding Fli	7th Preceding Fling				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$					
B. Itemized Co.	ntril	butions from Indivi	duals					
Last Name	- 1	First				М		
Lomonte		John						
Residential Street Address	City	L.D L		State	1 -	Code		
39 west wynd Terrace	IVIId	Idletown		CT	06	457		
Principal Occupation		Name of Employer						
Real Estate appraiser		Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount ( 00.00	of Contribution		
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  O Yes of government the contract is with:  OExecutive O Legislative								
Method of Contribution:	••	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	r 10/09/2019	1000.00					
Last Name		First				MI		
Luzzi		Henry						
Residential Street Address	City			State	Zip	L Code		
434 Thompson ave	eas	st haven		ct	06	512		
Principal Occupation	<u> </u>	Name of Employer		1				
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount 6	f Contribution		
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Last Name	- 1	First				М		
Luzzi		Laura						
Residential Street Address	City			State	1 *	Code		
1233 Dunbar Hill Rd	Па	mden	***************************************	СТ		3514 		
Principal Occupation		Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				30.		of Contribution		
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### Section B ADDITIONAL PAGE 3t of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	je i na transka pa travj	TYPE OF REPORT					
Carfora 2019			7th Preceding Eection				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
		•					
B. Itemized Con	ıtrib	utions from Individ	duals	y i first	11,14		
Last Name	Fi	rst				МІ	
Mastrangelo	J	erry					
Residential Street Address	City			State	Zip	Code	
269 Shore Dr	Bran	nford		CT	06	6405	
Principal Occupation	Principal Occupation Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	ndidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality	- 1	mount (	of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a s  If yes, indicate which bran	branches	_ O No					
If yes, list Event # of government the contract	LIS WII	Date Received	O Legislative	_			
Method of Contribution:  OCart Descript Charle OCardit/Debit Cord OPergell Deduction Officer	Order		Aggregate Contributions 125.00				
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o to Beston et						JT7 J	
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 500.00		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  No No If yes, indicate which brate of government the contract	nch or	branches	te contractor?  Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/19/2019	1,000.00				
Last Name	Fi	irst	<u> </u>			М	
Mickelson	F	Rebecca					
Residential Street Address	City			State	1 1	Code	
131 French ave	Eas	t Haven		СТ	0	6512	
Principal Occupation		Name of Employer					
Art Teacher		NH Public school	\$				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive ciated with have a contract Yes O No	e officer of a municipalit with said municipality		mount 0.00	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  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							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/03/2019	55.00				
SUBT	OTA	AL Section B — This	Page 645.00				
TOTAL of additional Section B Pages 5,130.00							
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A lumn A of Summary Page					

# Section B ADDITIONAL PAGE 3u of 17

Carfora 2019  A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  B. Itemized Contact Name	UBTO	s Period ONLY TAL SECTION A	7th Pre	ecceeding F	lling			
(See instructions for definition of Small Contributor)  B. Itemized Con	ubto tribu First		\$					
	First							
	First							
Last Name	1	·	luals					
n at	100						MI	
Miessau	L	)	-11			1		
I.	City	Haven			State CT	Zip C	ode 512	
					<u> </u>	100.	J12.	
Principal Occupation		Name of Employer Frontier						
Lineman					1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					, Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes   Is contributor a principal of a state contractor or prospective state contractor? Yes   If yes, indicate which branch or branches of government the contract is with:    Yes   Is contributor a principal of a state contractor or prospective state contractor? Yes   If yes, indicate which branch or branches of government the contract is with:    Output								
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Milano	Do	ominick						
Residential Street Address C	City				State	Zip (	Code	
161 Boreman rd	East I	Haven			CT	06	512	
Principal Occupation		Name of Employer				1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?						Amount of Contribution 30.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes Is contributor a principal of a single figure in Section L1?  If yes, list Event # 10032019a  Is contributor a principal of a single figure in Section L1?  If yes, list Event # 10032019a	nch or b	oranches		O No	es			
Method of Contribution:	J. 13 WILL	Date Received		Contributions	-			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Company of the	Order	10/03/2019	50.19					
Last Name	Firs	st					МІ	
Narraci	St	tephen						
Residential Street Address	City				State	Zip	Code	
247 Bayard ave	North	n Haven			СТ	06	473	
Principal Occupation		Name of Employer			•	•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					/, Am		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes No No If yes, indicate which bran of government the contract	nch or b	oranches _	_	<b>⊙</b> No				
Method of Contribution:  Date Received Aggregate Contributions								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/03/2019	130.0	כ				
SUBT	COTA	L Section B — This	Page	160.00				
TOTAL	of ad	lditional Section B I	Pages	4,970.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page						

### Section B ADDITIONAL PAGE 3v of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Carfora 2019			7th Preceeding Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  S		is Period ONLY OTAL SECTION A	\$				
B. Itemized Con	ıtribu	utions from Individ	duals				
Last Name	Firs				MI		
Nuzzello	D	onna					
	City		<u></u> -	State	Zip Code		
	⊏ast	Haven		СТ	06513		
Principal Occupation		Name of Employer					
owner		Happy tales too		-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a munic does contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000?  Yes  No				y, Amo 250	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  We list Event # 1012019a  Yes Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or b	oranches	e contractor? Yes OLegislative				
If yes, list Event # 10172019a of government the contract  Method of Contribution:	. uy¥K∐	Date Received	Aggregate Contributions				
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney	Order	10/17/2019	250.00				
Last Name	Firs		1		Mi		
Pacelli	١.	ouis					
	City			State	Zip Code		
[	-	Haven		СТ	06513		
Principal Occupation		Name of Employer			1		
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
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Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$			
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Last Name	Fir				М		
Pacelli		ouis.					
	City Fact	: Haven		State	Zip Code 06513		
107 Foxon Rd	∟dS[		,		10013		
Principal Occupation retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No If yes, indicate which bran of government the contract	nch or t	branches _	O Legislative				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 10/17/2019	Aggregate Contributions 275.00				
SUBT	ГОТА	L Section B — This	Page 405.00				
TOTAL	of ac	dditional Section B l	Pages 4,565				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

# Section B ADDITIONAL PAGE 3w of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Carfora 2019			7th P	h Preceding Filing				
A. Total Contributions from Small Contributors-Receign (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$					
B. Itemized Co	ontrib	utions from Indivi	duals		13.30			
Last Name	Fi	rst				MI		
Palladino	F	Phylilis						
Residential Street Address	City				State	Zip Code		
152 Sorrento ave	east	haven			CT	06512		
Principal Occupation	-	Name of Employer						
reitred								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes one dependent child of a lobbyist?  Yes one dependent child of a lobbyist?  Yes one dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive office does contributor or business he/she is associated with have a contract with so valued at more than \$5,000?  Yes one dependent child of a lobbyist?					30.	ount of Contribution 00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes   Is contributor a principal of a lf yes, indicate which broof government the contributor of government the contributor apprincipal of a list in the contributor apprincipal of	anch or	branches	_	O No				
Method of Contribution:		Date Received	Aggrega	te Contributions				
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Last Name	Fi	rst	<u> </u>	·		МІ		
Paquin	E	3etty						
Residential Street Address	City			***************************************	State	Zip Code		
24 Norwood rd	new	haven			CT	06513		
Principal Occupation		Name of Employer						
office admin		Marcus law						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?						Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of If yes, indicate which by of government the contributor.	ranch or	branches	_	O No				
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Last Name	F	irst				МІ		
Parisi	r	mary Jane						
Residential Street Address	City				State	Zip Code		
8 Robin drive	Eas	t Haven			СТ	06513		
Principal Occupation	,	Name of Employer				•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					/, Am	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes Is contributor a principal of If yes, indicate which by of government the contributor.	anch or	branches	_	<b>O</b> N₀				
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TOTAL of additional Section B Pages				4,425.00				
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A						
12.100.1011.011	-, -,	J						

# Section B ADDITIONAL PAGE 3x of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	5 1 2			TYPE OF REPORT					
Carfora 2019				7th Preceding Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$	and the second s				
B. Itemized Co	ntri	bu	tions from Individ	duals		- 1411	7, 7 i		
Last Name	T	First	ŧ					MI	
Paulson		Pa	at						
Residential Street Address	City			****		State	1	Code	
919 North High St	Ea	st l	Haven			CT	06	512	
Principal Occupation			Name of Employer		<u>-</u>				
retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves does contributor or business he/she valued at more than \$5,000?	e is as:	soci	iated with have a contract  OYes  ONo	with said	municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes   Is contributor a principal of a If yes, indicate which bra of government the contra	anch d	or bi	ranches	_	No				
Method of Contribution:	1J Y		Date Received		: Contributions	-			
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Last Name		Firs		<u> </u>				М	
Pellegrino			ary Ann						
Residential Street Address	City					State	Zip	Code	
90 Gerish ave #22	1 -	East Haven CT 06512							
Principal Occupation Name of Employer									
Teacher Gateway									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?						, Amo		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes Is contributor a principal of a lifyes, indicate which broof government the contributor.	anch (	or b	ranches	_	ON₀		=		
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Penn		Fı	rancesca						
Residential Street Address	City					State	1 ~	Code	
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Principal Occupation			Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	0 to a e	cano	I didate for a chief executiv iated with have a contract Yes O No	e officer of with said	of a municipality municipality		ount 6	of Contribution	
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SUB	тот	ΓA	L Section B — This	Page	255.00				
TOTAL of additional Section B Pages 4,170.00									
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)									

# Section B ADDITIONAL PAGE 3y of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Carfora 2019				7th p	receeding fili	ng			
A. Total Contributions from Some (See instructions for definition of Small)			nis Period ONLY OTAL SECTION A	\$					
	B. Itemized Cor	ntrib	utions from Indivi	duals		1 + 1 + 1			
Last Name		_	rst					МІ	
Perrone			Donna						
Residential Street Address		City				State	1 "	Code	
43 Hoop In		Easi	t Haven			СТ	106	5512	
Principal Occupation			Name of Employer						
tax accountant					0 11 11				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she is						0.00	of Contribution	
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Last Name			irst					MI	
Picagli			Darlene						
Residential Street Address		City				State	Zip	Code	
10-B first ave		east	t haven			ct	00	6512	
Principal Occupation		<u> </u>	Name of Employer						
marketing director hurley group									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						nount	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	_	O No				
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Pompano		F	Raymond					D	
Residential Street Address		City	£ 1			State	1 *	Code	
30 Mario ct		eas	t haven			ct	U	6512 ————	
Principal Occupation			Name of Employer						
teacher			NH board of ed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						nount 25.00	of Contribution	
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Method of Contribution:  Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	/ Order	Date Received 10/17/2019	Aggrega 205.0	te Contributions 00				
·	SUBT	ГОТА	AL Section B — This	Page	400.00				
TOTAL of additional Section B Pages 3,770					3,770.00	70.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)									

### Section B ADDITIONAL PAGE 3z of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Carfora 2019			7th Preceding Filing						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$						
B. Itemized Con	tribu	itions from Indivi	duals	. 11 W 11	VEST I	Jakat,			
Last Name	Fire	st	· · · · ·				М		
Porter	K	risty							
	City				State	Zip (			
93 Austin ave	East	Haven			CT	06	512		
Principal Occupation		Name of Employer							
Admin ast		CT judicial Branch							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executed does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution or business he/she is associated with have a contribution of business he/she is associated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a sociated with have a contribution of business he/she is a soc				unicipality cipality	. Amo		f Contribution		
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If yes, list Event # of government the contract	· 10 AATH	Date Received	Aggregate Contr		1				
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Purzycki	A								
	 City				State	Zip (	L Cođe		
106 Borrelli Rd East Haven						1 -	513		
Principal Occupation Name of Employer									
retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?						Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes No If yes, indicate which bran of government the contract	ich or l	branches	te contractor?	8Yes No					
Method of Contribution:		Date Received	Aggregate Cont						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/03/2019	180.19						
Last Name	Fir						MI		
Raffone	J	ohn							
	City	h 11a			State		Code		
57 Pool Rd	Nort	h Haven			СТ	06	3473		
Principal Occupation		Name of Employer							
retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo		f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No No If yes, indicate which brar of government the contract	ich or l	h: Executive	C Legislativ						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 10/03/2019	Aggregate Cont 575.00	ributions					
SUBT	ОТА	L Section B — This	Page 505	.00		•	<del>, .</del> .		
TOTAL of additional Section B Pages 3,265.00									
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)									

# Section B ADDITIONAL PAGE 3aa of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT						
Carfora 2019			7th Preceeding filing							
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$							
B. Itemized Con	ıtribu	tions from Individ	luals	e Maria de la C	i viji	in i				
Last Name	Firs	t					МІ			
Redente	Ka	athleen								
	City				State	1 1	Code			
95 Wheaton Rd	East	Haven			СТ	06	512			
Principal Occupation		Name of Employer								
retired										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?						Amount of Contributi				
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a st If yes, indicate which bran-	tate con	tractor or prospective state	e contractor?	Yes No	·					
event reported in Section L1?  If yes, list Event # 10172019a  No If yes, indicate which bran- of government the contract			OLegislat							
Method of Contribution:		Date Received	Aggregate C	ontributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	125.00							
Last Name	Firs						MI			
Roberts	St	tephen								
	City State Zip Cod									
192 Thompson st East Haven CT 06512										
Principal Occupation Name of Employer										
retired										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special Properties of Section 1. If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a cand is associ	didate for a chief executive inted with have a contract  Yes  No	e officer of a with said m	municipality unicipality	50.0		f Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes Is contributor a principal of a section L1?  If yes, list Event #	nch or b	oranches		<b>⊙</b> No						
Method of Contribution:		Date Received	Aggregate C		i					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/10/2019	50.00							
Last Name	Firs	st	1				МІ			
Romano	P	atrick								
Residential Street Address	City				State	1	Code			
29 South Fair St	Guilf	ord			СТ	106	6437 			
Principal Occupation		Name of Employer								
Consultants		DNA campaigns								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, Amo		of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No No If yes, indicate which bran of government the contract	nch or b	oranches	_	€No						
Method of Contribution:  Date Received Aggregate Contributions										
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	250.00							
SUBT	ГОТА	L Section B — This	Page 42	25.00						
TOTAL of additional Section B Pages 2,840.00										
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)										

#### Section B ADDITIONAL PAGE 3bb of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Carfora 2019			7th p	7th preceding filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$				4444		
B. Itemized Co	ntril	butions from Indiv	iduals			ihh			
Last Name	F	First		MARKET MA			MI		
Romano		Sandra		W-114		··			
Residential Street Address	City	at house			State	1 -	Code		
434 Thompson ave	eas	st haven			СТ	106	3512 		
Principal Occupation		Name of Employer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	candidate for a chief executes sociated with have a contra	ct with said	of a municipality d municipality		0.00	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	nch or	r branches	_	No					
Method of Contribution:		Date Received		te Contributions	$\neg$				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 10/17/2019	10/17/2019 100.00						
Last Name	I	First					МІ		
Russo		Stephen							
Residential Street Address	City				State	1 -	Code		
9 queach rd branford ct 06						6405			
Principal Occupation Name of Employer									
contractor quality mechanical									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Spouse No Ves Valued at more than \$5,000?			ct with sai			Amount of Contribution 250.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes Is contributor a principal of a If yes, indicate which brateful of government the contraction.	anch o	or branches	_	<b>⊙</b> No					
Method of Contribution:		Date Received		ite Contributions	$\exists$				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 10/17/2019	250.	00					
Last Name		First					М		
Santino		Joseph			T -				
Residential Street Address	City	est Haven			State Ct	1 1	Code 6512		
388 Coe ave	Ld			···	L.				
Principal Occupation retired		Name of Employer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			ect with sai			nount '5.00	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	or branches	_	ctor? Yes No gislative					
Method of Contribution:  OCash	y Orde	Date Received 10/17/2019	Aggrega 375.	ate Contributions					
SUB	тот	FAL Section B — Th	is Page	725.00					
TOTAL of additional Section B Pages 2,115.00									
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)									

# Section B ADDITIONAL PAGE 3cc of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1.1.	TYPE OF REPORT							
Carfora 2019			7th Preceding filing						
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)  S		is Period ONLY OTAL SECTION A	\$						
B. Itemized Cor	ntribi	utions from Indivi	duals						
Last Name	Fir					М			
Schumitz	R	lobert	1100						
	City	Haven		State	1 1	Code			
173 Borrmann Rd	East	Haven		СТ	00	3512			
Principal Occupation		Name of Employer Road One							
Manager			00 0						
	does contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000?				Amount of Contrib				
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a s  If yes, indicate which brar of government the contrac	nch or t	branches	e contractor? Yes  No  Legislative						
If yes, list Event # of government the contract  Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/06/2019	130.00						
Last Name	Fir	st	L			MI			
Schumitz	R	Robert							
Residential Street Address	City			State	Zip	Code			
173 Borrmann Rd	East Haven CT 06512					5512			
Principal Occupation Name of Employer									
Manager		Road One							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 in does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality		nount (	of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes   Is contributor a principal of a section L1?  If yes, list Event # 10172019a  Is contributor a principal of a section L1?  If yes, list Event # 10172019a	nch or	branches _	te contractor? Yes	s					
Method of Contribution:	00 10 111	Date Received	Aggregate Contributions						
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order	10/17/2019	255.00						
Last Name	- 1	rst				МІ			
Smith	0	George							
	City			State	_ I -	Code			
8 Maplevale Rd	East	t Haven		СТ	0	6512 ————			
Principal Occupation		Name of Employer Right way commu	ınications						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ndidate for a chief executiv	e officer of a municipali		mount	of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes  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									
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	/ Order	Date Received 10/03/2019	Aggregate Contributions 140.00						
SUBT	TOT <i>A</i>	AL Section B — This	Page 190.00						
TOTAL	L of a	dditional Section B l	Pages 1,925.00						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		OIVIDUALS (Sections A Jumn A of Summary Page							

# Section B ADDITIONAL PAGE 3dd of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Carfora 2019			7th preceding filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$					
B. Itemized Cor	ıtrib	utions from Indivi	duals		gata N			
Last Name	Fir					MI		
Sparaco	N	/lagdalen						
Residential Street Address	City				State	Zip Code		
215 Eddon Dr	East	: Haven			CT	06512		
Principal Occupation		Name of Employer						
retired								
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive office does contributor or business he/she is associated with have a contract with so valued at more than \$5,000? Yes No				icipality	50.0	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a second reported in Section L1?  No If yes, indicate which brar of government the contract	nch or l	branches	e contractor?  OLegislativ	Yes No				
If yes, list Event # of government the contract  Method of Contribution:	. 10 VIIC	Date Received	Aggregate Cont		-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		50.00					
	Fi	<u> </u>				МІ		
Last Name		Susan				IVII		
	City			-	State	Zip Code		
Residential Street Address 82 Forbes Pl	-	t Haven			CT	06512		
		Name of Employer		ļ		00012		
Principal Occupation retired		Name of Employer	-					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo 250	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No  Yes No  If yes, indicate which bra of government the contractions of government the contraction.	nch or	branches	_	Yes No				
Method of Contribution:		Date Received	Aggregate Con	ributions				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	250.00					
Last Name	- 1	irst -				МІ		
Stanard	] ]	Гатту						
Residential Street Address 50b Cosey Beach ave	City east	t haven			State Ct	Zip Code 06512		
Principal Occupation		Name of Employer				J		
unemployed								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a r with said mur	nunicipality icipality	60.0	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes No Is contributor a principal of a If yes, indicate which brain of government the contract.	nch or	branches _		8Yes No				
Method of Contribution:  OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order	Date Received 10/03/2019	Aggregate Con 60.00	tributions				
SUBT	ГОТА	AL Section B — This	Page 360	0.00				
TOTAL of additional Section B Pages 1,565					5.00			
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A						
(Emer total on Line	1.30 CO	шан A ој минину Fage	x omis)					

### Section B ADDITIONAL PAGE 3ee of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Carfora 2019			7th preceding filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)  St		S Period ONLY TAL SECTION A	\$					
B. Itemized Con	tribu	tions from Individ	duals	1 .31	n N			
Last Name	First	t				MI		
streeto	Mi	chael						
	City			State	Zip (			
927 Foxon Rd	East l	naven		СТ	06	513 		
Principal Occupation		Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				y, Amo	f Contribution			
event reported in Section L1? No If yes, indicate which brane	associated with an ection L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches							
If yes, list Event # 10032019a of government the contract  Method of Contribution:		Date Received	Aggregate Contributions	-				
©Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Company (Company)	i	10/03/2019	30.00					
Last Name	First	t	1			MI		
Stricker	Sa	am						
Residential Street Address	City					Code		
19 Angela Dr	East I	Haven	CT	06	512			
Principal Occupation Name of Employer								
Security Yale Peabody								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					Amount of Contribution 30.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes No If yes, list Event # 10032019a  Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or b	ranches	te contractor? Yes					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/03/2019	30.00					
Last Name	Firs					М		
Tarduca	_   Vi	icki						
l i	City Fast	Haven		State CT	1	Code 5513		
25 Datt LTI Principal Occupation		Name of Employer		<u> </u>				
x mospai occupation		- Lingsoyer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				y, Amo		f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No  Yes No  Is contributor a principal of a si  If yes, indicate which bran of government the contract	ich or b	ranches Executive	O Legislative ONo					
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	Date Received 10/17/2019	Aggregate Contributions 125.00					
SUBT	TOTA)	L Section B — This	Page 185.00	k				
TOTAL	of ad	ditional Section B l	Pages 1,380.00					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections Aumn A of Summary Page						

# Section B ADDITIONAL PAGE 3ff of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		engan di sanggan di sa	TYPE OF REPORT					
Carfora 2019			7th preceding filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$					
B. Itemized Con	ntrib	outions from Individ	duals		· · 1.			
Last Name	Fi	irst				MI		
Tarducci	J	John						
Residential Street Address	City			State	1	Code		
25 Batt Lane	Eas	t Haven		СТ	06	513		
Principal Occupation		Name of Employer						
Managment		William revis						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes ONO					ount o	f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a section L1?  If yes, list Event #  Is contributor a principal of a section L1?  If yes, list Event #	nch or	branches	_ O No					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	r 10/07/2019	195.00					
Last Name		irst	<u> </u>	J		МІ		
Tarducci		John						
Residential Street Address	City			State	Zip	Code		
25 Batt Ln	l ′	st Haven		ct	1 -	513		
Principal Occupation Name of Employer								
Managment   William Revis								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract  Yes  No	e officer of a municipalit with said municipality	y, Ame		of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or	r branches	te contractor? Yes	;				
Method of Contribution:		Date Received	Aggregate Contributions					
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	order (	r 10/03/2019	245.00					
Last Name		First				М		
Thompson		Paul						
Residential Street Address	City			State	1 1	Code		
843 Thompson st	Eas	st Haven		СТ	00	5512		
Principal Occupation		Name of Employer SSP						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Viscontribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive cociated with have a contract Yes No	ve officer of a municipalit t with said municipality		оип <i>t</i> 6	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch oı	r branches						
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 10/17/2019	325.00					
SUB	тот	AL Section B — This	Page 225.00					
TOTAL of additional Section B Pages 1,155.00								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

# Section B ADDITIONAL PAGE 3gg of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT						
Carfora 2019			7th preceding filing							
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$							
B. Itemized Co	ntribu	tions from Individ	luals		A, track to t					
Last Name	First				***		МІ			
Thompson	Th	omas								
Residential Street Address	City				State	Zip (				
21 Mill Hill cir	East F				CT	06	512 ————————————————————————————————————			
Principal Occupation Name of Employer										
СРА										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo		f Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contraction of government the contraction.	ınch or br	anches	_	No						
Method of Contribution:		Date Received	Aggregate	Contributions	7					
Ocash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Orđer	10/17/2019	550.0	0						
Last Name	First				_ l		МІ			
Torello	An	nthony								
Residential Street Address	City				State	Zip (	Code			
1 Mill St	East H	Haven			CT	06	512			
Principal Occupation Name of Employer										
Truck Driver Torello Trucking										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						amount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10032019a  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	anch or bi	ranches	_	<b>⊙</b> No						
Method of Contribution:		Date Received	_	Contributions						
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	10/03/2019	100.0	0						
Last Name	First	t	L				МІ			
Torello	Ar	nthony								
Residential Street Address	City				State	-	Code			
1 Mill St	East	Haven			CT	06	5512			
Principal Occupation	manufic.	Name of Employer								
Truck Driver		Torello Trucking								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount o	f Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes Is contributor a principal of a ffyes, indicate which bra of government the contra	anch or bi	ranches		€No						
Method of Contribution:  Date Received Aggregate Contributions										
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	10/17/2019	200.0	0						
SUB	TOTAI	L Section B — This	Page	450.00						
TOTAL of additional Section B Pages 705.0				705.00	05.00					
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A								
(Emer tolat on Line	. 10, Com	11 од минишу 1 иде	- 0.1113)							

# Section B ADDITIONAL PAGE 3hh of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	To the Aprillan	TYPE OF REPORT							
Carfora 2019	_		7th preceding filing						
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	4.0	s Period ONLY TAL SECTION A	\$						
B. Itemized Contributions from Individuals									
Last Name	Firs				МІ				
Torello	G	eraldine							
Residential Street Address	State	Zip Code							
1 mill st	east h	naven		ct	06512				
Principal Occupation		Name of Employer							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	ınch or bi	ranches	e contractor? Yes No Legislative						
Method of Contribution:		Date Received	Aggregate Contributions						
● Cash ● Personal Check ● Credit/Debit Card ● Payroll Deduction ● Money	y Order	10/17/2019	25.00						
Last Name	Firs	t		<u> </u>	МІ				
Triantis	Jia	m							
Residential Street Address	State	Zip Code							
9 Abbie Rd	CT	06405							
Principal Occupation Name of Employer									
Resturant owner .									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executive inted with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution 250.00				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes Is contributor a principal of a fyves, indicate which brateful of government the contraction.	anch or b	oranches _	te contractor? Yes						
Method of Contribution:		Date Received	Aggregate Contributions						
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	10/17/2019	250.00						
Last Name	Firs				М				
Ucich		hrisine							
Residential Street Address	City	havan		State	Zip Code				
967 North high st	east	haven		ct	06512				
Principal Occupation		Name of Employer	na						
marketing		one world maketi							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches	<b>⊙</b> No						
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	Date Received 10/17/2019	Aggregate Contributions 100.00						
SUB	тота	L Section B — This	Page 375.00						
TOTAL of additional Section B Pages 330.00									
TOTAL OF ALL CONTRIBUTIONS FRO		VIDUALS (Sections A							
12	,								

# Section B ADDITIONAL PAGE 3ii of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Carfora 2019			7th Preceding Fling						
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$						
B. Itemized Contributions from Individuals									
Last Name	Firs					МІ			
Vigorito	St	usan							
Residential Street Address	City			State	Zip C				
34 Marie dr	east l	haven		CT	065	512			
Principal Occupation		Name of Employer							
marketing director		stoney creek brew	/ery						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		Contribution			
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  Yes Is contributor a principal of a section L1?	nch or b	ntractor or prospective state oranches	_ O No		-				
If yes, list Event # 10032019a of government the contract	t is with		OLegislative	_					
Method of Contribution:		Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		10/03/2019	20.00						
Last Name	Firs					MI			
Vuolo	lichael		l o						
	City Fast	Haven		State	Zip Co				
33 Redfield ave	Lasi			<u> </u>		~ 1 <u>~</u>			
Principal Occupation  Dispatcher		Name of Employer  North Branford							
Dispatcher	t o	<u> </u>	2 257 5		-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo 125		Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 10172019a  Yes No If yes, indicate which brain of government the contract	nch or b	branches _	te contractor? Yes	;					
Method of Contribution:	WIU	Date Received	Aggregate Contributions	$\dashv$					
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	10/17/2019	125.00						
Last Name	Firs	st		<u>l.</u>		МІ			
Yaccarino	D	)avid							
Residential Street Address	City			State	Zip C				
56 Robert dr	East	Haven		СТ	06	512			
Principal Occupation		Name of Employer							
Scientest	_	Thermo Fisher			_				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo 125		f Contribution			
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  If yes, indicate which brain the section L1?	nch or b	ntractor or prospective stat	ONo						
If yes, list Event # of government the contract  Method of Contribution:	et is with	h: Executive  Date Received	O Legislative Aggregate Contributions	-					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/07/2019	180.00						
SUBT	гота	L Section B — This	Page 270.00						
TOTAL	of ad	dditional Section B I	Pages 60.00						
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

# Section B ADDITIONAL PAGE 3jj of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Carfora 2019		7th preceding				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$				
B. Itemized Co	ntributions from Indiv	duals 'iduals	113454			
Last Name	First			MI		
Zumbo	Anthony			7. 0.		
Residential Street Address 560 Silver sands rd	<sup>City</sup> east haven		1 1	Zip Code 06512		
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief execut is associated with have a contra Yes ONG	ct with said municipality	y, <b>Amou</b>	nt of Contribution		
	state contractor or prospective st	rate contractor? Yes				
event reported in Section L1?  If yes, list Event # 10032019a  No  If yes, indicate which brain of government the contract		e OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		60.00				
Last Name	First			MI		
Residential Street Address	City		State	Zip Code		
Principal Occupation	Name of Employer	***	<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	7, Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes  Is contributor a principal of a section L1?  If yes, indicate which brate of government the contraction of government the contraction.	state contractor or prospective s nch or branches ct is with:	tate contractor? Yes				
Method of Contribution:	Date Received					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order					
Last Name	First			MI		
Residential Street Address	City		State	Zip Code		
Principal Occupation	Name of Employer			Va		
				******		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief execut is associated with have a contra O Yes O No	ct with said municipality	/, Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No No If yes, indicate which brain of government the contraction of government the contraction.		tate contractor?  OYes ONo				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions				
SUBT	TOTAL Section B — Th	is Page 60.00				
	of additional Section B					
TOTAL OF ALL CONTRIBUTIONS FROM		s A + B)				
(27 net void by 21 ne	, wommer as of sometimes a leg					

NAME OF COMM	ITTEE (Provide Complete	e Name as Registered w	TYPE OF REPORT	TYPE OF REPORT					
		C1. C	Contributio	ns from O	ther Com	nittees			
Name of Committee					Name of Trea				
Address	3.41V			Is this contr event report	ed in Section L	ted with an OYes ONo 11? list Event #	Amount of	Contribution	
City		State	Zip Code	Date Rece	rived	Aggregate Contributions			
Name of Committee		1	I		Name of Trea	swer			
Address			***************************************	Is this contrevent report	ed in Section L	ted with an Yes No 11? list Event #	Amount of	Contribution	
City		State	Zip Code	Date Rece	pived	Aggregate Contributions			
Name of Committee			<u> </u>	I	Name of Trea	ssurer	•		
Address	dress Is this contribution event reported in				ed in Section I	tted with an Yes No 11? list Event #	Amount of	Contribution	
City	State Zip Code			Date Reco	eived	Aggregate Contributions			
C2. Reimbursements or Surplus Distributions from other Committees									
Name of Committee					Name of Tree	asurer ·			
Address		A-CENTRAL MARIE MA		City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type  OReimbursem	nent for shared	expense O	Surplus Distrib	ution	Amount	of Receipt	
Description									
Name of Committee					Name of Trea	asurer	<u> </u>		
Address				City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type  Reimburse	ement for share	d expense	Surplus Distr	ibution	Amount	of Receipt	
Description		<u> </u>							
			SUBTO	OTAL Secti	on C — Th	is Page			
				of addition					
		ALL COMMIT S C1 + C2) (Enter							

NAME OF COMMITTEE (Provide Complete Name as Registered with I	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						
	***						
D	. Loans	Receiv	ed this Period				
Name of Lender			Source of Loan:  Bank Candid	date 🔿 I	ndividual	Other Committee	Date of Receipt
Street Address	City			S	tate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				I		<u>j</u>	Amount Received
Street Address	City	······			State	Zip Code	
Name of Leader			Source of Loan: Bank Candie	date O I	ndividual	Other Committee	Date of Receipt
Street Address	City		,	S	itate	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)				ı		<u> </u>	Amount Received
Street Address	City		A control the second second the second secon		State	Zip Code	
Name of Lender			Source of Loan:  Bank Candi	idate 🔘 I	ndividua	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	Amount Received						
Street Address	City				State	Zip Code	
			TOTAL SECTION	ON D			
E. Receipts from Entities other the	an Indiv	iduals	or Other Comm	nittees (	Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contrib	outions	
Name of Entity				- E			1
Street Address				Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contrib	outions	
Name of Entity		1	I	!.			
Street Address				Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contrib	putions	
		1	TOTAL SECTI	ON E			

NAME OF COMMITTEE (Prov	vide Complete Name as Regist		TYPE OF REPORT							
T. 4		C A CC11			T	~ · · · · · · · · · · · · · · · · · · ·		C to CONTY VID		
F. Am	nount Transferred					(Busine.	ss Entit)	Amount		
Date of Receipt	Is this transaction associ event reported in Section		SYes No	<i>If yes</i> , li	st Event #			exmodul		
Date of Receipt	Is this transaction associ event reported in Section		8Yes No	<i>If yes</i> , li	If yes, list Event #			Amount		
Date of Receipt	Is this transaction associ event reported in Section			<i>If ye</i> s, li	If yes, list Event #			Amount		
Date of Receipt	ciated with an Syes If yes, list Event # on L1? No				Amount					
				T	OTAL SE	CTION	F			
G. Amount Transf	erred from Affilia	ted Labor	Union o	or Othe	r Organiz	zation 7	reasu	ry (Organization Committees ONLY)		
Date of Receipt		Date of Receipt	Date of Receipt Date				Date of R	fReceipt		
Amoun	Amount					Amount				
				то	TAL SEC	TION G				
Н. 1	Personal Funds of	the Candid	late Rec	ceived t	his Perio	d (Cana	lidate Co	ommittees ONLY)		
Date of Receipt	Method of payment:				***************************************			Amount		
10/24/2019	OCash .	<b>①</b> P	Personal Che	heck	Cred	it/Debit C	ard	5,000.00		
Date of Receipt	Method of payment:	<u> </u>						Amount		
	<b>○</b> Cash	O P	Personal Ch	heck	O Cred	it/Debit C	ard			
Date of Receipt	Method of payment:		,					Amount		
	<b>○</b> Cash	O P	Personal Che	heck	O Cred	it/Debit C	ard			
Date of Receipt	Method of payment:	O P	Personal Ch	heck	O Cred	it/Debit C	ard	Amount		
	<u> </u>			i	TOTAL S	ECTIO	NН	5,000.00		
								<u></u>		
		I. An	onymov	us Cont	ributions					
amount	Public Act 11-48, t. If a committee nediately remit the	receives ar e contributi	n anony tion to th	ymous c	contributi	ion, the	e camp	paign treasurer shall		

NAME OF COMMITTEE (Provide Complete Name as Registered with I	TYPE	TYPE OF REPORT					
I Internat 6	Donosita in Anthonized Assess						
J. Interest II	rom Deposits in Authorized Accou	Date Rec	ceived	Amount			
Time of historia							
Street Address	City	State	Zip Code				
Name of Institution	<u> </u>	Date Re	ceived	Amount			
Street Address	City	State	Zîp Code				
	TOTAL SECTION	NJ	]				
K. Miscellaneous Mo	onetary Receipts not Considered C	ontribu	ıtions				
Name	•	Di	ate of Transaction	Amount Received			
Street Address	City	State	Zip Code				
Description							
Name	Application of the Control of the Co	D	ate of Transaction	Amount Received			
Street Address	State	Zip Code					
Description			<del></del>				
Name		D	ate of Transaction	Amount Received			
Street Address	City	State	Zip Code				
Description		1					
Name		Ď	ate of Transaction	Amount Received			
Street Address	City	State	Zip Code				
Description	4-L	1	<b>!</b>				
	TOTAL SECTION K						
SUMMARY OF OTHER	R MONETARY RECEIPTS (Section	ons D t	hrough K)				
Total Loans Received this Period (Section D)							
Total Receipts from Entities other than Individuals or Ot	her Committees (Section E)	+					
Total Amount Transferred from Affiliated Business Trea	sury (Section F)	+					
Total Amount Transferred from Affiliated Labor Union	or Other Organization Treasury (Section (	G) +					
Total Amount of Personal Funds of the Candidate Received							
Total Amount of Interest from Deposits in Authorized A							
Total Miscellaneous Monetary Receipts not Considered	Contributions (Section K)	+					
(Add Sections D through	Total of Other Monetar h K) (Enter total on Line 15, Column A of Summa	•	- :				

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

NAME OF COMMITTEE	Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	****				
Carfora 2019			7th Day Precedir	ng Election	***************************************			
	Lt. Event	t Information			*			
Event#	Description			xx. 41. 6	1.1.			
Date of Event Letter	•			_	ndraising event?			
10032019 A	Pasta Dinner			<b>⊙</b> Yes	O <sub>No</sub>			
Location: Street Address		City		State	Zip Code			
91 Taylor Ave		East Haven		СТ	06512			
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 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.)  O No						
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered	Centributions			
	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eipts here.)		1			
with purchases from an in		<b>⊙</b> No		\$				
Were there purchases of a sign associated with this		nittees other than Exploratory OYes (If yes, go to Section L.			Program Book			
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Rec	ceipts here.)	\$				
Event # Date of Event Letter 10172019 A	Description Dinner at Seasons Restaurant			Was this a fur	ndraising event?			
Location: Street Address		City	***************************************	State	Zip Code			
990 Foxon Rd		East Haven		СТ	06513			
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  No						
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	Contributions			
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eipts here.)	4				
with purchases from an ii	anyiman of up to \$100?	<b>⊙</b> No		\$				
	nittees, Municipal Candidates and Political Community and vertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L	Committees) 3 Purchases of Advertiplete required informa		Program Book			
	nittees ONLY)  Tood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$				
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page					
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —						
		TOTAL of additional Section	n L1 Pages					
		IPTS FROM SMALL PUI						
	(Enter total of	ı Line 16a, Column A of Summary	v ruge 10tais)					

Page 9 of 17 II. EVENT ACTIVITY (Sections L1—L5) Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Carfora 2019 7th Day Preceding Filing L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Business Entity Other Steven Nowak • Individual/Sole Proprietorship Street Address City State Zip Code 218 Rogers Rd Norwich CT 06360 Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 10/01/2019 250.00 250.00 Name of Purchaser Purchase Made By: Business Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Date Received Event# Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City Zip Code Aggregate Purchases for All Events Amount of Sign Purchase Date Received Event # Amount of Program Ad Purchase Name of Purchaser Purchase Made By: Business Entity Other ∫ Individual/Sole Proprietorship Street Address City Zip Code Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Name of Purchaser Purchase Made By: OBusiness Entity Other O Individual/Sole Proprietorship Street Address City State Zip Code Date Received Aggregate Purchases for All Events Event # Amount of Program Ad Purchase Amount of Sign Purchase SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page TOTAL of additional Section L3 Pages TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)

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

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repo	ository)	ТҮРЕ	OF REPORT		
Carfora 2019				7th Da	ay Preceding	Election	
	L4	. In-Kind Donatio	ons Not Cons	idered Contributions			
Name of Donor						3.000	
Street Address	and the state of t		City			State	Zip Code
Donation Given By:	Description of Donation				Fai	r Market Va	lue of Donation
Business Entity							
● Individual	Date Received	Event #		Aggregate Value for this Eve	nt		
O Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation			·	Rai	r Market Ve	lue of Donation
Business Entity	32 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				rai	1 17141 KCI Y2	nac or Donalion
Olndividual	Date Received	Event #	vent # Aggregate Value for this Event				
OSole Proprietorship	Bull 10001700	2.020 "		05 0			
Name of Donor							
Street Address	A CONTRACTOR OF THE CONTRACTOR		City			State	Zip Code
Donation Given By:	Description of Donation				Fai	r Market V:	 
OBusiness Entity					^ ***		
OIndividual	Date Received	Event #		Aggregate Value for this Eve	nt		
OSole Proprietorship							
Name of Donor					l		
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		1		Fai	r Market Vs	lue of Donation
O Business Entity					1	1 1/201100 10	inc of Donaton
OIndividual	Date Received	Event #		Aggregate value for this Eve	ıt		
O Sole Proprietorship							
			IIRTOTAI S	tion L4—This Page	<u>.</u>		·
			ODI OTAL SEC	uva L4 — 1 ms 1 age			
		T(	OTAL of addition	nal Section L4 Pages			
	AL OF ALL IN-KINI	DONATIONS NOT	CONSIDERE	CONTRIBUTIONS			
	AL OF ALL IN-KINL			ummary Page Totals)			

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

NAME OF COMMITTEE (Prov		TYPE OF REPORT					
Y 5 To	n-Kind Donations Not Considered	17	ontributions Associat	ed with a E	louse Part	v	
Name of Host	-Kind Donations Not Considered		OHHIDUHOUS ASSOCIA			·	e candidate or
Name of frost				committee?			c candidate of
					mplete Itemiza		endum L5
Street Address			City			State	Zip Code
			•				
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
		-					
Name of Host							e candidate or
				committee?	mplete Itemiza		andum I 5
	414		Cit	17 yes, co	Improte Iteliniza	State	Zip Code
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value c	f Donation
•							
				w 1:1 ·			
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	sv canaiaaie			1
Name of Host				Is this event s	supporting mo	re than on	e candidate or
				committee?			
				If yes, co	mplete Itemiza	tion in Add	endum L5
Street Address			City			State	Zip Code
Description of Donation					E-1-35	14 \$7-3	[ fD#
Describitor of Donatton					rair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host				Is this event s	supporting mo	ore than on	e candidate or
				committee?			
				If yes, co	mplete Itemiza	tion in Add	endum L5
Street Address	1997-1-74		City			State	Zip Code
	**************************************				1		
Description of Donation			•		Fair Mar	ket Value o	f Donation
				······································			
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
		-					
	St	UB	TOTAL Section L5 —	This Page			
	TO	TA	L of additional Section	L5 Pages			
	ALL IN-KIND DONATIONS NOT						
ASSOCIATED WITH A	HOUSE PARTY (Enter total on Lin	ie 2	2, Column A of Summary 1	Page Totals)			

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)			TYPE O	F REI	PORT			
Carfora 2019						7th Day	ay Preceding Filing				
			M. In-Kind Cor	ıtr	ibutions						
Name											
Frank Capone											
Street Address				Cit	у				State	Zip Code	
20 Twin Lakes Rd				N	orth Branford				СТ	06471	
Type of contributor:  Committee	Date Recei	ived	Aggregate Contributions	1	Description of In-Kind (	Contribution	ı			1	
• Individual / Sole Proprietorship Other	10/03/2	2019	588.88		Paper goods, b	aked go	ods	, pasta, l	bread, m	eatball	
Is contributor a lobbyist, spouse, Yes	If contri	bution is in	excess of \$400 to a candi	date	for a chief executive o	fficer of a	muni	cipality,			
or dependent child of a lobbyist?	1	ntributor or it more than	business he/she is associa \$5,000?	ted	with have a contract wi Yes No	th said mu	nicipa	dity	Fair Market Value of this Contribution		
Is this contribution associated with an	(•) Yes	r	tor a principal of a state of	cont	<del></del>	ate contrac	tor?	Yes			
event reported in Section L1?	8 No	If yes,	indicate which branch of	r bra	anches	_		<b>⊘</b> No	588.88	3	
If yes, list Event # 10032019a		of gove	rnment the contract is wi	th.	Executive (	Legisla	tive				
Name											
Street Address				Cit	у				State	Zîp Code	
				_							
Type of contributor: Committee	Date Recei	ved	Aggregate Contributions		Description of In-Kind (	Contribution	L				
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves or dependent child of a lobbyist?											
valued at more than \$5,000? Yes No											
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes Is contributor a principal of a state contractor or prospective state contractor?											
event reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  Executive OLegislative											
Name											
Street Address				Cit	у			•	State	Zip Code	
Type of contributor: Committee	Date Recei	ved	Aggregate Contributions	_	Description of In-Kind (	Contribution					
OIndividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, Yes			excess of \$400 to a cand							Market Value	
or dependent child of a lobbyist? No		ntributor or at more that	business he/she is associ n \$5.000?	ated	with have a contract w Yes No	ith said m	uniciţ	ality	of this	Contribution	
Is this contribution associated with an	( Yes		tor a principal of a state c	ontr		te contrac	tor?	Yes			
event reported listed in Section L1?	Q No	If yes,	indicate which branch or rnment the contract is wit	bra				QNo			
If yes, list Event #		or gove					HAC			· · · · · · · · · · · · · · · · · · ·	
			SUBTOTAL	Se	ction M — This Pag	şe					
			TOTAL of add	litic	onal Section M Page	s					
TOTAL OF ALL IN-KIND CON	TDIRII	TIONS #	Sutar total on Line 22 Cole		A of Cumman Page To	(ala)					
TOTAL OF ALLTH-MIND CON	INIDU	110115 (2	nuer total on Line 23, Coll	******	A of Summary Tage 10	illis)					
	N.	Refund	lable Deposit to T	ele	ephone Compan	y					
Last Name of Individual			First					MI	Date Deposi	t Made	
Residential Street Address			City			State	Zip	Code		Amount of	
								Deposit			
Name of Telephone Company									<del></del>		
Name of Telephone Company											
·											
Street Address City State Zip Code											
TOTAL SE	CTION	N /Fritan	total on Line 24, Column	, A ·	of Summary Dags Total	<sub>Ie)</sub>	<b></b>		1		
I IOTALISE	O L LUIT	TA (PRINTEL	omi on zane 27, Commi	.л.	у эншишу таве тош	<i>y</i>					

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
Carfora 2019			7th Preceding Fllir	ng					
	P. Expenses	Paid by Committee							
Name of Payee			Date of Payment	Method of Payment:					
Wix.com			10/02/2019	O Check #					
	- Control of the Cont	Cit.		O Debit Card OEFT					
Street Address		City Tel Aviv Isreal		State Zip Code					
		TELAVIV ISICAL							
Purpose of Expenditure	Description	E	vent #	Amount					
(by code) WEB	Website domain monthly fee			17.00					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	loss "None of the helow" is ch	ecked)						
(if applicable)	None of the below	tess Trone of the below is en	concity						
	nt .								
Name of Payee			Date of Payment	Method of Payment:					
Wireless zone ea	ast haven		10/02/2019	Check # EFT					
Street Address		City	<u> </u>	State Zip Code					
725 Foxon Rd		East Haven		CT 06513					
Purpose of Expenditure (by code)	Phones for phone banking	E	vent#	Amount					
OFFICE	297.72								
Expenditure #	-								
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below								
Coordinated with reimbursement sought (joint expenditure)									
	Coordinated without reimbursement sought (in-kind contri	bution) Organizatio	Date of Payment	Method of Payment:					
Name of Payee			_	Check #					
Wireless Zone E	ast Haven		10/02/2019	O Debit Card OEFT					
Street Address		City		State Zip Code					
725 Foxon Rd		East Haven		CT 06513					
Purpose of Expenditure	Description	E	vent #	A					
(by code) OFFICE	•			Amount					
OFFICE	Wireless phones for phone banking & set u	P		128.20					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	uless "None of the below" is cl	hecked)						
19 -427 / 100-1-7	None of the below	A	,						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con		_						
Name of Payee		, Organizan	Date of Payment	Method of Payment:					
Shore Line Publi	shina		10/04/2019	O Check #					
			10,0 1,20 10	O Debit Card OEFT					
Street Address		City		State Zip Code					
PO box 1010		Madison		CT 06433					
Purpose of Expenditure	Description	E	ivent#	Amount					
(by code) A-NEWS	Weekly full page ad in eh courier			656.00					
			* "	1 000.00					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is ch	secked)						
	None of the below Coordinated with reimbursement sought (joint expenditur	e) Independe	nt						
	Coordinated without reimbursement sought (in-kind contr		DO OA OB OC OD						
		SUBTOTAL Section P — ?	This Page 1,098.92						
	TO	TAL of additional Section	P Pages 14,915.37						
	TOTAL OF ALL EXPE								
	(Enter total on Line	e 19, Column A of Summary P	age Totals)						

### Section P. ADDITIONAL PAGE pa\_ of 17\_

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
	P. Expenses	Paid by C	ommittee					
Name of Payee	I · L'APCH3C3	I am by C	Оппинисс		Date of Payment	Method of Payment:		
Verizon wireless					10/07/2019	OCheck #		
		C:L:			10/0//2010	O Debit		
Street Address	·	City				State	Zip Code	
						FL		
Purpose of Expenditure (by code)	Description			Event	#	Amount		
OFFICE	Fee for use of phones in phone bank. Wirld	ess bill.				70.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	ıless "None oj	the below" is	checke	(d)	70,00		
(if applicable)	None of the below (does not involve another candidate or con	mmittee)	_					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OR OB OC DD							
Name of Payee	O Organization C O					Method of	Payment:	
Sq-Sq Fat Man Gosq.com					10/07/2019	O Check		
Street Address		City				O Debit State	Card OEFT Zip Code	
		New Hav	on.			CT	06511	
Elm St		IVEW HAV				<u> </u>	00011	
Purpose of Expenditure (by code)	Description			Event #	#	Amount		
A-OTH	Campagin tee shirts					465.28		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of	the below" is	checke	d)	1		
(if applicable)	O None of the below (does not involve another candidate or con		<b>A</b>					
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		O Independ		A OBOC OD			
Name of Payee	Occurrence		Olganiza		Date of Payment	Method of	Payment:	
Lowes					10/07/2019	O Check #		
Street Address	- 44 (44 (44 (44 (44 (44 (44 (44 (44 (44	City				① Debit	Card OEFT Zip Code	
115 Foxon Blvd		New Haven				СТ	06513	
					11		100010	
Purpose of Expenditure (by code)	Description			Event #		Amount		
MISC	Cleaning, office, poles, supplies for hq					164.40		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None o	f the below" is	s check	ed)			
() -pp	None of the below (does not involve another candidate or co		Indeper					
	Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement sough (in-kind control C		-		DA OB OC OD			
Name of Payee			<u> </u>		Date of Payment	Method of	•	
Shore Line Publ	ishing				10/08/2019	O Check		
Street Address		City				O Debit State	Card OEFT Zip Code	
po box 1010		Madison				ct	06553	
<u> </u>	To the second se			Event	#			
Purpose of Expenditure (by code)	Description			Even	,		Amount	
A-NEWS	Full Page Ad					656.00	)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)							
,	O None of the below (does not involve another candidate or committee)			ndanandant				
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD								
SUBTOTAL Section P — This Page 1,355.68								
			Section 1	A SECTION	1,000.00			

SEEC FORM 20 Revised January 2015

# Section P. ADDITIONAL PAGE Pb of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Carfora 2019				7th Preceeding fling			
	P. Expenses	Paid by Committee					
Name of Payce		with the same of t		Date of Payment	Method of Payment:		
Big Y					O Check		
Street Address		City			State	Zip Code	
1060 W Main St		Branford			СТ	06405	
Purpose of Expenditure (by code)	Description Change for any line		Event	#	Amount		
POST	Postage Stamps for mailing.				182.36		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contr	mmittee) e) O Indepen	ident _				
Name of Payee	Coordinated without reinbursement sought (in-kind cond	Organiza	ation	Date of Payment	Method of I	Payment:	
<u> </u>	ng for debate at highschool			10/10/2019	Check # Debit Card OEFT		
Street Address City				•	State	Zip Code	
200 Main St	200 Main St East Haven					06512	
Purpose of Expenditure (by code)	Description		Event	#	Amount		
MISC	Payment to security guards				180,00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checke	ed)			
(у аррисате)	None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) 🔘 Indepen	_	A O B O C O D			
Name of Payee				Date of Payment	Method of I		
Shore Line Publ	ishing	10/15/2019			Check #  Debit Card DEFT		
Street Address		City			State	Zip Code	
Po Box 1010		Madison			CT	06443	
Purpose of Expenditure (by code)	Description		Event	#	Amount		
A-NEWS	Advertisement in east haven Courier				656.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" i	s check	red)			
(if applicable)	None of the below (does not involve another candidate or co						
	Coordinated with reimbursement sought (joint expenditu			DA OB OC OD			
Name of Payee		Organiz	zadony	Date of Payment	Method of	Payment;	
Stop and Shop				10/15/2019	Check		
Street Address		City			O Debit State	Card OEFT Zip Code	
370 Hemingway	ave	east haven			СТ	06512	
Purpose of Expenditure	Description		Event	#		Amount	
FOOD	FOOD Cake and baked goods				20.99		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s check	ed)			
(g upprication)	None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Independent						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con		_	DA OB OC OD			
		SUBTOTAL Section P -	na jednog		•		
			a a ja a ministra	19 - 19 - 23 - 25 - 25 - 25 - 25 - 25 - 25 - 25			

### Section P. ADDITIONAL PAGE pc of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
	P. Expenses	Paid by Co	mmittee					
Name of Payee		Taliana da Maria		ASSISSA	Date of Payment	Method of	Payment:	
DNA Campaigns	<b>:</b>					Check	_	
Street Address		City				O Debit State	Card OEFT Zip Code	
800 Village walk	#248	Guilford				СТ	06437	
	ang-union-							
Purpose of Expenditure (by code) A-SIGNS	Invoice 19-195. 10 addition 4x4 double sign	gns. canvase	ers	Event #	•	Amount 3,022.24		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of tl	he below" is o	checker	1)	3,022.	24	
(if applicable)	None of the below (does not involve another candidate or con				,			
	O Coordinated with reimbursement sought (joint expenditure	re)	Independ					
Name of Payee	Coordinated without reimbursement sought (in-kind contr	ibution)	Organizat		A OB OC OD  Date of Payment	Method of	Payment:	
Staples				ŀ	10/21/2019	O Check	-	
					10/2 1/20 10	O Debit Card OEFT		
Street Address	City				State	Zip Code		
85 south main st branford					ct	06405		
Purpose of Expenditure	Description			Event #	!		Amount	
(by code) POST	Mailing supplies and printing					1,076.22		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of th	te below" is c	hecked		1,010.22		
(if applicable)	None of the below (does not involve another candidate or cor	-			•			
	Coordinated with reimbursement sought (joint expenditure	e) (	Independ	_	0.0.0.			
Name of Payee	Coordinated without reimbursement sought (in-kind contri	1000000) (	Organizat		A O B O C O D  Date of Payment	Method of	Payment:	
James Esposito	DRA seasons				10/17/2019	① Check # <u>27401</u>		
		City				O Debit State	Card OEFT Zip Code	
Street Address		east haven					06513	
990 foxon rd						ct	00013	
Purpose of Expenditure (by code)	Description	Event					Amount	
FNDR	Payment for seasons fund raiser on 10/17			101	72019a	4,650	1.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of t	the below" is	checke	ed)	7,000.00		
(if applicable)	None of the below (does not involve another candidate or committee)							
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)				A OB OC OD			
Name of Payee			Olganiza		Date of Payment	Method of	Payment:	
Shore Line Publ	ishina				10/22/2019	O Check		
Street Address		City			· ·	O Debit State	Card OEFT Zip Code	
po box 1010		Madison				CT	05443	
po box 1010		IVIGGISOIT				0,	1001110	
Purpose of Expenditure (by code)	Description			Event i	ŧ		Amount	
A-NEWS	Pull Page advertisment					656.00	ס	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of t	he below" is	checke	d)	1		
(g approximate)	None of the below (does not involve another candidate or committee)							
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA OB OC OD								
					ante tratic			
		SUBTUTALS	ection P —	- 1 N1S	Page 10,184.82			

# Section P. ADDITIONAL PAGE pd of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	)	TYPE OF REPORT			
	P Eynenses	Paid by Committee				
Name of Payee	т. пурстого	Talu by Committee	Date of Payment	Method of	Daymont	
,	•			I —	k #27402	
DNA Campaigns		ung	10/21/2019		·	
Street Address		City		State	Zip Code	
800 Village walk	: #248 	Guilford		СТ	06437	
Purpose of Expenditure (by code)	Description		Event #		Amount	
CNSLT	Invoice 19-199. Consulting fees, Photo Sh	noot two.		0.000	- 50	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	checked)	2,309	.52	
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont					
Name of Payee			Date of Payment	Method of		
Antedote.com				Chec Debit		
Street Address		City		State	Zip Code	
120 McKinney ave dallas				tx	75201	
Purpose of Expenditure	Description		Event #		Amount	
(by code) BNK	Electonic depository fees			00.00		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	uless "Nane of the below" is	lchecked)	26.00		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	•			
Name of Payee			Date of Payment	Method of		
				Chec		
Street Address		City		O Debit State	Card DEFT Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
		***************************************		_		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or concomment with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind concomment)	onnmittee)  tre)				
Name of Payee		Organiza	Date of Payment	Method of	Payment:	
	•			Chec		
Street Address	and the state of t	C:L-		O Debit		
Sueet Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	1		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) 🔘 Independ	dent tion OA OB OC OD			
		SUBTOTAL Section P —	-This Page 2,335.52	<u>-</u>		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPO	TYPE OF REPORT			
	Q. Campaign Exp	enses Paid by Candi	date				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description	<u> </u>	Event #	Amount			
(by code)							
			n				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure	Description	1	Event #	Amount			
(by code)							
Name of Payes (Name of Vendor, Person or Entity who candidate paid directly)				1 10			
Name of Payee (Name of V	enaor, Person or Linuy who canatatie pala affectly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address City				State Zip Code			
Purpose of Expenditure	Description		Event #	Amount			
(by code)							
Name of Pavee (Name of V	Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Is reimbursement claimed?			
	······································		Date of Payment				
G		To:					
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
(by code)							
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				Yes No			
Street Address		City		State Zip Code			
Sheet Address		City		State Dip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
,							
Name of Payee (Name of V	rendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				Yes No			
Street Address	_ Academic Administration Annual Academic Annual An	City		State Zip Code			
			P #				
Purpose of Expenditure (by code)	Description		Event #	Amount			
		SUBTOTAL Section Q –	- This Page				
	TO	OTAL of additional Section	on Q Pages				
		PENSES PAID BY CA					
	(Arrest total on 25)	,	3/				

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposite	ory)		ТҮРЕ	OF REPORT		
	R. Expenses Incur	red on Com	nittee Credi	t Card			Name of the
lame of Issuing Insti	tution	Type of Cred	_	_	_		_
		O Visa	Master Card	O Disc	over OAmeric	an Express	s Other:
ame of Vendor, Person o	or Entity					Date of T	Fransaction
treet Address		City				State	Zip Code
urpose of Expenditure ny code)	Description		E	vent #			Amount
ixpenditure # f applicable)	Type of Expenditure (Itemization in Addendum R Requi-	enditure)	Independent	ent	)в Ос О г		
lame of Vendor, Person (	or Entity					Date of T	Transaction
Street Address		City				State	Zip Code
Purpose of Expenditure by code)	Description		E	vent #			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	enditure)	Independ	ent	)в Ос От		
Name of Vendor, Person o	or Entity					Date of T	Transaction
Street Address		City				State	Zip Code
Purpose of Expenditure by code)	Description		E	vent#			Amount
Expenditure #	Type of Expenditure (Itemization in Addendum R Requi	ired unless "None	of the below" is a	checked)			
	O None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin		O Independ		)в <b>О</b> с От	)	
		SUBTOTAL S	ection R — Th	is Page			
	Т	OTAL of addit	ional Section R	Pages			····
то	TAL OF ALL EXPENSES INCURRED O (Enter total on 1)	N COMMIT					

NAME OF COMMIT	EE (Provide Complete Name as Registered wi	ith Filing Repository)	TYPE OF REPOR	Т			
	S. Expenses Incur	red by Committee but Not	Paid During this Period				
Name of Creditor				Date Incus	red		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adde None of the below Coordinated with reimbursement s Coordinated without reimbursement	ought (joint expenditure)	below" is checked)  Independent Organization: OA OB OC	Op			
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	<u> </u>	Event #		nount Incurred stimate or Actual)		
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Adde None of the below Coordinated with reimbursement s Coordinated without reimbursement	ought (joint expenditure)	e below" is checked)  ) Independent ) Organization: A B C	Op			
Name of Creditor				Date Incu	rred		
Street Address	- Allino	City	And American Control of the Control	State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adde None of the below Coordinated with reimbursement so Coordinated without reimbursement	cought (joint expenditure)	e below" is checked) ) Independent ) Organization:	Ов			
		SUBTOTAL	Section S-This Page				
		TOTAL of additi	onal Section S Pages				
TOTAL OF ALL	EXPENSES INCURRED BY COM	MITTEE DURING THIS PERI (Enter total on Line 28, Column A	OD BUT NOT PAID of Summary Page Totals)				
	Previous	sly reported Expenses Unpaid an	d still Outstanding				
	TOTAL OF ALL EXPENS	SES INCURRED BY COMMIT (Enter total on Line 28a, Column A c					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYP	TYPE OF REPORT					
	T. Itemization of Reimb	ursements	and Secondar	rv Pav	ees			<del></del>	
Last Name of Worker/Cons		First		3 - +3		MI	Date of l Person o	Payment to V r Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant		. *****			to Reimburse in Section P: eck #	_		ultant as
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City	<u></u>	•			State	Zip Code	
Purpose of Expenditure (by code)	Description	•	Eve	ent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below  Coordinated with reimbursement sought (joint exper	nditure)	of the below" is ch Independer Organization		O <sub>B</sub> (	ос о в О			
Last Name of Worker/Cons	altant	First				MI	Date of Person o	Payment to V or Entity	endor,
	Entity Paid by Committee Worker/Consultant				reported	to Reimburse in Section P: eck #	_ <b>O</b> Do	ebit Card	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	Cîty					State	Zip Code	
Purpose of Expenditure (by code)	Description		Eve	ent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditure)	of the below" is ch Independe	ent 🔿	O <sub>o</sub> B	O O			
Last Name of Worker/Con	sultant	First				MI		Payment to Vor Entity	Vendor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	<u> </u>				t to Reimburse in Section P: eck #	_	Worker/Con	_
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		Ev	vent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind	nditure)	e of the below" is co	ent ()	О • в	O O			
		SUBTOTA	L Section T — I	This Pa	ge				
		TOTAL of a	dditional Section	n T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONSUI	LTAN	rs				