

SEEC FORM 20

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




RECEIVED FOR FILING
OCT 11 2019
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Stacy Gravano, CTC
TOWN CLERK

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE			
Carfora 2019			
2. TREASURER NAME			
First	MI	Last	Suffix
Richard		Esposito	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
56 Morgan ave	East Haven	CT	06512
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
11/05/2019	Mayor		
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
Joseph		Carfora	
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2019		thru 09/30/2019	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
		Richard Esposito	10/04/2019
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

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	
	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		00.00
12. Balance on hand at the beginning of Reporting Period	5959.56	
13. Contributions Received from Individuals (Sections A and B)	17,815.93	24411.15
14. Receipts from Other Committees (Sections C1 and C2)	625.00	625.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	2,075.00	2,075.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	20,515.93	26,475.49
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	26,475.49	26,475.49
19. Expenses Paid by Committee (Section P)	21,710.07	22,346.08
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4,765.42	4,765.42
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	373.00	373.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. - Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	1500	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	1500	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Abbott		Linda			
Residential Street Address		City		State	Zip Code
53 laurel St.		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 09152019A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/15/2019	75.00		
Last Name		First		MI	
Acabbo		Linda			
Residential Street Address		City		State	Zip Code
127 French Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		25	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 08112019a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		8/11/2019	25		
Last Name		First		MI	
Acabbo		Linda			
Residential Street Address		City		State	Zip Code
127 French Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 09082019a		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		09/08/2019	50.00		
SUBTOTAL Section B — This Page				100.00	
TOTAL of additional Section B Pages				17715.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				17815.93	

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Acabbo		First Joanne		MI	
Residential Street Address 127 French Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 75.00	
Last Name Acampora		First Vincent		MI	
Residential Street Address 46 Wood View Terrace		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/11/2019		Aggregate Contributions 100.00	
Last Name Albis		First James		MI	
Residential Street Address 55 Sharon Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Senior Advisor		Name of Employer CT Dept. Energy and Environmental Protection			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 30.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/21/2019		Aggregate Contributions 80.00	
SUBTOTAL Section B — This Page				155.00	
TOTAL of additional Section B Pages				17.560.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Amendola		First Mariam		MI	
Residential Street Address 278 Mansfield Grove Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 25.00	
Last Name Amento		First Paul		MI	
Residential Street Address 12 Hellstrom Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 50.00	
Last Name Apuzzo		First Robert		MI	
Residential Street Address 278 Sherwood Dr		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/11/2019		Aggregate Contributions 250.00	
SUBTOTAL Section B — This Page				325.00	
TOTAL of additional Section B Pages				17235.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Araujo			First Ricardo		MI
Residential Street Address 643 Bradley St			City East Haven		State CT
Principal Occupation Foreman			Name of Employer CJ Fucci		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/8/2019		Aggregate Contributions 50.00
Last Name Badamo			First Joseph		MI
Residential Street Address 23 Burgess st			City East Haven		State CT
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 75.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received		Aggregate Contributions 75.00
Last Name Balter			First Joshua		MI
Residential Street Address 35 Red Bluff Rd			City East Haven		State CT
Principal Occupation Attorney			Name of Employer Balter Law		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/11/2019		Aggregate Contributions 75.00
SUBTOTAL Section B — This Page					150.00
TOTAL of additional Section B Pages					17,085.93
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Balter			First Lisa		MI
Residential Street Address 35 Red Bluff Rd			City East Haven		State CT
Principal Occupation Travel Agency Franchise Owner			Name of Employer Balter Travels llc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/08/2019		Aggregate Contributions 50.00
Last Name Barrett			First Michael		MI
Residential Street Address 30 Silver Sands Rd			City East Haven		State CT
Principal Occupation Maintenance			Name of Employer SIMS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/15/2019		Aggregate Contributions 150.00
Last Name Barrett			First Michael		MI
Residential Street Address 3 Chester Pl			City East Haven		State CT
Principal Occupation Bus Driver			Name of Employer CT Transit		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/15/2019		Aggregate Contributions 25.00
SUBTOTAL Section B — This Page					175.00
TOTAL of additional Section B Pages					16,910.93
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Bellmore		First Wendy		MI	
Residential Street Address 57 Catherine St		City East Haven		State CT	Zip Code 06512
Principal Occupation APRN		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 100.00	
Last Name Bellmore		First Wendy		MI	
Residential Street Address 57 Catherine St		City East Haven		State CT	Zip Code 06512
Principal Occupation APRN		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 125.00	
Last Name Callahan		First Kimberly		MI	
Residential Street Address 20 Twin Lakes Rd		City North Branford		State CT	Zip Code 06471
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/22/2019		Aggregate Contributions 100.00	
SUBTOTAL Section B — This Page				225.00	
TOTAL of additional Section B Pages				16,685.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Capone			First Frank		MI
Residential Street Address 20 Twin Lakes Rd			City North Branford		State CT
			Zip Code 06471		
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/25/2019		Aggregate Contributions 300.00	
Last Name Capone			First Frank		MI
Residential Street Address 20 Twin Lakes Rd			City North Branford		State CT
			Zip Code 06471		
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07302019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/30/2019		Aggregate Contributions 550.00	
Last Name Capone			First Frank		MI
Residential Street Address 20 Twin Lakes Rd			City North Branford		State CT
			Zip Code 06471		
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 600.00	
SUBTOTAL Section B — This Page				400.00	
TOTAL of additional Section B Pages				16,285.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Capone			First Frank		MI
Residential Street Address 20 Twin Lakes Rd			City North Braford		State CT
			Zip Code 06471		
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 650.00	
Last Name Capotorto			First Frank		MI
Residential Street Address 73 Elm St			City East Haven		State CT
			Zip Code 06512		
Principal Occupation Owner			Name of Employer Capotorto's Plzza		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 50.00	
Last Name Carfora			First Brittney		MI
Residential Street Address 4700 North Winchester ave apt 1			City Chicago		State IL
			Zip Code 60640		
Principal Occupation CRNA			Name of Employer North Star Anesthesia		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/18/2019		Aggregate Contributions 50.00	
SUBTOTAL Section B — This Page				150.00	
TOTAL of additional Section B Pages				16,135.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name Carfora		First Jenn		MI	
Residential Street Address 8 Jeffrey Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Home Maker		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019			
				Aggregate Contributions 40.00	
Last Name Carfora		First Kelli		MI	
Residential Street Address 8 Jeffrey Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09292019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2019			
				Aggregate Contributions 25.00	
Last Name Carfora		First Marc		MI	
Residential Street Address 8 Jeffrey Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Public works		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 60.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019			
				Aggregate Contributions 110.00	
SUBTOTAL Section B — This Page				110.00	
TOTAL of additional Section B Pages				16,025.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Ceasare			First Mariane		MI
Residential Street Address 8 Felicia Dr			City East Haven		State CT
Principal Occupation Paraprofessional			Name of Employer EH Board of Ed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/11/2019		Aggregate Contributions 200.00
Last Name Clough			First Noreen		MI
Residential Street Address 32 Chidsey ave			City east haven		State ct
Principal Occupation Accounting Manager			Name of Employer R.C Bigelow Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/15/2019		Aggregate Contributions 55.00
Last Name Cofrancesco			First Frank		MI
Residential Street Address 129 Leonard Rd			City Hamden		State CT
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 1000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/17/2019		Aggregate Contributions 1000.00
SUBTOTAL Section B — This Page					1,075.00
TOTAL of additional Section B Pages					14,950.93
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Cofrancesco			First Frank		MI
Residential Street Address 32 Woodland Ave			City East Haven		State CT
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No			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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 1000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____			Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/17/2019		Aggregate Contributions 1000.00
Last Name Cofrancesco			First Patricia		MI
Residential Street Address 116 Townsend Ave			City New Haven		State CT
Principal Occupation Attorney			Name of Employer Law office Patricia Cofrancesco		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No			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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 1000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____			Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/17/2019		Aggregate Contributions 1000.00
Last Name Cofrancesco			First Dolores		MI
Residential Street Address 19 Dayton Rd			City Bethany		State CT
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No			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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 1000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____			Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/18/2019		Aggregate Contributions 1000.00
SUBTOTAL Section B — This Page					3,000.00
TOTAL of additional Section B Pages					11,950.93
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Conte		First Anna Marie		MI	
Residential Street Address 62 Wood Terrace		City East Haven		State CT	Zip Code 06513
Principal Occupation Cashier		Name of Employer Costal Wine and Spirits			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section LI? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input checked="" type="radio"/> Yes <input type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 25.00	
Last Name Conte		First Marc		MI	
Residential Street Address 62 Wood Terrace		City East Haven		State CT	Zip Code 06513
Principal Occupation Manager		Name of Employer RFE wire MFG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section LI? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 50.00	
Last Name Coyle		First Charles		MI	
Residential Street Address 25 Columbus ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section LI? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page				50.00	
TOTAL of additional Section B Pages				11,900.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Coyle			First Charles		MI
Residential Street Address 25 Columbus ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/08/2019		Aggregate Contributions 50.00
Last Name Coyle			First Kevin		MI
Residential Street Address 23 Farm Meadow Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/11/2019		Aggregate Contributions 25.00
Last Name Coyle			First Keven		MI
Residential Street Address 23 Farm Meadow Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/08/2019		Aggregate Contributions 50.00
SUBTOTAL Section B — This Page				75.00	
TOTAL of additional Section B Pages				11,825.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Criscio		First John		MI	
Residential Street Address 129 Mclay ave		City East Have		State CT	Zip Code 06512
Principal Occupation		Name of Employer Town of North Branford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input checked="" type="radio"/> Yes <input type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 50.00	
Last Name Criscio		First Sal		MI	
Residential Street Address 9 Jeffrey Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input checked="" type="radio"/> Yes <input type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 50.00	
Last Name Criscio		First Sal		MI	
Residential Street Address 9 Jeffrey Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input checked="" type="radio"/> Yes <input type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 75.00	
SUBTOTAL Section B — This Page				125.00	
TOTAL of additional Section B Pages				11,700.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filig	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Daltilo			First Nora		MI
Residential Street Address 19 Old Kin Rd			City North Haven		State CT Zip Code 06473
Principal Occupation Analyst			Name of Employer YNHH		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/11/2019		Aggregate Contributions 50.00
Last Name deieso			First Nicholas		MI
Residential Street Address 6 Jeffrey Rd			City East Haven		State CT Zip Code 06513
Principal Occupation Sales			Name of Employer Partyka Chevy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/08/2019		Aggregate Contributions 25.00
Last Name Deieso			First Nicholas		MI
Residential Street Address 6 Jeffrey Rd			City East Haven		State CT Zip Code 06513
Principal Occupation Sales			Name of Employer Partyka Chevy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 09/15/2019		Aggregate Contributions 50.00
SUBTOTAL Section B — This Page				100.00	
TOTAL of additional Section B Pages				11,600.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carfora 2019		October 10 filig	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Deko		First Joseph MI	
Residential Street Address 147 Salerno ave		City East Haven	State CT Zip Code 06512
Principal Occupation Fire Fighter		Name of Employer Town of Guilford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019	
		Aggregate Contributions 140.00	
Last Name Deko		First Josph MI	
Residential Street Address 147 Salerno ave		City east haven	State ct Zip Code 06512
Principal Occupation Fire Fighter		Name of Employer Town of Guilford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019	
		Aggregate Contributions 165.00	
Last Name Deko		First Susan MI	
Residential Street Address 131 Salerno ave		City east haven	State ct Zip Code 06512
Principal Occupation Nurse		Name of Employer Artis st Living	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019	
		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page			90.00
TOTAL of additional Section B Pages			11,510.93
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Deko		First Susan		MI	
Residential Street Address 131 Salerno ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Nurse		Name of Employer Artis St Living			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 50.00	
Last Name Deleso		First Nick		MI	
Residential Street Address 7 Jeffrey Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 25.00	
Last Name Deleso		First Patti		MI	
Residential Street Address 7 Jeffrey Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page				75.00	
TOTAL of additional Section B Pages				11,435.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name Delucia		First Steve		MI	
Residential Street Address 325 Mansfield Grove Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Electrician		Name of Employer Delucia Electric			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019	Aggregate Contributions 50.00		
Last Name Delucia		First Steve		MI	
Residential Street Address 325 Mansfield Grove Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Electrician		Name of Employer Delucia Electric			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019	Aggregate Contributions 100.00		
Last Name Derbacher		First Amy		MI	
Residential Street Address 57 Foote Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Assistant Store Manager		Name of Employer Barns and Noble			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019	Aggregate Contributions 25.00		
SUBTOTAL Section B — This Page				125.00	
TOTAL of additional Section B Pages				11,310.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name Esposito		First Donna		MI	
Residential Street Address 435 Strong st		City East Haven		State CT	Zip Code 06512
Principal Occupation medical assistant		Name of Employer Yale University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0908252019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 25.00	
Last Name Esposito		First Liz		MI	
Residential Street Address 11 Park pl		City East Haven		State CT	Zip Code 06512
Principal Occupation Clinical Team Assistant		Name of Employer Patient Care			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 30.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 30.00	
Last Name Fimiuni		First Michael		MI	
Residential Street Address 555 Townsend ave		City New haven		State CT	Zip Code 06512
Principal Occupation Director Econ		Name of Employer City New Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 50.00	
SUBTOTAL Section B — This Page				105.00	
TOTAL of additional Section B Pages				11,205.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Fontana			First Steve		MI
Residential Street Address 23 Angel Place			City North Haven		State CT Zip Code 06473
Principal Occupation Deputy Director Econ Development			Name of Employer City of New Haven		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09292019		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/29/2019		Aggregate Contributions 100.00
Last Name Fontana			First Steve		MI
Residential Street Address 23 Angel Place			City North Haven		State CT Zip Code 06473
Principal Occupation Deputy Director Econ Development			Name of Employer City of New Haven		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/15/2019		Aggregate Contributions 200.00
Last Name Fitch			First Charles		MI
Residential Street Address 1 Palmett Trail			City east haven		State Ct Zip Code 06512
Principal Occupation			Name of Employer self employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/15/2019		Aggregate Contributions 50.00
SUBTOTAL Section B — This Page					250.00
TOTAL of additional Section B Pages					10,955.93
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Froscono		First Be		MI	
Residential Street Address 81 Eddon Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Private Investigator		Name of Employer Benmal Investigations			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 50.00	
Last Name Fucci		First AI		MI	
Residential Street Address 20 Jardin Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 50.00	
Last Name Fucci		First AI		MI	
Residential Street Address 20 Jardin Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/23/2019		Aggregate Contributions 75.00	
SUBTOTAL Section B — This Page				125.00	
TOTAL of additional Section B Pages				10,830.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Giammatti		First Cindy		MI	
Residential Street Address 10 Saint Andrew Cir		City East Haven		State CT	Zip Code 06512
Principal Occupation Special Ed Paraprofessional		Name of Employer EH public School			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 25.00	
Last Name Giangreco		First Susan		MI	
Residential Street Address 10 Saint Andrew Cir		City East Have		State Ct	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/16/2019		Aggregate Contributions 20.00	
Last Name Girven		First Fran		MI	
Residential Street Address 60 Colettan St		City East Haven		State CT	Zip Code 06512
Principal Occupation Machanic		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 100.00	
SUBTOTAL Section B — This Page				145.00	
TOTAL of additional Section B Pages				10,685.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Graham		First Thomas		MI	
Residential Street Address 8 Congress ave		City Waterbury		State CT	Zip Code 06708
Principal Occupation State Marshal		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received		Aggregate Contributions 500.00	
Last Name Hedley		First Tina		MI	
Residential Street Address 84 Landing pl		City East Haven		State CT	Zip Code 06512
Principal Occupation Gastro Center		Name of Employer Admin			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 25.00	
Last Name Hergraves		First Linda		MI	
Residential Street Address 521 Thompson ave		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 50.00	
SUBTOTAL Section B — This Page				575.00	
TOTAL of additional Section B Pages				10,110.93	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filig	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Hoff		First Robert		MI	
Residential Street Address 587 Bradley st		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 30.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/11/2019		Aggregate Contributions 30.00	
Last Name Hoff		First Robert		MI	
Residential Street Address 587 Bradley st		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.01	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/18/2019		Aggregate Contributions 50.01	
Last Name Hongo		First Paul		MI	
Residential Street Address 108 Meadow View Dr		City Trumbull		State CT	Zip Code 06611
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/29/2019		Aggregate Contributions 100.00	
SUBTOTAL Section B — This Page				150.01	
TOTAL of additional Section B Pages				9,960.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name Kronholm		First John		MI	
Residential Street Address 697 Pequot Trail		City Stonington		State CT	Zip Code 06378
Principal Occupation		Name of Employer Brow and Brown of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07302019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/30/2019		Aggregate Contributions 500.00	
Last Name Lee		First Robert		MI	
Residential Street Address 39 West st		City east haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received		Aggregate Contributions 50.00	
Last Name Lee		First Robert		MI	
Residential Street Address 39 West St		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09292019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2019		Aggregate Contributions 70.00	
SUBTOTAL Section B — This Page				570.00	
TOTAL of additional Section B Pages				9,390.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Lesco		First Ashley		MI	
Residential Street Address 23 Taylor ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Paralegal		Name of Employer Marcus Law Firm			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 50.00	
Last Name Libreti		First Joan		MI	
Residential Street Address 30 Milton ave		City West Haven		State CT	Zip Code 06516
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/08/2019		Aggregate Contributions 100.00	
Last Name Limoncelli		First Robert		MI	
Residential Street Address 58 Mansfield Grove Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page				175.00	
TOTAL of additional Section B Pages				9,215.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Lomonte		First Theresa		MI	
Residential Street Address		City Wethersfield		State CT	Zip Code
Principal Occupation Real Estate Appraiser		Name of Employer Broker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 1000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/29/2019		Aggregate Contributions 1000.00	
Last Name Longley		First Luzerne		MI	
Residential Street Address 33 Kimberly Cir		City North Haven		State CT	Zip Code 06473
Principal Occupation Tractor Trail Driver		Name of Employer Tunnel Hill Ash			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 80.00	
Last Name Luzzi		First Henry		MI	
Residential Street Address 434 Thompson Ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09292019a <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2019		Aggregate Contributions 100.00	
SUBTOTAL Section B — This Page				1,150.00	
TOTAL of additional Section B Pages				8,065.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Marcati		Paula			
Residential Street Address		City		State	Zip Code
39 Charnes Dr		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			50.00
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 09082019a		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/08/2019		50.00	
Last Name		First		MI	
Mcdermott		Frank			
Residential Street Address		City		State	Zip Code
2 Antoinette Ln		Guilford		CT	06473
Principal Occupation		Name of Employer			
Police Officer		Town of Hamden			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			40.00
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 09082019a		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/08/2019		40.00	
Last Name		First		MI	
McKeen		Ali			
Residential Street Address		City		State	Zip Code
13 Burke Heights Dr		Wallingford		CT	06492
Principal Occupation		Name of Employer			
Personal Property Specialist		North East Adjustment			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			50.00
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/11/2019		50.00	
SUBTOTAL Section B — This Page				140.00	
TOTAL of additional Section B Pages				7,925.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name McMahon		First James		MI	
Residential Street Address 315 Boston St		City Guilford		State CT	Zip Code 06437
Principal Occupation Sales		Name of Employer Income Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 07302019a	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/30/2019		Aggregate Contributions 250.00	
Last Name McMahon		First James		MI	
Residential Street Address 315 Boston St		City Guilford		State CT	Zip Code 06437
Principal Occupation Sales		Name of Employer Income Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 07302019	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/30/2019		Aggregate Contributions 500.00	
Last Name Mickleson		First Rebecca		MI	
Residential Street Address 131 French ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Art Teacher		Name of Employer New Haven Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 08112019a	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page				525.00	
TOTAL of additional Section B Pages				7,400.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carfora 2019		October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name Milano		First Amy Lauren	
Residential Street Address 161 Borrmann Rd		City East Haven	State CT
Principal Occupation Home Maker		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019	
		Aggregate Contributions 100.00	
Last Name Mison		First Judy	
Residential Street Address 12 Hilton ave		City East Haven	State CT
Principal Occupation Realtor		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019	
		Aggregate Contributions 25.00	
Last Name Monico		First Mario	
Residential Street Address 11 Jeffrey Rd		City East Haven	State CT
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019	
		Aggregate Contributions 50.00	
SUBTOTAL Section B — This Page			175.00
TOTAL of additional Section B Pages			7,225.92
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Narg			First James		MI
Residential Street Address 10 Dorie Rd			City North Branford		State CT Zip Code 06471
Principal Occupation Loader Operator			Name of Employer Tilcon		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 40.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/11/2019		
			Aggregate Contributions 40.00		
Last Name Onnembo			First Anthony		MI
Residential Street Address 263 Riverside Dr			City Hamden		State CT Zip Code 06518
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 300.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/11/2019		
			Aggregate Contributions 300.00		
Last Name Pacelli			First Lou		MI
Residential Street Address 107 Foxon Rd			City East Haven		State CT Zip Code 06512
Principal Occupation Retired			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/11/2019		
			Aggregate Contributions 70.00		
SUBTOTAL Section B — This Page					390.00
TOTAL of additional Section B Pages					6,835.92
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name Pacelli		First Lou		MI	
Residential Street Address 107 Foxon Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 120.00	
Last Name Pacelli		First Lou		MI	
Residential Street Address 107 Foxon Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09292019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2019		Aggregate Contributions 140.00	
Last Name Jud		First Page		MI	
Residential Street Address 98 Borrelli Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page				95.00	
TOTAL of additional Section B Pages				6,740.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Carfora 2019			October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)			\$	
B. Itemized Contributions from Individuals				
Last Name Pellegrino		First Mary Ann		MI
Residential Street Address 90 Gerrish ave apt 22		City East Haven		State CT Zip Code 06512
Principal Occupation Teacher		Name of Employer Gateway		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/4/2019		Aggregate Contributions 80.19
Last Name Penn		First Francesca		MI
Residential Street Address 60 Coleman st		City East Haven		State CT Zip Code 06512
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 100.00
Last Name Penna		First Richard		MI
Residential Street Address 200 Blake Rd		City Hamden		State CT Zip Code 06517
Principal Occupation Hair Stylist		Name of Employer Richard Penna Har		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 125.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 125.00
SUBTOTAL Section B — This Page				200.00
TOTAL of additional Section B Pages				5,990.92
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Perone		First Donna		MI	
Residential Street Address 43 Hoop Pole Ln		City East Haven		State CT	Zip Code 06512
Principal Occupation Accountant		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/13/2019		Aggregate Contributions 250.00	
Last Name Perone		First Andrew		MI	
Residential Street Address 43 Hoop Pole Ln		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/13/2019		Aggregate Contributions 250.00	
Last Name Pompano		First Raymond		MI F	
Residential Street Address 105 Sorrento ave		City East Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 120.00	
SUBTOTAL Section B — This Page				550.00	
TOTAL of additional Section B Pages				5,440.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Pompano		First Raymond		MI F	
Residential Street Address 105 sorrento ave		City East Haven		State CT	Zip Code 06512
Principal Occupation retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 170.00	
Last Name Pompano		First Raymond		MI D	
Residential Street Address 30 Mario Court		City East Haven		State CT	Zip Code 0512
Principal Occupation Teacher		Name of Employer New Haven Board of Ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 25.00	
Last Name Pompano		First Raymond		MI D	
Residential Street Address 30 Mario Court		City East Haven		State CT	Zip Code 06512
Principal Occupation Teacher		Name of Employer New Haven Board of Ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 75.00	
SUBTOTAL Section B — This Page				125.00	
TOTAL of additional Section B Pages				5,315.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Porter		Kristy			
Residential Street Address		City		State	Zip Code
93 Austin Ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Admin Ast.		State of CT judicial Branch			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 08/10/2019			
				Aggregate Contributions 200.00	
Last Name		First		MI	
Porter		Kristy			
Residential Street Address		City		State	Zip Code
93 Austin ave		East Haven		CT	06512
Principal Occupation		Name of Employer			
Admin Asst		State of CT Judicial Branch			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019			
				Aggregate Contributions 250.00	
Last Name		First		MI	
Purzycki		AI			
Residential Street Address		City		State	Zip Code
106 Borrelli Rd		East Haven		CT	06512
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019			
				Aggregate Contributions 80.00	
SUBTOTAL Section B — This Page				200.00	
TOTAL of additional Section B Pages				5,115.92	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				\$	
B. Itemized Contributions from Individuals					
Last Name Purzycki			First Al		MI
Residential Street Address 106 Borelli Rd			City East Haven		State CT
Principal Occupation Retired			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 09082019a</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/08/2019		Aggregate Contributions 105.00
Last Name Purzycki			First Al		MI
Residential Street Address 106 Borelli Rd			City East Haven		State CT
Principal Occupation Retired			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 09152019a</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/15/2019		Aggregate Contributions 130.00
Last Name Purzycki			First Al		MI
Residential Street Address 106 Borelli Rd			City East Haven		State CT
Principal Occupation Retired			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.19	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/11/2019		Aggregate Contributions 150.19
SUBTOTAL Section B — This Page					70.19
TOTAL of additional Section B Pages					5,045.73
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Raffone		First John		MI	
Residential Street Address 57 Pool Rd		City North Haven		State CT	Zip Code 06473
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 100.00	
Last Name Raffone		First John		MI	
Residential Street Address 57 Pool Rd		City North Haven		State CT	Zip Code 06512
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 09292019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/29/2019		Aggregate Contributions 200.00	
Last Name Riolino		First Michael		MI	
Residential Street Address 126 Silver Sands Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation CPA		Name of Employer Decaprioc PA and Assoc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page				225.00	
TOTAL of additional Section B Pages				4,820.73	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Rivera		First Jessica		MI	
Residential Street Address 105 Hughes St		City East Haven		State CT	Zip Code 06512
Principal Occupation Office Manager		Name of Employer Norman Properties Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/02/2019		Aggregate Contributions 250.00	
Last Name Roberts		First Matthew		MI	
Residential Street Address 19 Wheaton Stone Rd		City Madison		State CT	Zip Code 06443
Principal Occupation Managing Director		Name of Employer Shoff Darby Companies Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/06/2019		Aggregate Contributions 500.00	
Last Name Rossi		First Carolyn		MI	
Residential Street Address 4 Howard Ave		City Branford		State CT	Zip Code 06405
Principal Occupation Teacher		Name of Employer EH board of ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07302019a <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/30/2019		Aggregate Contributions 280.00	
SUBTOTAL Section B — This Page				1,000.00	
TOTAL of additional Section B Pages				3,820.73	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Rossi		First Carolyn		MI	
Residential Street Address 4 Howard Ave		City Branford		State CT	Zip Code 06405
Principal Occupation Teacher		Name of Employer EH board of ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 305.00	
Last Name Rudne, Laurence		First Laurence		MI	
Residential Street Address 244 McDonald Rd		City Cholchester		State CT	Zip Code 06415
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 25.00	
Last Name Ruocco		First Gennaro		MI	
Residential Street Address 74 Bennett Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section LI? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/25/2019		Aggregate Contributions 400.00	
SUBTOTAL Section B — This Page				100.00	
TOTAL of additional Section B Pages				3,720.73	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Ruocco		First Gennaro		MI	
Residential Street Address 74 Bennett Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 450.00	
Last Name Ruocco		First Gennaro		MI	
Residential Street Address 74 Bennett Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/25/2019		Aggregate Contributions 500.00	
Last Name Ruocco		First Gennaro		MI	
Residential Street Address 74 Bennett Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 550.00	
SUBTOTAL Section B — This Page				150.00	
TOTAL of additional Section B Pages				3,570.73	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Ruocco		First Gennaro		MI	
Residential Street Address 74 Bennett Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50,00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 500.00	
Last Name Sachs		First Howard		MI	
Residential Street Address 57 Island View Ave		City Branford		State CT	Zip Code 06405
Principal Occupation Foreman		Name of Employer Cherry Hill			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 1000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07302019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/03/2019		Aggregate Contributions 1000.00	
Last Name Sagnella		First Pete		MI	
Residential Street Address 4 Crestwood Dr		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page				1,075.00	
TOTAL of additional Section B Pages				2,495.73	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name Sandillo			First Francis		MI
Residential Street Address 100 Rolling Ridge Rd			City Hamden		State CT Zip Code 06518
Principal Occupation State Marchel			Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/23/2019		Aggregate Contributions 100.00
Last Name Santiago			First Erika		MI
Residential Street Address 388 Coe Ave			City East Haven		State CT Zip Code 06512
Principal Occupation Clinical Technician			Name of Employer YNHH		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/15/2019		Aggregate Contributions 25.00
Last Name Schatzeln			First Dianna		MI
Residential Street Address 116 Bennett Rd			City East Haven		State CT Zip Code 06512
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution 20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09292019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/29/2019		Aggregate Contributions 20.00
SUBTOTAL Section B — This Page					145.00
TOTAL of additional Section B Pages					2,350.73
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Schumitz		First Bob		MI	
Residential Street Address 173 Boarmann Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019			
		Aggregate Contributions 105.00			
Last Name Shaul		First Kim		MI	
Residential Street Address 22 Elliot St		City East Haven		State CT	Zip Code 06512
Principal Occupation Office worker		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019			
		Aggregate Contributions 50.00			
Last Name Shields		First Linda		MI	
Residential Street Address 9 Meadow st.		City East haven		State CT	Zip Code 06512
Principal Occupation Admin asst.		Name of Employer YNHH			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.19	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/15/2019			
		Aggregate Contributions 20.19			
SUBTOTAL Section B — This Page				95.19	
TOTAL of additional Section B Pages				2,255.54	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name Schumitz		First Bob		MI	
Residential Street Address 173 Borrmann Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation Service Manager		Name of Employer Roadone Intermodal			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 30.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 135.00	
Last Name Simon		First Gail		MI	
Residential Street Address 434 Strong St		City East Haven		State CT	Zip Code 06512
Principal Occupation Accountant		Name of Employer Payne Environmental			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 50.00	
Last Name Smith		First George		MI	
Residential Street Address 8 Maplevale Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Right Way Communications			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/25/2019		Aggregate Contributions 20.00	
SUBTOTAL Section B — This Page				100.00	
TOTAL of additional Section B Pages				2,155.54	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Smith		First George		MI	
Residential Street Address 8 Maplevale Rd		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Right way communications			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 60.00	
Last Name Smith		First George		MI	
Residential Street Address 8 Maple Vale Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer Right way communication			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 100.00	
Last Name Snow		First William		MI	
Residential Street Address 35 Featherbed Ln		City Branford		State CT	Zip Code 06405
Principal Occupation Owner		Name of Employer Bills ETC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/16/2019		Aggregate Contributions 250.00	
SUBTOTAL Section B — This Page				330.00	
TOTAL of additional Section B Pages				1,825.54	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name Stacey		First Jack		MI	
Residential Street Address 82 Forbes Pl		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019			
				Aggregate Contributions 130.00	
Last Name Tarducci		First John		MI	
Residential Street Address 25 batt Ln		City East Haven		State CT	Zip Code 06513
Principal Occupation Real Estate		Name of Employer William Reaves			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019			
				Aggregate Contributions 70.00	
Last Name Tarducci		First John		MI	
Residential Street Address 25 batt Ln		City East Haven		State CT	Zip Code 06513
Principal Occupation Real Estate		Name of Employer William Reaves			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019			
				Aggregate Contributions 95.00	
SUBTOTAL Section B — This Page				175.00	
TOTAL of additional Section B Pages				1,650.54	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filig	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
B. Itemized Contributions from Individuals					
Last Name Tarducci		First John		MI	
Residential Street Address 25 Batt Ln		City East Haven		State CT	Zip Code 06513
Principal Occupation Real Estate		Name of Employer William Reaves			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 145.00	
Last Name Thompson		First Paul		MI	
Residential Street Address 843 Thompson st		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 75.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019		Aggregate Contributions 125.00	
Last Name Thompson		First Paul		MI	
Residential Street Address 843 Thompson st		City East Haven		State CT	Zip Code 06513
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 75.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09082019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/08/2019		Aggregate Contributions 200.00	
SUBTOTAL Section B — This Page				200.00	
TOTAL of additional Section B Pages				1,450.54	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				\$	
B. Itemized Contributions from Individuals					
Last Name Thompson			First Thomas		MI
Residential Street Address 21 Mill Hill Cir			City East Haven		State CT Zip Code 06513
Principal Occupation CPA			Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 07302019a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 7/30/2019		Aggregate Contributions 250.00
Last Name Thompson			First Thomas		MI
Residential Street Address 21 Mill Hill Cir			City East Haven		State CT Zip Code 06513
Principal Occupation CPA			Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 08112019a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 8/11/2019		Aggregate Contributions 275.00
Last Name Thompson			First Thomas		MI
Residential Street Address 21 Mill Hill Cir			City East Haven		State CT Zip Code 06513
Principal Occupation CPA			Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 09082019a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 9/08/2019		Aggregate Contributions 300.00
SUBTOTAL Section B — This Page					300.00
TOTAL of additional Section B Pages					1,150.54
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				\$	
SUBTOTAL SECTION A					
B. Itemized Contributions from Individuals					
Last Name Vanacore		First Brian		MI	
Residential Street Address		City North Haven		State CT	Zip Code 06473
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 900.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/17/2019		Aggregate Contributions 950.00	
Last Name Vollono		First Al		MI	
Residential Street Address 43 Eddon Dr		City East Haven		State CT	Zip Code 06512
Principal Occupation Collection manager		Name of Employer Southern CT Gas			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/11/2019		Aggregate Contributions 25.00	
Last Name Vuolo		First Ralph		MI	
Residential Street Address 20 Dwight pl		City East Haven		State CT	Zip Code 06512
Principal Occupation Lead 911 telecommunicator		Name of Employer Town of East Haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019		Aggregate Contributions 25.00	
SUBTOTAL Section B — This Page				1000.00	
TOTAL of additional Section B Pages				150.54	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Carfora 2019			October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A \$	
B. Itemized Contributions from Individuals				
Last Name Wiener		First SCott		MI
Residential Street Address 125 Main st unit 406		City East Haven	State CT	Zip Code 06512
Principal Occupation Tire Dealer		Name of Employer Tire Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 08112019a	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/11/2019	Aggregate Contributions 100.00	
Last Name Yaccarino		First David		MI
Residential Street Address 56 Robert Dr		City East Haven	State CT	Zip Code 06512
Principal Occupation Scientist		Name of Employer Thermo Fisher		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019	Aggregate Contributions 55.00	
Last Name Zampano		First Deborah		MI
Residential Street Address 2 Old town HWY		City East Haven	State CT	Zip Code 06512
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25.54	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 09152019a	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/15/2019	Aggregate Contributions 55.54	
SUBTOTAL Section B — This Page			150.54	
TOTAL of additional Section B Pages			0.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Carfora 2019						October 10, 2019	
C1. Contributions from Other Committees							
Name of Committee					Name of Treasurer		
Connecticut Laborers Political League					Keith Brothers		
Address				Is this contribution associated with an event reported in Section LI? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
475 Iedyard Street				If yes, list Event # _____			
City		State	Zip Code	Date Received	Aggregate Contributions		500.00
Hartford		CT	06114	09/16/2019	500.00		
Name of Committee					Name of Treasurer		
Roofers Political Educational Legislative fund of Connecticut					Davidson, Harold		
Address				Is this contribution associated with an event reported in Section LI? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
19 Bernhard Rd				If yes, list Event # _____			
City		State	Zip Code	Date Received	Aggregate Contributions		125.00
North Haven		CT	06473	09/10/2019	125.00		
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section LI? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
City		State	Zip Code	Date Received	Aggregate Contributions		
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
D. Loans Received this Period						
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						
Street Address		City		State	Zip Code	Amount Received
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						
Street Address		City		State	Zip Code	Amount Received
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						
Street Address		City		State	Zip Code	Amount Received
TOTAL SECTION D						
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)						
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
TOTAL SECTION E						

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)			
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount	
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount	
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount	
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount	
TOTAL SECTION F			
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)			
Date of Receipt	Date of Receipt	Date of Receipt	
Amount	Amount	Amount	
TOTAL SECTION G			
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
TOTAL SECTION H			
I. Anonymous Contributions			
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

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

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	+	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
Total of Other Monetary Receipts (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i>		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
L1. Event Information				
Event # Date of Event 07302019	Letter A	Description Dinner at Rosso Vino	Was this a fundraising event? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address 130 Shore Drive		City Branford	State CT	Zip Code 06405
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> 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.) <input checked="" type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) \$ <input style="width: 100px;" type="text"/> <input checked="" type="radio"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) \$ <input style="width: 100px;" type="text"/> <input checked="" type="radio"/> No		
Event # Date of Event 08112019	Letter A	Description John and Maria's	Was this a fundraising event? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address 280 Foxon Road		City East Haven	State ct	Zip Code 06513
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> 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.) <input checked="" type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) \$ <input style="width: 100px;" type="text"/> <input checked="" type="radio"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) \$ <input style="width: 100px;" type="text"/> <input checked="" type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			0	
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)				

Section L1. ADDITIONAL PAGE 614 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Carfora2019				
L1. Event Information				
Event # Date of Event 0908201	Letter A	Description Foxon Fire House Co#3	Was this a fundraising event? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address Route 80 and North High Street		City East Haven	State CT	Zip Code 06513
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> 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.) <input checked="" type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) \$ <input type="text"/> <input checked="" type="radio"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) \$ <input type="text"/> <input checked="" type="radio"/> No		
Event # Date of Event 0915201	Letter A	Description Foxon Fire House Station #4	Was this a fundraising event? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address 85 George Street		City East Haven	State CT	Zip Code 06512
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> 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.) <input checked="" type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) \$ <input type="text"/> <input checked="" type="radio"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) \$ <input type="text"/> <input checked="" type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)				

Section L1. ADDITIONAL PAGE 118 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Carfora 2019			October 10 filing	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
9292019	A	Fund raiser Meet and Greet	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
89 Kimberly Ave		East Haven	CT	06512
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> 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.) <input checked="" type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="text"/> <input checked="" type="radio"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="text"/> <input checked="" type="radio"/> No		
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="radio"/> 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.) <input type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="text"/> <input type="radio"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → \$ <input type="text"/> <input type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)				

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	October 10 Filing

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By:
Gravino, Mark	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
po box 120597	east haven	CT	06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
09/11/2019			125.00	

Name of Purchaser	Purchase Made By:
Triantis, Dimitrios	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
34 Main St	East Haven	CT	06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
09/26/2019			250.00	

Name of Purchaser	Purchase Made By:
Froscono, Ben	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
64 THOMPSON ST STE b 101	East Haven	CT	06513

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
09/26/2019			125.00	

Name of Purchaser	Purchase Made By:
Fournier, Joe	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
64 Thompson st suite b101	East Haven	CT	06513

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
09/27/2019			125.00	

Name of Purchaser	Purchase Made By:
Nastri, Dennis	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
75 High St	East Haven	CT	06512

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
08/28/2019			100.00	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 725.00

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages 1350.00

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)

Section L3. ADDITIONAL PAGE L3A of 17

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	October 10 Filing

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser Gagliardi, Vincent				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 1899 Hartford Turnpike		City North Haven		State CT	Zip Code 06473
Date Received 8/28/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 150.00	Amount of Sign Purchase	

Name of Purchaser Gagliardi, Sal				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 126 Middletown ave		City North Haven		State CT	Zip Code 06473
Date Received 8/29/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 150.00	Amount of Sign Purchase	

Name of Purchaser Gagliardi, Sal				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 152 Temple St		City New Haven		State CT	Zip Code 06510
Date Received 8/29/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 150.00	Amount of Sign Purchase	

Name of Purchaser Capotorto, Beth				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 73 Elm St		City East Haven		State CT	Zip Code 06512
Date Received 09/05/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 75.00	Amount of Sign Purchase	

Name of Purchaser Morale, Frank				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 5 Foxon Road Ste 2		City North Branford		State CT	Zip Code 06471
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 100.00	Amount of Sign Purchase	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	625.00
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	725.00
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)	

Section L3. ADDITIONAL PAGE *138* of *17*

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 <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser Sargolini, Joseph				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 29 Tabor Rd		City Hamden		State CT	Zip Code 06518
Date Received 09/04/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase	
Name of Purchaser Cantarella, Michael				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 2456 Whitney ave		City Hamden		State CT	Zip Code 06518
Date Received 09/05/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250.00	Amount of Sign Purchase	
Name of Purchaser Snow, William				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 480 Short Beach Rd		City East Haven		State CT	Zip Code 06512
Date Received 08/26/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 100.00	Amount of Sign Purchase	
Name of Purchaser Marquez, Eilen				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 2456 Whitney ave		City Hamden		State CT	Zip Code 06518
Date Received 09/11/2019	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase 125.00	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				725.00	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				0.00	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship			Description of Donation		Fair Market Value of Donation
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship			Description of Donation		Fair Market Value of Donation
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship			Description of Donation		Fair Market Value of Donation
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship			Description of Donation		Fair Market Value of Donation
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship			Description of Donation		Fair Market Value of Donation
Date Received		Event #		Aggregate value for this Event	
SUBTOTAL Section L4 — This Page					
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party					
Name of Host				Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
Name of Host				Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
Name of Host				Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
Name of Host				Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
SUBTOTAL Section L5 — This Page					
TOTAL of additional Section L5 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>					

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Carfora 2019	October 10, 2019

M. In-Kind Contributions

Name Patricia Cofrancesco Esq				
Street Address 89 Kimberly Ave		City East Haven	State CT	Zip Code 06512
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received 09292019	Aggregate Contributions 373	Description of In-Kind Contribution Food, Soda Tables chairs	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	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? <input type="radio"/> Yes <input checked="" type="radio"/> No			Fair Market Value of this Contribution 373.00
Is this contribution associated with an event reported in Section LI? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 09292019A	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			

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

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

SUBTOTAL Section M — This Page	373
TOTAL of additional Section M Pages	0.00
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)	373

N. Refundable Deposit to Telephone Company

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

TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10, 2019 Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Rosso Vino			0730/2019		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
130 Shore Drive		Branford		CT	06405
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Fund Raising Dinner	07302019A		300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Wix.Com			08052019		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
		Tel Aviv Israel			
Purpose of Expenditure (by code)	Description	Event #		Amount	
	Website Domain Setup and monthly payments to date			48.95	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Shore Line Publisng			08/06/2019		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
PO Box 1010		Madison		CT	06443
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-News	Full page Ads			756.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Sq-Sq Fat Man Gosq.com			08192019		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Elm Street		New Haven		CT	06511
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-OTH	Tee Shirts			385.52	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				1,490.47	
TOTAL of additional Section P Pages				20,219.60	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)				21,710.07	

Section P. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
D & A Campaigns			08/12/2019	<input checked="" type="radio"/> Check # 029195056 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
800 Village Walk # 248		Gilford		CT	06437
Purpose of Expenditure (by code)	Description	Event #		Amount	
CCNSLT	Campaign Fees			5,033	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
John and Maria			08/11/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
280 Foxon Rd		East Haven		Ct	06513
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Funding Rasier Dinner	08112019A		600	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Foxon Volunteer Fire House Co. #3			09/08/2019	<input checked="" type="radio"/> Check # 25220 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
Route 80		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Fund Raiser Fried Dough	09082019A		250	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Aldi			09072019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
Route 80		New Haven		Ct	06513
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Food Dough Oil Paper goods	09072019A		326.88	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				6,209.88	

Section P. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora				2019	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Shore Publishing			08/27/2019		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
PO box 1010		Madison		CT	06433
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-News	Full Page Ad			756.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Shore Publishing			09/06/2019		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
po box 1010		Madison		CT	06433
Purpose of Expenditure (by code)	Description	Event #		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)				
	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Shore Publishing			09/10/2019		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
po box 1010		Madison		CT	06433
Purpose of Expenditure (by code)	Description	Event #		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)				
	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Shore Publishing			09/17/2019		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
po box 1010		Madison		CT	06433
Purpose of Expenditure (by code)	Description	Event #		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)				
	<input type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page 2,724.00					

Section P. ADDITIONAL PAGE Pb of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019					
P. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
Amy Derbacher			09/14/2019	<input checked="" type="radio"/> Check # 25221 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
85 George st		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
RMB	Reimburse for Fund Raiser at Fire House 4	09152019a		250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Key Bank			09/12/2019	<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City		State	Zip Code
85 North Main Street		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Bank Charges			11.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Staples			09/12/2019	<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
85 North Main Street		Branford		CT	06405
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE	Office supplys, printing			113.68	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
DNA Campaigns			09/07/2019	<input checked="" type="radio"/> Check #029195145 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
800 Village Walk # 248		Guilford		CT	06437
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-Sign	Lawn Signs, Walk Cards			2,735.86	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				3,110.54	

Section P. ADDITIONAL PAGE pc of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Home Depot			09/23/2019		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
75 Frontage Rd		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-Sign	Poles for Large Lawn Sign, pole jam, and Cleaning Supplies			456.43	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Lowes			09/23/2019		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
115 Foxon Blvd		New Haven		CT	06513
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-Sign	Poles for large lawn signs			63.04	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
DNA Campaigns			09/30/2019		<input checked="" type="radio"/> Check # 25223 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
800 Village Walk # 248		Guilford		CT	06437
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-Signs	Large Lawn Signs, Regular Size Signs, September retainer.			3,459.74	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
DNA Campaigns			09/30/2019		<input checked="" type="radio"/> Check # 25224 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
800 Village Walk # 248		Guilford		CT	06473
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-Signs	Large Lawn Signs and Ticketing Printing			1,784.51	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section P — This Page				5,763.72	

Section P. ADDITIONAL PAGE PD of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
Antedot.com			09/30/2019	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City		State	Zip Code
120 McKinney ave		Dallas		TX	75201
Purpose of Expenditure (by code)	Description	Event #		Amount	
BNK	Fees for electronic contributions			90.92	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Home Depot			09/30/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
75 Frontage Rd		East Haven		CT	06512
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-signs	Poles, hardware large lawn signs			152.54	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Shore Publishing			08/14/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
PO Box 1010		Madison		CT	06433
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-News	Full Page Ad			756.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Shore Publishing			08/20/2019	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
PO Box 1010		Madison		CT	06433
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-News	Full Page Ad			756.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page 1,755.46					

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)					Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)					Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)					Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)					Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)					Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)					Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		Amount	
SUBTOTAL Section Q — This Page							
TOTAL of additional Section Q Pages							
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)							

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section R — This Page					
TOTAL of additional Section R Pages					
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				October 10 Filing	
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
DNA Campaigns					
Street Address		City		State	Zip Code
800 Village Walk #248		Guilford		CT	06437
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
MISC	Monthly Retainer Fee			1,500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address				State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address				State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address				State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section S-This Page					
TOTAL of additional Section S Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) </div> <div> <input type="radio"/> Independent <input type="radio"/> Organization: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div>				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) </div> <div> <input type="radio"/> Independent <input type="radio"/> Organization: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div>				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) </div> <div> <input type="radio"/> Independent <input type="radio"/> Organization: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div>				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) </div> <div> <input type="radio"/> Independent <input type="radio"/> Organization: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div>				
SUBTOTAL Section T — This Page					
TOTAL of additional Section T Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					