#### **SEEC FORM 20**

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

RECEIVED FOR FILING
OCT 1 1 2019
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Stary gravino, CCTC

Do Not Mark in This Space For Ortical Ese Only ERK

#### **COVER PAGE**

1. NAME OF COMMITTEE									
Carfora 2019									
2. TREASURER NAME									
First		МІ		Last				Suffix	
Richard				Esposito			į		
3. TREASURER ADDRESS									
Street Address			City			State	Zip Co	Code	
56 Morgan ave		;	Eas	t Haven		СТ	065	12	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	HT (Complet	e only ij	'Candidate Committee)			m remindents settlem	UCT NUMBER	
(mm/dd/yyyy) 11/05/2019	Mayor						(if applicable)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI		Last				Suffix	
Joseph				Carfora					
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day precee	ding primar	у	7th day preceding referendu		nitial Con		Disbursement	
April 10 filing	30 days follow	ving primar	y	45 days following referendum	m _	mendme			
OJuly 10 filing	O7th day preced	O7th day preceding election ODeficit			T	ype of Re			
October 10 filing	Ol2th day prece			Termination	_				
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No		n						
9. PERIOD COVERED									
	Beginning Da	te		Ending Date					
<u>-</u>	07/01/2019			thru 09/30/2019					
10. CERTIFICATION									
I hereby certify and state, under p  Disclosure Statement for the per					on this <b>Ite</b> n	nized Ca	mpaign Fi	nance	
Reche Canada			Richa	ard Esposito			10/04/2	:019	
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	_	PRINT	NAME OF SIGNER			DATE (r	nm/dd/yyyy)	
A person who is	found to have kn	owingly an	id will	fully violated any provisions o	of the came	aign fin	ance statut	es	
				ulty or imprisonment or both.	,				

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#### **SEEC FORM 20**

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

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
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 (Provide Complete Name as Registered with Filing Repository)		T	YPE OF REPORT			
Carfora 2019		C	october 10 Filing			
A. Total Contributions from Small Contributors-Receiv	JI V	\$				
B. Itemized Co	ntributions from I	Individu	als			
Last Name	First				MI	
Abbott	Linda			T		
Residential Street Address 53 laurel St.	<sup>City</sup> East Haven			State	Zip Code 06512	
Principal Occupation	Name of Employer	er		<u> </u>	100012	
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	is associated with have a			y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019A  Yes Is contributor a principal of a section L1?  If yes, list Event # 09152019A	ich or branches		ontractor? Yes No Legislative			
Method of Contribution:	Date Received		ggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money		/	5.00			
Last Name Acabbo	First Linda				MI	
Residential Street Address	City			State	Zip Code	
127 French Ave	East Haven			СТ	06512	
Principal Occupation	Name of Employer	:r		<u> </u>		
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	is associated with have a			/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or branches		ontractor? Yes No Legislative			
Method of Contribution:	Date Received		gregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money		2	25			
Last Name Acabbo	First Linda				MI	
ACADDO  Residential Street Address	City			State	Zip Code	
127 French Ave	East Haven			СТ	06512	
Principal Occupation	Name of Employer	er		L		
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Ves No Ves	is associated with have a			y. Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes No Is contributor a principal of a subject of government the contract of government the government of government the government of government the government of government the government of government of government the government of government	ich or branches	_	ontractor? Yes No Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received Order 09/08/2019		gregate Contributions 0.00			
	OTAL Section B —					
TOTAL OF ALL CONTRIBUTIONS FROM	of additional Secti		D.			
	1 INDIVIDUALS (Sec 13, Column A of Summar					

0	ŧ		
	2		

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 Co	ntributi	ions from Indivi	duals			
Last Name	First				MI	
Acabbo	Joa	nne			5	
Residential Street Address	City			State	Zip Code	
127 French Ave	East H	aven		СТ	06512	
Principal Occupation	N	lame of Employer				
Retired	F	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Valued at more than \$5,000?	to a candid	fate for a chief executive ted with have a contract or Yes	e officer of a municipality with said municipality	/. Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes Is contributor a principal of a If yes, indicate which bra: of government the contraction of government the contraction.	nch or brai		e contractor? Yes OLegislative			
Method of Contribution:		ate Received	Aggregate Contributions	_		
OCash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	1	9/15/2019	75.00			
Last Name	First				МІ	
Acampora	Vind	cent				
Residential Street Address	City			State	Zip Code	
46 Wood View Terace	East Ha	aven		СТ	06513	
Principal Occupation	Na	ame of Employer				
Retired	F	Retired				
If contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$400 to a candidate for a chief executive office does contributor or business he/she is associated with have a contract with savalued at more than \$5,000?  Yes No						
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or brai	nches	e contractor? Yes No			
Method of Contribution:	Da	ate Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order S	9/11/2019	100.00			
Last Name	First				MI	
Albis	Jam	nes				
Residential Street Address	City			State	Zip Code	
55 Sharon Dr	East Ha	aven		CT	06512	
Principal Occupation	Na	ame of Employer				
Senior Advisor	С	CT Dept. Energy a	and Environmental	Protec	ction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No South If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract			ve officer of a municipality. Amount of		
event reported in Section L1?   No If yes, indicate which bran	Yes No Is contributor a principal of a state contractor or prospective state con If yes, indicate which branch or branches of government the contract is with:					
Method of Contribution:						
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order 9	/21/2019	80.00			
SUBT	OTAL S	Section B — This l	Page 155.00			
TOTAL	TOTAL of additional Section B Pages 17.560.93					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		DUALS (Sections A  A of Summary Page T				

SEEC FORM 20 Bestsed January 2015

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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 Co	ontribut	ions from Individ	luals		MI	
Amendola	Mai	riam			1.22	
Residential Street Address	City			State	Zip Code	
278 Mansfield Grove Rd	East H	aven		CT	06512	
Principal Occupation	N	Name of Employer			1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Volume 1				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes No No If yes, indicate which branch of government the contraction of government the contraction.	inch or bra		CLegislative SYes			
Method of Contribution:	D	ate Received	Aggregate Contributions	1		
OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney	y Order	9/15/2019	25.00			
Last Name	First				MI	
Amento	Pau	.l				
Residential Street Address	City			State	Zip Code	
12 Hellstrom Rd	East H			СТ	06512	
Principal Occupation Retired	1	lame of Employer				
		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				50.0	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes No If yes, list Event # 08112019a  Is contributor a principal of a If yes, indicate which bra of government the contraction.	inch or bra		<b>⊘</b> No			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		ate Received 8/11/2019	Aggregate Contributions 50.00			
Last Name	First				MI	
Apuzzo	Rob	pert				
Residential Street Address	City			State	Zip Code	
278 Sherwood Dr	North F	Haven		CT	06473	
Principal Occupation Retired	- 1	lame of Employer Retired	· · · · · · · ·			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No See				. Amo	unt of Contribution	
event reported in Section L1?	ribution associated with an Yes No Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	l l	ate Received 7/11/2019	Aggregate Contributions 250.00			
SUBI	rotal:	Section B — This	Page 325.00			
TOTAL	L of addi	tional Section B P	ages 17235.93			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IDUALS (Sections A n A of Summary Page T				

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$\mathbf{a}$	t		
0			

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-Receiv (See instructions for definition of Small Contributor)	\$					
B. Itemized Co	ntribu	tions from Individ	luals			
Last Name	First					MI
Araujo	Rid	cardo				
Residential Street Address	City			State	Zip C	
643 Bradley St	East F	łaven		CT	06	512
Principal Occupation	i i	Name of Employer				
Foreman		CJ Fucci				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				. Amoi		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes Is contributor a principal of a second reported in Section L1?  No If yes, indicate which branch of government the contract	nch or bra	anches	Chegislative		_	
Method of Contribution:	1	Date Received	Aggregate Contributions	1		
OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	y Order	9/8/2019	50.00	-		
Last Name	First					ML
Badamo	Jos	seph				
Residential Street Address	City			State	Zip C	lode
23 Burgess st	East F	laven		CT	06	512
Principal Occupation	1	Name of Employer	L		l	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				75.0		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes Is contributor a principal of a section L1?  If yes, list Event # 08112019a  Is contributor a principal of a section L1?  If yes, list Event # 08112019a	nch or br	anches	e contractor? Yes No Legislative		-	
Method of Contribution:			Aggregate Contributions	1		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order		75.00			
Last Name	First			<del>'</del>		MI
Balter	Jos	shua				
	City			State	Zip C	
35 Red Bluff Rd	East F	łaven		CT	06	513
Principal Occupation	]	Name of Employer				
Attorney		Balter Law				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a candi is associa	date for a chief executive ted with have a contract of Yes No	officer of a municipality with said municipality	. Amou		Contribution
Is contribution associated with an at reported in Section L1?  Yes No Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney		Date Received 8/11/2019	Aggregate Contributions 75.00			
SUBT	<b>FOTAL</b>	Section B — This	Page 150.00			
		litional Section B P				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		TDUALS (Sections A in A of Summary Page 1				

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-Receiv (See instructions for definition of Small Contributor)	\$					
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		rst	74 5 1954 1.95 1.95 1.95 1.05 1.05 1.05 1.05 1.05 1.05 1.05 1.0			MI
Balter	L	.isa				
Residential Street Address	City			State	1 -	Code
35 Red Bluff Rd	East	Haven		СТ	06	512
Principal Occupation		Name of Employer				
Travel Agency Franchise Owner		Balter Travels IIc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or l	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	_		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	9/08/2019	50.00			
Last Name	Fir	rst				MI
Barrett	l N	/lichael				
Residential Street Address	City			State	Zip (	Code
30 Silver Sands Rd	East	Haven		CT	06	512
Principal Occupation		Name of Employer				
Maintenance		SIMS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?				', Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	9/15/2019	150.00			
Last Name	Fir					MI
Barrett		/lichael			T	
Residential Street Address  3 Chester Pl	City Eact	: Haven		State CT	1 .	Code 512
Principal Occupation	Last	Name of Employer				012
Bus Driver		CT Transit				
	to a sou		- Ct C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				25.0		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes Is contributor a principal of a substitution of government the contraction of government the contraction.	ich or b	oranches	Contractor?  OLegislative			
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Order	Date Received 9/15/2019	Aggregate Contributions 25.00			
SUBT	OTA	L Section B — This	Page 175.00			
TOTAL	of ac	Iditional Section B P	ages 16,910.93			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page T				

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-Receiv (See instructions for definition of Small Contributor)	\$	\$			
B. Itemized Co	ntributions from Indiv	iduals			
Last Name	First		***	MI	
Bellmore	Wendy				
Residential Street Address	City		State	Zip Code	
57 Catherine St	East Haven		CT	06512	
Principal Occupation	Name of Employer			h	
APRN					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	/, Amoi	unt of Contribution	
event reported in Section L1? No If yes, indicate which brai		ate contractor? Yes  • OLegislative			
	Date Received	Aggregate Contributions	-		
Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney		100.00			
		100.00		1 > 24	
Last Name Bellmore	First Wendy			MI	
Residential Street Address	City		State	Zip Code	
57 Catherine St	East Haven		CT	06512	
Principal Occupation	Name of Employer			<u> </u>	
APRN	, mane or Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ct with said municipality	, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra		tate contractor? Yes			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 9/15/2019	125.00			
Last Name	First			MI	
Callahan	Kimberly				
Residential Street Address	City		State	Zip Code	
20 Twin Lakes Rd	North Branford		СТ	06471	
Principal Occupation	Name of Employer		l		
Retired	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		et with said municipality	/. Amoi	unt of Contribution	
event reported in Section L1?					
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Ceredit/Debit Card Payroll Deduction Money	Order 9/22/2019	100.00			
SUB	ΓΟΤΑL Section B — Th	is Page 225.00			
TOTAL	_ of additional Section B	Pages 16,685.93			
TOTAL OF ALL CONTRIBUTIONS FROM	// INDIVIDUALS (Sections	A + B)			
	13, Column A of Summary Pag				

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 Con	- 4-5 2 5 C 4-5 45 C - 4	utions from Indivi	duals			
Last Name	1	rst				MI
Capone	F	rank				
	City			State	1 1	Code
20 Twin Lakes Rd	Nort	h Branford		CT	06	471
Principal Occupation		Name of Employer		,	•	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		f Contribution
ls this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a section L1?  No No of government the contract of government the government that government the government the government that government the	nch or l	branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	7/25/2019	300.00			
Last Name	Fit	rst				мі
Capone	- 1	rank				
Residential Street Address	City			State	Zip (	I Code
20 Twin Lakes Rd	Nort	h Branford		СТ	06	471
Principal Occupation		Name of Employer		1	<u> </u>	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?			with said municipality	250	Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07302019a  Yes Is contributor a principal of a fixed section II?  If yes, list Event # 07302019a  Is contributor a principal of a fixed section II?  If yes, list Event # 07302019a	nch or	branches th:	No Legislative			
Method of Contribution:		1	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		7/30/2019	550.00			
Capone	Fii F	rst Frank				MI
***************************************				Terre	Zip (	7-4-
20 Twin Lakes Rd	City Nort	h Branford		State		471
Principal Occupation		Name of Employer		1	<u> </u>	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7. Amo		f Contribution
event reported in Section L1?						
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order	8/11/2019	600.00			
SUBT	ОТА	L Section B — This	Page 400.00			
		dditional Section B P				
TOTAL OF ALL CONTRIBUTIONS FROM						
		IVIDUALS (Sections A umn A of Summary Page T				

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 Cor	ntril	butions from Indivi	duals				
Last Name	- 1	First				MI	
Capone		Frank					
	City State Zip Code						
20 Twin Lakes Rd	NOI	rth Braford		СТ	06	471	
Principal Occupation Retired		Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contrib		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes No Is contributor a principal of a substitution of government the contraction of government the contraction.	ich or	r branches	Contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er 9/08/2019	650.00				
Last Name		First				MI	
Capotorto		Frank			· · · · · · · · · · · · · · · · · · ·	<u></u>	
	City	at Llavon		State	Zip		
73 Elm St	Eas	st Haven		СТ	Ub	512	
Principal Occupation Name of Employer Owner Capotoro's PIzza							
	dependent child of a lobbyist?   O No does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019  Yes Is contributor a principal of a section L1?  If yes, list Event # 09082019  Is contributor a principal of a section L1?  If yes, list Event # 09082019	ach o	r branches	e contractor? Yes No				
Method of Contribution:  Cash Personal Check Octedit/Debit Card Payroll Deduction Omoney	Order	Date Received	Aggregate Contributions 50.00				
Last Name	1	First				MI	
Carfora		Brittney					
	City	2000		State		Code	
4700 North Winchester ave apt 1	CIII	cago		l IL	טט	640	
Principal Occupation  CRNA		Name of Employer  North Star Anesth	esia				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONO No Ves If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				Amount of Contribution 50.00			
this contribution associated with an vent reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  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:  Executive Legislative							
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 7/18/2019 Aggregate Contributions 50.00							
SUBT	OT/	AL Section B — This	Page 150.00				
TOTAL	of a	additional Section B P	ages 16,135.93				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A Jumn A of Summary Page 1					

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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 Co	ntribu	tions from Indivi	duals				
Last Name	First	l .			MI		
Carfora	Je	nn					
Residential Street Address	City			State	Zip Code		
8 Jeffrey Rd	East I	Haven		CT	06513		
Principal Occupation		Name of Employer					
Home Maker							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution		
ls this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Section L1?  No ls contributor a principal of a section L1?  No government the contract of government the government the contract of government the government the government the government of government the government of government the government the government that government the government the government of government the government the government of government of government the government of government	nch or br	anches	C Contractor? Yes No				
Method of Contribution:	····	Date Received	Aggregate Contributions	-			
©Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney		9/15/2019	40.00				
Last Name	First			Ē.	MI		
Carfora	Ke						
Residential Street Address	City	11.1.1		State	Zip Code		
8 Jeffrey Rd	East I	Haven		CT	06513		
Principal Occupation Name of Employer							
	pendent child of a lobbyist? ON does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  If yes, indicate which brains			e contractor? Yes				
If yes, list Event # 09292019a of government the contract			C Legislative				
Method of Contribution:	1		Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	9/29/2019	25.00				
Last Name	First				Ml		
Carfora	Ma	arc					
Residential Street Address	City			State	Zip Code		
8 Jeffrey Rd	East	Haven		CT	06513		
Principal Occupation	<u> </u>	Name of Employer			<u> </u>		
Public works							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No				Amount of Contribution			
event reported in Section L1?	1? No If yes, indicate which branch or branches No						
Method of Contribution:	- 1	Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	8/11/2019	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) (Enter total on Line 13, Column A of Summary Page Totals)							
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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 Con	ntribu	itions from Indivi	duals			
Last Name	Firs	st.			MI	
Ceasare	M	ariane				
Residential Street Address	City			State	Zip Code	
8 Felicia Dr	East	Haven		CT	06512	
Principal Occupation		Name of Employer				
Paraprofessional		EH Board of Ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a second reported in Section L1?  Yes No If yes, indicate which branches	nch or b	ranches	No No			
If yes, list Event # 08112019a of government the contract	ct is with		OLegislative	_		
Method of Contribution:		Date Received 8/11/2019	Aggregate Contributions	ļ		
Cash Personal Check Credit/Debit Card Payroll Deduction Money			200.00			
Last Name	Firs				MI	
Clough	N	oreen				
	City			State	Zip Code	
32 Chidsey ave	east	naven		ct	06512	
Principal Occupation		Name of Employer				
Accounting Manager		R.C Bigelow Inc				
	oes contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes  Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or b	ranches	e contractor? Yes No			
Method of Contribution:			Aggregate Contributions	1		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	9/15/2019	55.00			
Last Name	Firs	E			MI	
Cofrancesco	Fr	rank				
Residential Street Address	City	torox.co.co.co.co.co.co.co.co.co.co.co.co.co.		State	Zip Code	
129 Leonard Rd	Hamo	den		СТ	06514	
Principal Occupation	1	Name of Employer				
dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality			. Amo	unt of Contribution		
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	9/17/2019	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)						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF R			TYPE OF REPORT	PE 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			\$				
		ions from Individ	duals				
Last Name	First	. ا سا			MI		
Cofrancesco	Fra	ink					
Residential Street Address	City			State	Zip Code		
32 Woodland Ave	East H	laven		CT	06512		
Principal Occupation	١	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7. Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a significant which brain of government the contract of government the contract.	nch or bra		e contractor? Yes No Clegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		9/17/2019	1000.00				
Last Name	First			•	МІ		
Cofrancesco	Pat	tricia					
Residential Street Address	City			State	Zip Code		
116 Townsend Ave	New H	laven		CT	06512		
Principal Occupation	٨	Name of Employer					
Attorney	ι	Law office Patricia	Cofrancesco				
	does contributor or business he/she is associated with have a contract with said municipality			int of Contribution 0.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra: of government the contraction of government the contraction.	nch or bra	inches _	e contractor? Yes No				
Method of Contribution:			Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	9/17/2019	1000.00				
Last Name	First				MI		
Cofrancesco		lores			,,,,		
Residential Street Address	City	······································		State	Zip Code		
19 Dayton Rd	Bethar	ny		СТ	06524		
Principal Occupation	N	Name of Employer					
Retired	I	Retired					
	child of a lobbyist?   No does contributor or business he/she is associated with have a contract with said municipality						
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:			Aggregate Contributions	1			
Cash Personal Check Credit/Debit Card Payroll Deduction Mouey	Order (	9/18/2019	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)							

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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		\$						
	ontri		ions from Indivi	duals				
Last Name		First					MI	
Conte		Anr	na Marie					
Residential Street Address	City				State	1	Code	
62 Wood Terrace	Ea	ast H	aven		CT	06	513	
Principal Occupation		N	laine of Employer					
Cashier		(	Costal Wine and S	Spirits				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?						Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Section L1?  Yes Is contributor a principal of If yes, indicate which be of government the cont	ranch c	or bra		e contractor? Yes  OLegislative				
Method of Contribution:	10		Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Ord		9/15/2019	25.00				
Last Name		First			•		MI	
Conte		Mai	rc					
Residential Street Address	City	, ,			State	Zip (	.LCode	
62 Wood Terrace	Ea	ast H	aven		СТ	06	513	
Principal Occupation		N	lame of Employer			1		
Manager			RFE wire MFG					
	does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch (	or bra		_ <b>(i)</b> No				
Method of Contribution:				Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	ey Orde	der	9/15/2019	50.00				
Last Name		First					MI	
Coyle		1	arles					
Residential Street Address	City	,			State	Zip (	Code	
25 Columbus ave	Ea	ast H	aven		CT	06	512	
Principal Occupation		N	lame of Employer		1	Д		
Retired		F	Retired					
contributor a lobbyist, spouse, dependent child of a lobbyist?  Yes observed by the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No				f Contribution				
event reported in Section L1?	No If yes, indicate which branch or branches No							
Method of Contribution:	Method of Contribution:  Date Received Aggregate Contributions							
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order 8/11/2019 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)								

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF RE			TYPE OF REPORT	F 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		\$					
		butions from Indivi	duals				
Last Name Coyle		riist Charles			MI		
Residential Street Address	City			State	Zip Code		
25 Columbus ave	1 1	st Haven		CT	06512		
Principal Occupation		Name of Employer		L			
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Section L1?  No If yes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes No No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde		50.00	***************************************			
Last Name	I	First			Мі		
Coyle	1	Kevin					
Residential Street Address	City			State	Zip Code		
23 Farm Meadow Rd	Eas	st Haven		CT	06513		
Principal Occupation	.t	Name of Employer	<u></u>				
Retired		Retired					
	does contributor or business he/she is associated with have a contract with said municipality			İ	Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Section L1?  No If yes, indicate which brace of government the contract of government the government the government the contract of government the government the government the government the government the government the government of government o	anch o	or branches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	r 8/11/2019	25.00				
Last Name		First			MI		
Coyle		Keven					
Residential Street Address	City			State	Zip Code		
23 Farm Meadow Rd	Eas	st Haven		CT	06513		
Principal Occupation Name of Employer							
Retired		Retired					
contributor a lobbyist, spouse, dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No 25.0			unt of Contribution				
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:	٠.	Date Received 9/08/2019	Aggregate Contributions				
OCash ○Personal Check ○Credit/Debit Card ○Payroll Deduction ○Mone	y Orde	9/06/2019	50.00				
SUBTOTAL Section B — This Page 75.00							
TOTA	Lofa	additional Section B P	ages 11,825.93				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A olumn A of Summary Page T	NA 41 A CO CONTRACTOR				

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 Co	ntribi	utions from Individ	duals			
Last Name	Fir	st			MI	
Criscio	J	ohn				
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·	44	State	Zip Code	
129 Mclay ave	East	Have		СТ	06512	
Principal Occupation		Name of Employer Town of North Bra	anford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or business he/she		ciated with have a contract			unt of Contribution	
valued at more than \$5,000?		OYes ONo		50.0	0	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Or Yes Is contributor a principal of a second branch of government the contract of government the government the government the government the government of gov	nch or b	oranches	e contractor? Yes No			
	JC 13 WIL	Date Received	Aggregate Contributions	$\dashv$		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	8/11/2019	50.00			
Last Name	Fin	st			Mi	
Criscio	s	al				
Residential Street Address	City			State	Zip Code	
9 Jeffrey Rd	-	Haven		СТ	06513	
Principal Occupation	·	Name of Employer		i .		
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes Is contributor a principal of a If yes, indicate which bra of government the contra-	nch or l	oranches _	_ <b>(i)</b> No			
If yes, list Event # 08112019a of government the contract Method of Contribution:	CUS WIL		Legislative Aggregate Contributions	_		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	8/11/2019	50.00			
Last Name	Fir	st			Ml	
Criscio	s	al				
Residential Street Address	City			State	Zip Code	
9 Jeffrey Rd	East	Haven		СТ	06512	
Principal Occupation		Name of Employer		<u> </u>	L	
Retired		Retired				
ontributor a lobbyist, spouse, ependent child of a lobbyist? Yes No Sependent 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? Yes No			/, Amor	unt of Contribution		
event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	9/08/2019	75.00			
SUBTOTAL Section B — This Page 125.00						
TOTAI	of ad	Iditional Section B P	ages 11,700.93			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A umn A of Summary Page 2				

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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-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Cor	itributions from Individ	duals		
Last Name	First		MI	
Daltilo	Nora			
Residential Street Address	City		State Zip Code	
19 Old Kin Rd	North Haven		CT 06473	
Principal Occupation	Name of Employer			
Analyst	YNHH			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Section L1?  No list Event # 08112019a  Section L1?  No list Event # 08112019a		e contractor? Yes No		
Method of Contribution:	Date Received	Aggregate Contributions	-	
©Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney		50.00		
Last Name	First		MI	
deieso	Nicholas			
Residential Street Address	City		State Zip Code	
6 Jeffrey Rd	East Haven		CT 06513	
Principal Occupation	Name of Employer	I		
Sales	Partyka Chevy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes O No	e officer of a municipality with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes Is contributor a principal of a support of government the contract of government the government the contract of government the contract of government the government of government the government of government the government of government the government of governmen		te contractor? Yes No		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 9/08/2019	25.00		
Last Name	First		MI	
Deieso	Nicholas			
Residential Street Address	City		State Zip Code	
6 Jeffrey Rd	East Haven		CT 06513	
Principal Occupation	Name of Employer			
Sales	Partyka Chevy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    No    Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 25.00	
event reported in Section L1? O No If yes, indicate which brai	this contribution associated with an entreported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches			
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/15/2019	50.00		
SUBT	OTAL Section B — This	Page 100.00		
TOTAL	of additional Section B I	ages 11,600.93		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)				

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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  \$ 1.			\$			
B. Itemized Contributions from Individuals						
Last Name	First			A-13-A-12-4-12-4-12-4	MI	
Deko	Jos	seph				
Residential Street Address	City			State	Zip Code	
147 Salerno ave	East F	laven		CT	06512	
Principal Occupation Name of Employer						
Fire Fighter		Town of Guilford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?				, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Section L1?  No If yes, indicate which branch of government the contract of government the government of government the government of government the government of government the government of government o	nch or bra	anches _	contractor? Yes No Legislative			
Method of Contribution:	1	Date Received	Aggregate Contributions			
OCash	y Order	9/08/2019	140.00			
Last Name	First				Ml	
Deko	Jos	sph				
Residential Street Address	City			State	Zip Code	
147 Salerno ave	east h	aven		ct	06512	
Principal Occupation	ı	Name of Employer				
Fire Fighter		Town of Guilford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				Amou 25.0	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or bra	anches	e contractor? Yes No			
Method of Contribution:	Ι	Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	9/15/2019	165.00			
Last Name	First				MI	
Deko	Su	san				
Residential Street Address	City			State	Zip Code	
131 Salerno ave	east h	aven		ct	06512	
Principal Occupation  Nurse		Name of Employer Artis st Living				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Ves Valued at more than \$5,000?				. Amoi	ont of Contribution	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  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:  Executive Legislative						
Method of Contribution:  Cash Personal Check Oredit/Debit Card OPayroll Deduction OMoney		Date Received 8/11/2019	Aggregate Contributions 25.00			
SUBT	FOTAL	Section B — This	Page 90.00			
TOTAL	L of add	itional Section B P	ages 11,510.93			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

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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-Receiv (See instructions for definition of Small Contributor)	is Period ONLY OTAL SECTION A	\$				
B. Itemized Contributions from Individuals						
Last Name	Fit				MI	
Deko	S	Susan				
Residential Street Address	City			State	Zip Code	
131 Salerno ave	East	Haven		CT	06512	
Principal Occupation	J	Name of Employer		<u>.                                    </u>		
Nurse		Artis St Living				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Section L1?  No ls contributor a principal of a lfyes, indicate which bra of government the contraction.	nch or l	branches	Chegislative			
Method of Contribution:	W. 10 WIL	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order		50.00			
Last Name	Fir	rst			MI	
Deleso	N	lick				
Residential Street Address	City			State	Zip Code	
7 Jeffrey Rd	East	Haven		СТ	06513	
Principal Occupation Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7. Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	nch or l	branches	e contractor? Yes No Legislative			
Method of Contribution:		1	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	8/11/2019	25.00			
Last Name	Fit	rst		•	MI	
Deleso	P	Patti				
Residential Street Address	City			State	Zip Code	
7 Jeffrey Rd	East	: Haven		СТ	06513	
Principal Occupation		Name of Employer		l.,		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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?  Yes  No  Yes  No  25.00			ount of Contribution			
event reported in Section L1? O No If yes, indicate which bra	this contribution associated with an entreported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  Yes If yes, indicate which branch or branches					
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	/ Order	Date Received 8/11/2019	Aggregate Contributions 25.00			
			75.00		:	
		L Section B — This				
TOTAI	L of ac	dditional Section B P	ages 11,435.93			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

of	
VI.	

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 Cor	ntribu	itions from Individ	duals			
Last Name		Firs				MI	
Delucia		St	eve				
Residential Street Address		City			State	Zip Code	
325 Mansfield Grove Rd		East	Haven		CT	06512	
Principal Occupation Name of Employer							
Electrician Delucia Electric							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions			
Ocash Personal Check Ocredit/Debit Ca	ard OPayroll Deduction OMoney	Order	8/11/2019	50.00			
Last Name		Firs	t			MI	
Delucia		St	teve				
Residential Street Address		City			State	Zip Code	
325 Mansfield Grove Rd		East	Haven		CT	06512	
Principal Occupation			Name of Employer		· · · · · · · · · · · · · · · · · · ·		
Electrician	•		Delucia Electric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive inted with have a contract Yes No	e officer of a municipality with said municipality	y, Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a	Is contributor a principal of a self yes, indicate which brain of government the contract	nch or b	ranches _	C Legislative			
Method of Contribution:	_		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order	9/15/2019	100.00			
Last Name		Firs				MI	
Derbacher		A	my				
Residential Street Address		City Eact	Haven		State	Zip Code 06512	
57 Foote Rd		Lasi			<u> </u>	100012	
Principal Occupation			Name of Employer  Barns and Noble				
Assistant Store Manager			<u> </u>		<u> </u>		
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?  Yes  No  Yes  No  Yes  No  Yes  No  25.00							
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  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:  Executive Legislative							
Method of Contribution:  OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMonev	Order	Date Received 9/15/2019	Aggregate Contributions 25.00			
			 L Section B — This	Page 125.00			
			Iditional Section B F				
TOTAL OF A	LL CONTRIBUTIONS FROM						
(Enter total on Line 13, Column A of Summary Page Totals)							

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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 Co	ntrib	utions from Individ	duals			
Last Name	Fi	irst			MI	
Esposito		Donna				
Residential Street Address	City			State	Zip Code	
435 Strong st	East	t Haven		СТ	06512	
Principal Occupation		Name of Employer		1		
medical assistant		Yale University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Ame	ount of Contributi	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which brace the contributor approach the contributor approach to the contr	nch or	branches	No No			
If yes, list Event # 0908252019a of government the contra	n.c 15 W1	th: Œxecutive  Date Received	OLegislative Aggregate Contributions			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order		25.00			
Last Name	Fi	rst			MI	
Esposito	L	.iz				
Residential Street Address	City			State	Zip Code	
11 Park pl	East	t Haven		СТ	06512	
Principal Occupation	1	Name of Employer		L	·····	
Clinical Team Assistant		Patient Care				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Section L1?  No ls contributor a principal of a lf yes, indicate which be of government the contributor aprincipal of a list con	anch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		1	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	8/11/2019	30.00			
Last Name	Fi	irst		•	MI	
Fimiuni	l V	Michael				
Residential Street Address	City			State	Zip Code	
555 Townsend ave	New	v haven		СТ	06512	
Principal Occupation		Name of Employer		•		
Director Econ		City New Haven				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Contributor or business he/she is associated with have a contract with said municipality.			Amount of Contribution 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?  If yes, list Event # 09152019a  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Mone	y Order	Date Received 9/15/2019	Aggregate Contributions 50.00			
SUB	ГОТА	AL Section B — This	Page 105.00	ı		
ТОТА	Lofa	dditional Section B P	ages 11,205.93			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)						

of	
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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		F	irst				MI
Fontana		{	Steve				
Residential Street Address	10	City			State	Zip C	
23 Angel Place North Haven CT 06473				473			
Principal Occupation Name of Employer							
Deputy Director Econ Development			City of New Haver	า			
or dependent child of a lobbyist? O No does contribute	s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No				Amount of Contribution		
event reported in Section L1? No If yet	butor a principal of a s s, indicate which bran overnment the contract	ch or		e contractor? Yes  OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll	Deduction OMoney	Order	9/29/2019	100.00			
Last Name		F	irst	<u> </u>			Ml
Fontana			Steve				
Residential Street Address		City			State	Zin C	Code
23 Angel Place		Nor	th Haven		СТ	06	473
Principal Occupation			Name of Employer			<u> </u>	
Deputy Director Econ Development			City of New Haver	า			
	tor or business he/she i		andidate for a chief executive ociated with have a contract  Yes  No			ount of	Contribution
event reported in Section L1?	butor a principal of a s s, indicate which bran overnment the contrac	ich or		e contractor? Yes  O Legislative			
Method of Contribution:	_			Aggregate Contributions			
OCash Personal Check Ocredit/Debit Card OPayroll	Deduction OMoney	Order	9/15/2019	200.00			
Last Name			irst				MI
Fitch			Charles				
Residential Street Address		City	<b></b>		State	Zip (	- 1
1 Palmett Trail		eas	t haven		Ct	06	512
Principal Occupation			Name of Employer self employed				
or dependent child of a lobbyist? On does contribute			andidate for a chief executive ociated with have a contract  Yes  No		/. Amo		Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative							
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll	Deduction OMoney	Order	Date Received 9/15/2019	Aggregate Contributions 50.00			
	SUBT	ΌΤΑ	AL Section B — This	Page 250.00			
	TOTAL	of a	additional Section B F	ages 10,955.93			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)		1	YPE OF REPORT					
Carfora 2019			(	October 10 filing					
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$				
	ed Con	tributions from	Individ	uals					
Last Name Frosceno		First Be				MI			
Residential Street Address	С	ity			State	Zip Code			
81 Eddon Dr		CT	06512						
Principal Occupation Name of Employer									
Private Investigator		Benmal In	vestigatio	ons					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have valued at more than \$5,000?			didate for a chief executive officer of a municipality, Amount intended with have a contract with said municipality			ount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes Is contributor a princip No If yes, indicate while of government the	ich branc	h or branches		contractor? Yes	s				
Method of Contribution:		Date Received	i i	ggregate Contributions					
Cash Personal Check Credit/Debit Card Payroll Deduction	)Money C	order 8/11/2019	)	50.00					
Last Name		First				MI			
Fucci		Al							
Residential Street Address	i	City State East Haven CT			State	Zip Code 06512			
20 Jardin Dr	Name of Employ			Tc.	00312				
Principal Occupation  Retired			yer						
Is contributor a lobbyist, spouse,  Yes If contribution is in excess o	of \$400 to	Retired	of avacutive of	Figgr of a municipality	51 A				
or dependent child of a lobbyist? O No does contributor or business valued at more than \$5,000?	s he/she is				50	ount of Contribution .00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes No Is contributor a princip If yes, indicate who of government the	ich branc	h or branches		contractor? Ye No Legislative					
Method of Contribution:	_	Date Received							
OCash Personal Check Ocredit/Debit Card Payroll Deduction	Money C	rder 8/11/2019	3	50.00					
Last Name FUCCI		First				МІ			
Residential Street Address	C	ity			State	Zip Code			
20 Jardin Dr		East Haven			CT	06512			
Principal Occupation		Name of Employ	yer						
Retired		Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess or does contributor or business valued at more than \$5,000?	s he/she is				ty, Am 25.	ount of Contribution			
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:  Executive Legislative									
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction C	)Money C	Date Received 9/23/2019	<b>I</b>	ggregate Contributions 75.00					
	SUBTO	TAL Section B	— This P	age 125.00					
TO	OTAL (	of additional Sec	tion B Pa	ges 10,830.93					
TOTAL OF ALL CONTRIBUTIONS (Enter total or		INDIVIDUALS (S , Column A of Summ							

of	
171	

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 (See instructions for definition of Small Contributor)			s Period ONLY OTAL SECTION A	\$				
B. Itemized Contributions from Individuals								
Last Name		Firs				MI		
Giammatti		C	indy					
Residential Street Address	i i	City			State	Zip Code		
10 Saint Andrew Cir		East	Haven		СТ	06512		
Principal Occupation			Name of Employer					
Special Ed Paraprofessional			EH public School					
	ness he/she i		didate for a chief executive intended with have a contract  OYes  ONo			Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes Section L1?  No If yes, indicate of government	which bran-	ch or b		e contractor? Yes No				
Method of Contribution:			Date Received	Aggregate Contributions				
©Cash Personal Check Ocredit/Debit Card Payroll Deduction	Money	Order	9/08/2019	25.00				
Last Name		Firs	st			МІ		
Giangreco		s	usan					
Residential Street Address	C	City				Zip Code		
10 Saint Andrew Cir		East Have Ct				06512		
Principal Occupation			Name of Employer		L			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  Is this contribution associated with an OYes Is contributor a principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contractor.				with said municipality te contractor? OYes	20.00			
event reported in Section L1?				( No Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	OMoney (	Order	9/16/2019	20.00				
Last Name		Fir				MI		
Girven		F	ran					
Residential Street Address		City	State			Zip Code		
60 Colettan St		East Haven CT 0651				06512		
Principal Occupation	•		Name of Employer	AND THE PROPERTY OF THE PROPER				
Machanic								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busin valued at more than \$5,0	ness he/she i	o a can	didate for a chief executive tated with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution 100.00		
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?							
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money	Order	Date Received 8/11/2019	Aggregate Contributions				
	SUBT	OTA	L Section B — This	Page 145.00				
	TOTAL	of ac	lditional Section B I	Pages 10,685.93				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

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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-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$				
B. Itemized C	Contri	butions from Individ	duals				
Last Name		First Thomas				ML	
Graham							
Residential Street Address  8 Congress ave  Waterbury						ode	
8 Congress ave Waterbury						708	
Principal Occupation Name of Employer  State Marshal State Marshal							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?							
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which b of government the contributor aprincipal of the principal of the pri	oranch o		e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Orde	er	500.00				
Last Name		First				MI	
Hedley		Tina					
Residential Street Address	City	ity			Zip C	ode	
84 Landing pl	Ea	East Haven CT 06512				512	
Principal Occupation		Name of Employer					
Gastro Center		Admin					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?					Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes Is contributor a principal of If yes, indicate which E of government the con	branch o		e contractor? Yes No Legislative			1	
Method of Contribution;			Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Orde	er 8/11/2019	25.00				
Last Name		First				MI	
Hergraves		Linda					
Residential Street Address	City			State	Zip C		
521 Thompson ave	Ea	st Haven		СТ	065	512	
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a c she is ass	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo		Contribution	
event reported in Section L1?	Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Omor	ney Orde	Date Received 8/11/2019	Aggregate Contributions 50.00				
SU	втот	AL Section B — This	Page 575.00				
TOTA	AL of	additional Section B P	ages 10,110.93				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		DIVIDUALS (Sections A olumn A of Summary Page 1					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Carfora 2019			October 10 Filig				
A. Total Contributions from Small Contributors-Receiv	uad this	Paried ONLY					
		TAL SECTION A	\$				
Last Name	ntribu First	tions from Individ	iuais		MI		
Hoff		bert					
Residential Street Address	City			State	Zip Code		
587 Bradley st	East F	Haven	Marria Control	СТ	06512		
Principal Occupation Name of Employer Retired Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a contributor of second and the second and t					Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or br	anches	Contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	9/11/2019	30.00				
Last Name	First				MI		
Hoff	Ro	bert					
Residential Street Address	City			State CT	Zip Code		
587 Bradley st	East F	East Haven			06512		
Principal Occupation		Name of Employer					
Retired		Retired					
	ependent child of a lobbyist? • No does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 20.01		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contra	anch or be	ranches _	e contractor? Yes No	i i			
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	9/18/2019	50.01				
Last Name	First				MI		
Hongo	Pa	nul					
Residential Street Address	City			State	Zip Code		
108 Meadow View Dr	Trumi	bull		СТ	06611		
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a cand e is associ	idate for a chief executive ated with have a contract  Yes  No	e officer of a municipality with said municipality		ount of Contribution		
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative						
Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction OMone	y Order	Date Received 7/29/2019	Aggregate Contributions 100.00				
		. Section B — This	Page 150.01				
TOTA	L of adı	ditional Section B P	ages 9,960.92				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIV	VIDUALS (Sections A mn A of Summary Page	(+B) Totals)				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Carfora 2019			October 10 Filing					
A. Total Contributions from Si (See instructions for definition of Small)		ed this Period ONLY SUBTOTAL SECTION A	\$					
B. Itemized Contributions from Individuals								
Last Name		First			Mi			
Kronholm John								
Residential Street Address		City		State	Zip Code			
697 Pequot Trail		Stonington		CT	06378			
Principal Occupation		Name of Employer Brow and Brown	of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			500.	ount of Contribution			
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac		<b>⊙</b> No					
If yes, list Event # 07302019a  Method of Contribution:	or government the contrac	Date Received	Aggregate Contributions					
Cash Personal Check Credit/Debit C	ard OPayroll Deduction OMoney		500.00					
	Grayron Branch	First			МІ			
Lee Lee	D-Lt				1411			
Residential Street Address		City		State	Zip Code			
39 West st		east haven	ast haven CT 06513					
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 does contributor or business he/she valued at more than \$5,000?			, Amount of Contribution 50.00				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a	Is contributor a principal of a solution of government the contract	_	nte contractor? Yes No					
Method of Contribution:	11 11111 11111	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	50.00					
Last Name		First		<del>- '</del>	MI			
Lee		Robert						
Residential Street Address		City		State	Zip Code			
39 West St		East Haven	East Haven CT 06					
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 does contributor or business he/she valued at more than \$5,000?			7. Amor	ont of Contribution			
	Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution:  Ocash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order 9/29/2019	Aggregate Contributions 70.00					
	SUBT	OTAL Section B — This	SPage 570.00	ı				
		of additional Section B						
TOTAL OF A	ALL CONTRIBUTIONS FROM	1 INDIVIDUALS (Sections 13, Column A of Summary Page						
	(Miles Ivius vis Mille 1	-, ,						

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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-Receiv (See instructions for definition of Small Contributor)	ed this Period ( SUBTOTAL SECT		\$				
B. Itemized Contributions from Individuals							
Last Name	First				MI		
Lesco	Ashley						
Residential Street Address	City			State	Zip Code		
23 Taylor ave	East Haven			CT	06512		
Principal Occupation	Name of Emp	=					
Paralegal	Marcus I	_aw Firm					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		ve a contract			Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Section L1?  No If yes, indicate which brain of government the contract of government the contract.	ich or branches	-	e contractor? Yes No				
Method of Contribution:	Date Received	<del>-</del>	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8/11/201	19	50.00				
Last Name	First		1 101 11 11 11 11 11 11 11 11 11 11 11 1	<u></u>	MI		
Libreti	Joan						
Residential Street Address	I City				Zip Code		
30 Milton ave	West Haven			CT	06516		
Principal Occupation	Name of Emp	loyer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?		e a contract			Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches		e contractor? Yes No				
Method of Contribution:	Date Received		Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 7/08/20	19	100.00				
Last Name	First				MI		
Limoncelli	Robert			State			
Residential Street Address	City	•			Zip Code 06512		
58 Mansfield Grove Rd		East Haven CT 06					
Principal Occupation	Name of Emp	loyer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of \$400 and \$400 a		ve a contract		y, Amount of Contribution 25.00			
event reported in Section L1? O No If yes, indicate which brai	Section L1? No If yes, indicate which branch or branches ONo						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order   Date Received   9/15/201		Aggregate Contributions 25.00				
SUBT	OTAL Section 1	B — This	Page 175.00				
TOTAL	of additional S	ection B P	ages 9,215.92				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

of	
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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-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$				
B. Itemized Contributions from Individuals							
Last Name		irst				MI	
Lomonte		Theresa					
Residential Street Address	thersfield		State CT	Zip C	ode		
Principal Occupation	Name of Employer		<u> </u>				
Real Estate Apraiser		Broker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/shovalued at more than \$5,000?					Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a lf yes, indicate which brateful of government the contraction.	anch or	branches	CLegislative				
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ordei	r 7/29/2019	1000.00				
Last Name	F	irst				MI	
Longley		Luzerne					
Residential Street Address	City			State	Zip C	ode	
33 Kimberly Cir North Haven C				СТ	064	173	
Principal Occupation		Name of Employer					
Tractor Trail Driver		Tunnel Hill Ash					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				/, Ame		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes   Is contributor a principal of a fewer transfer of government the contributor of government the contributor of government the contributor as principal of a fewer transfer of government the contributor as principal of a fewer transfer of government the contributor as principal of a fewer transfer of transf	anch o	r branches	e contractor? Yes No Legislative				
Method of Contribution:			Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ordei	8/11/2019	80.00				
Last Name	1	First		·		MI	
Luzzi		Henry		·	1		
Residential Street Address 434 Thompson Ave	City	st Haven		State	Zip C	ode 512	
Principal Occupation		Name of Employer		l			
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of State o					Amount of Contribution		
event reported in Section L1? O No If yes, indicate which bra							
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	Date Received r 9/29/2019	Aggregate Contributions				
SUB	тот	AL 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)							

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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 Co	ntrib	outions from Indivi	duals			
Last Name	F	'irst				MI
Marcati	F	Paula				
Residential Street Address	City			State	Zip C	ode
39 Charnes Dr	Eas	t Haven		CT	065	512
Principal Occupation	L	Name of Employer	·		l	
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?					Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Section L1?  No If yes, indicate which brain of government the contraction of government the contraction.	nch or	branches	e contractor? Yes No			
-jy	Ct is wi	Date Received	Aggregate Contributions			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order		50.00			
Last Name	Fi	irst			ĺ	MI
Mcdermott	F	Frank				
Residential Street Address	City			State	Zip C	ode
2 Antoinelte Ln	Guil	lford		CT	064	173
Principal Occupation	<u> </u>	Name of Employer		<u> </u>		
Police Officer		Town of Hamden				
	does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or	r branches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/08/2019	40.00			
Last Name	F	irst				MI
McKeen	/	Ali				
Residential Street Address	City	<del></del>		State	Zip C	ode
13 Burke Heights Dr	Wal	llingford		СТ	064	192
Principal Occupation		Name of Employer	***************************************	<u> </u>	<u> </u>	
Personal Property Specialist		North East Adjust	ment			
	ntributor a lobbyist, spouse, pendent child of a lobbyist?    Yes on tribution 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				Amount of Contribution 50.00	
event reported in Section L1?						
Method of Contribution:  Date Received Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/11/2019	50.00			<del></del>
SUBT	ΓΟΤ <i>Α</i>	AL 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)						

NAME OF COMMITTEE (Provide Complete Nam	ne as I	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 Con	ıtri	butions from Indivi	duals			
Last Name				First				Ml
Mcmahon				James				
Residential Street Address			City			State	'	Code
315 Boston St			Gu	ilford		СТ	06	3437
Principal Occupation				Name of Employer				
Sales				Income Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 t s contributor or business he/she i led at more than \$5,000?					Amount of Contribution 250.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07302019a	Yes No	Is contributor a principal of a si  If yes, indicate which bran of government the contract	ch o	r branches	e contractor? Yes No Legislative			
Method of Contribution:		of government the contract	. 13 1	Date Received	Aggregate Contributions	$\dashv$		
Ocash OPersonal Check Ocredit/Debit C	ard (	Payroll Deduction OMoney	Orde	er 7/30/2019	250.00			
Last Name	•			First				МІ
Mcmahon				James				
Residential Street Address		[6	L City	NACE AND THE STREET OF THE STR		State	Zip	Code
315 Boston St			Gu	ilford		СТ	06	3437
Principal Occupation				Name of Employer			<u></u>	
Sales				Income Inc				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 ts contributor or business he/she ited at more than \$5,000?					ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 07302019	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	1ch (	or branches	_ <b>©</b> No			
Method of Contribution:		_		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit C	ard (	Payroll Deduction OMoney	Orde	er 7/30/2019	500.00			
Last Name				First				MI
Mickleson				Rebecca			1.	
Residential Street Address		(	City	st Haven		State CT	4 -	Code 5512
131 French ave			<u></u> а					JU 12
Principal Occupation Art Teacher				Name of Employer  New Haven Publi	c Schoole			
		C0400.						00 11 11
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					or Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a	Yes Is contributor a principal of a state contractor or prospective state contractor?  No If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution:	····			Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Co.	ard (	Payroll Deduction OMoney	Ord	er 8/11/2019	25.00			
		SUBT	TO'	'AL Section B — This	Page 525,00			
		TOTAL	of	additional Section B l	Pages 7,400.92			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

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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-Receive (See instructions for definition of Small Contributor)	\$				
B. Itemized Con	tributions from Indivi	duals			
Last Name	First			MI	
Milano	Amy Lauren				
	<sup>≘ity</sup> East Haven		State CT	Zip Code	
			01	00312	
Principal Occupation Home Maker	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?				Amount of Contribution 100.00	
event reported in Section L1? No If yes, indicate which bran	tate contractor or prospective state ch or branches t is with:	e contractor? Yes No Legislative			
If yes, list Event # 09082019a of government the contract  Method of Contribution:	Date Received	Aggregate Contributions	-		
©Cash Personal Check Ocredit/Debit Card Payroll Deduction Money		100.00			
Last Name	First			MI	
Mison	Judy				
Residential Street Address Control of the Control o	City		State	Zip Code	
12 Hilton ave	East Haven C1				
Principal Occupation	Name of Employer				
Realtor					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?			25.0	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes Is contributor a principal of a section L1?  If yes, list Event # 08112019a  Is contributor a principal of a section L1?  If yes, list Event # 08112019a		e contractor? Yes No			
Method of Contribution:		Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 8/11/2019	25.00			
Last Name	First			Ml	
Monico	Mario				
	<sup>City</sup> East Haven		State CT	Zip Code 06513	
11 Jeffrey Rd	Name of Employer		C1	00313	
Principal Occupation	tvaine of employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special Properties of \$400 to does contributor or business he/she is valued at more than \$5,000?				Amount of Contribution 50.00	
event reported in Section L1? No If yes, indicate which bran					
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order 8/11/2019	Aggregate Contributions 50.00			
SUBT	OTAL Section B — This	Page 175.00	I		
TOTAL	of additional Section B I	Pages 7,225.92		•	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

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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 Co	ntrib	outions from Individ	duals			
Last Name	F	rirst			MI	
Narg	•	James				
Residential Street Address	City			State	Zip Code	
10 Dorie Rd	Nor	th Branford		CT	06471	
Principal Occupation	<del></del>	Name of Employer				
Loader Operator		Tilcon				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Volume at more than \$5,000?					Amount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Section L1?  No ls contributor a principal of a section L1?  No ls contributor a principal of a section L1?  No ls contributor a principal of a section L1?  No ls contributor a principal of a section L1?	nch or	branches	e contractor? Yes No			
If yes, list Event # 08112019a of government the contract  Method of Contribution:	AD 111	Date Received	Aggregate Contributions	$\dashv$		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Ordei	r 8/11/2019	40.00			
Last Name	F	irst			MI	
Onnembo	/	Anthony				
Residential Street Address	City			State	Zip Code	
263 Riverside Dr	Har	mden	•	СТ	06518	
Principal Occupation	1	Name of Employer		•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract  Yes  No	e officer of a municipality with said municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contra	inch oi	r branches	e contractor? Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Ordei	г 7/11/2019	300.00			
Last Name	F	First			Ml	
Pacelli		Lou				
Residential Street Address	City			State	Zip Code	
107 Foxon Rd	Eas	st Haven		СТ	06512	
Principal Occupation		Name of Employer				
Retired						
	contributor a lobbyist, spouse, dependent child of a lobbyist?  O 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?  O Yes  O No				Amount of Contribution 50.00	
event reported in Section L1? O No If yes, indicate which bra						
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	v Orde	Date Received r 8/11/2019	Aggregate Contributions 70.00			
		AL Section B — This			WANTED TO THE TOTAL THE TOTAL TO AL TO THE T	
		additional Section B I				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INI 13, Ca	DIVIDUALS (Sections / olumn A of Summary Page	\ + B) Totals)			

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of		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)			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. Itemi	ized Con	tribı	itions from Individ	duals			
Last Name		Fire	st			MI	
Pacelli		Lo	ou				
Residential Street Address		City			State	Zip Code	
107 Foxon Rd		East	Haven		CT	06513	
Principal Occupation			Name of Employer				
Retired							
	ness he/she is		didate for a chief executive intended with have a contract  OYes  ONo			Amount of Contribution 50.00	
event reported in Section L1? No If yes, indicate	which brane	ch or b		e contractor? Yes No			
If yes, list Event # 09082019a of government  Method of Contribution:	. the contract	10 WILL	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney (	Order	9/08/2019	120.00			
	<b>J</b>	Firs				MI	
Last Name Pacelli		Ι.	OU			1411	
Residential Street Address		ity			State	Zip Code	
107 Foxon Rd		East	Haven		CT	06513	
Principal Occupation Retired			Name of Employer				
	aess he/she is		didate for a chief executive inted with have a contract Yes No		/. Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09292019a  Section L1?  If yes, list Event # 09292019a  Is contributor a principle of yes, indicate of government	which bran	ch or t		e contractor? Yes  No  Legislative			
Method of Contribution:		•	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (	Order	9/29/2019	140.00			
Last Name		Fir	st			MI	
Jud		P	age		•		
Residential Street Address		ity			State	Zip Code	
98 Borrelli Rd		East	Haven		СТ	06512	
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One 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?  One of the property					Amount of Contribution 25.00		
event reported in Section L1?							
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction	OMoney (	Order	Date Received 8/11/2019	Aggregate Contributions 25.00			
	SUBT	ОТА	L Section B — This	Page 95.00			
	TOTAL	of ad	Iditional Section B P	ages 6,740.92			
TOTAL OF ALL CONTRIBUTION (Enter total)			VIDUALS (Sections A umn A of Summary Page				

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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-Receiv (See instructions for definition of Small Contributor)	\$			
B. Itemized Con Last Name Pellegrino	ntributions from Indi	viduals		MI
_	City		State	Zip Code
90 Gerrish ave apt 22	East Haven		CT	06512
Principal Occupation	Name of Employer		L	
Teacher	Gateway			
	attibutor a lobbyist, spouse, bendent child of a lobbyist?    Yes ONO    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			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bran of government the contract		<b>⊙</b> No		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8/4/2019	80.19		i.
Last Name	First Francesca			MI
Penn			Ctata	Zip Code
Residential Street Address 60 Coleman st	City East Haven		State CT	06512
Principal Occupation	Name of Employer			000.2
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		ct with said municipality	/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.		tate contractor?  Yes  No  Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received Order 9/15/2019	Aggregate Contributions 100.00	7	:
Last Name	First	100.00		MI
Penna	Richard			, ,,,,
Residential Street Address	City		State	Zip Code
200 Blake Rd	Hamden		CT	06517
Principal Occupation Hair Stylst	Name of Employer Richard Penna	Har		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Valued at more than \$5,000?		ct with said municipality	/. Amor	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes   Is contributor a principal of a section L1?  If yes, list Event # 09082019a		_ ONo		
Method of Contribution:	Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order 9/08/2019	125.00		
SUBT	OTAL Section B — Th	is Page 200.00		
TOTAI	of additional Section B	Pages 5,990.92		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line .	I INDIVIDUALS (Sections 13, Column A of Summary Pag			

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	<i>,</i> ,	

NAME OF COMMITTEE (Provide Complete Name as Re	TYPE OF REPORT									
Carfora 2019	October 10 Filing									
A. Total Contributions from Small (See instructions for definition of Small Contril	is Period ONLY OTAL SECTION A	\$								
B. Itemized Contributions from Individuals										
Last Name		Fir					MI			
Perone			Donna							
			City		State CT	Zip C				
43 Hoop Pole Ln			East Haven			Ub	512			
Principal Occupation			Name of Employer							
Accountant Self Employed										
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 to contributor or business he/she is and at more than \$5,000?									
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	ent reported in Section L1? No If yes, indicate which branch or branches No									
Method of Contribution:	<u> </u>		Date Received Aggregate Contr							
OCash OPersonal Check OCredit/Debit Card C	Payroll Deduction OMoney	Order	8/13/2019	250.00						
Last Name		Fir	rst				MI			
Perone	Α	Andrew								
Residential Street Address	C	City			State	Zip (	Code			
43 Hoop Pole Ln			East Haven			06	512			
Principal Occupation			Name of Employer		<u> </u>					
Retired										
or dependent child of a lobbyist? On does	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  Yes  No  250.0						Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	ent reported in Section L1?									
Method of Contribution:				Aggregate Contributions						
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 8/13/2019 250.00										
Last Name	,	Fi					MI			
Pompano		Raymond			State		F			
			<sup>City</sup> East Haven			Zip (	Code 512			
105 Sorrento ave				СТ	UU	312				
Principal Occupation Name of Employer  Retired										
contributor a lobbyist, spouse, dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					Amount of Contribution 50.00					
Is this contribution associated with an event reported in Section L1? No No If yes, list Event # 09152019a	nt reported in Section L1? O No If yes, indicate which branc			is with:						
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney 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)										

SEEC FORM 20 Revised January 2015

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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 Co	ntrib	utions from Individ	duals			
Last Name	Fir	st			ı	MI
Pompano	R	Raymond				F
Residential Street Address	City			State	Zip Co	de
105 sorrento ave	East	Haven		CT	065	12
Principal Occupation	1	Name of Employer		l		
retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No   No   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  No If yes, indicate which bra	nch or t	oranches	No No			
If yes, list Event # 08112019a of government the contract	Ct IS WILL	h: Executive  Date Received	O Legislative Aggregate Contributions			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Ondon	8/11/2019	170.00			
			170.00			
Last Name	Fir				l	MI D
Pompano		Raymond				
Residential Street Address	City	Harran		State	Zip Coo	
30 Mario Court	East	Haven		CT	0512	
Principal Occupation  Teacher		Name of Employer  New Haven Board	l of Ed			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a can	didate for a chief executive	officer of a municipality	. Amo	unt of C	Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?				25.		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra	inch or l	branches	<b>⊙</b> No			
If yes, list Event # 09152019a of government the contra  Method of Contribution:	ict is wit		Aggregate Contributions	_		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney	Order	9/15/2019	25.00			
Last Name	Fir	st	<del> </del>		1	VII.
Pompano	R	Raymond				D
Residential Street Address	City	***************************************		State	Zip Cod	de
30 Mario Court	East	Haven		СТ	065	12
Principal Occupation	<u> </u>	Name of Employer		<u></u>		
Teacher		New Haven Board	i of Ed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality					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:  Description Executive Organization Prescription Pres						
Method of Contribution:		Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	8/11/2019	75.00			
SUBT	ГОТА	L Section B — This	Page 125.00			
тота	L of ac	iditional Section B P	ages 5,315.92			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page 1			<del></del>	

SEEC FORM 20 Resised January 2015

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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 Co	200 C C C C C C C C C C C C C C C C C C	itions from Individ	duals				
Last Name	Firs				MI		
Porter		risty		F _			
	City	Haven		State	Zip Code 06512		
93 Austin Ave	⊏ast	Haven		U1	00012		
Principal Occupation		Name of Employer	al Duamah				
Admin Ast.		State of CT judicia					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes One					Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a second figure, indicate which brain of government the contraction.	nch or b	ranches	e contractor? Yes No				
	Ct 15 WILL	Date Received	Aggregate Contributions	_			
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	y Order	08/10/2019	200.00				
	Firs				MI		
Last Name Porter	1	risty			IVII		
Residential Street Address	City		,	State	Zip Code		
93 Austin ave	East	Haven		CT	06512		
Principal Occupation		Name of Employer		•			
Admin Asst		State of CT Judici	al Branch				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive inted with have a contract  Yes  No	e officer of a municipality with said municipality	, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a lf yes, indicate which bra of government the contra	ınch or b	ranches	e contractor? Yes  O Legislative				
Method of Contribution:			Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	/ Order	9/08/2019	250.00				
Last Name	Firs				MI		
Purzycki	A						
Residential Street Address 106 Borrelli Rd	City East	Haven		State CT	Zip Code 06512		
Principal Occupation	1	Name of Employer		<u>i</u>			
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?  Yes No			mount of Contribution  0.00				
Is contribution associated with an vent reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  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:  Executive Legislative							
Method of Contribution:		Date Received	Aggregate Contributions		-		
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	y Order	8/11/2019	80.00				
SUBTOTAL Section B — This Page 200.00							
TOTAL	Lofad	ditional Section B P	ages 5,115.92				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

SEEC FORM 20 Revised January 2015

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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 Con	ıtribı	itions from Indivi	duals				
Last Name		Fire					MI	
Purzycki		A			la.	7:-	0-1-	
Residential Street Address 106 Borelli Rd	1	City Fact	Haven		State	1 -	Code 3512	
Principal Occupation	A A A AMARIAN AND A STATE OF THE STATE OF TH		Name of Employer					
Retired			Trumo or Employer					
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 25.00		
If yes, list Event # 09082019a	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	ich or b	ranches	e contractor? Y N  OLegislative  Aggregate Contributions	lo			
Method of Contribution:  Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order	9/08/2019	105.00				
Last Name		Firs		<u> </u>			MI	
Purzycki		Α						
Residential Street Address		City			State	Zip	Code	
106 Borelli Rd		East	Haven		СТ	06	3512	
Principal Occupation		•	Name of Employer		<u> </u>			
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	to a can is assoc	didate for a chief executiviated with have a contract Yes No	e officer of a municipa with said municipality		10unt 6	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a	Is contributor a principal of a solo indicate which branched of government the contract	nch or t	oranches	te contractor?				
Method of Contribution:	_			Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	9/15/2019	130.00				
Last Name		Fir A					MI	
Purzycki					State	Zin	Code	
Residential Street Address 106 Borelli Rd		City East	Haven		CT	1 -	3512	
Principal Occupation			Name of Employer					
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				•	nount (	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran  of government the contrac	ach or b	oranches h: Executive	(C) Legislative	4o			
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order	Date Received 7/11/2019	Aggregate Contributions				
	SUB1	ГОТА	L Section B — This	Page 70.19				
	TOTAL	of ac	Iditional Section B I	Pages 5,045.73				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line)	1 IND 13, Coli	IVIDUALS (Sections Aumn A of Summary Page	A + B) Totals)				

SEEC FORM 20 Revised January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Carfora 2019	October 10 Filing	October 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		V	\$		
B. Itemized Co	ntributions from Ind	ividua <b>l</b> s			
Last Name	First		MI		
Raffone	John				
Residential Street Address 57 Pool Rd	<sub>City</sub> North Haven		State Zip Code CT 06473		
			00473		
Principal Occupation Retired	Name of Employer				
	to a candidate for a chief ever	utive officer of a municipality	y. Amount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be a lobbyist of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ract with said municipality	100.00		
Is this contribution associated with an event reported in Section L1?  No If yes, indicate which brain the section L1?	och or branches	_ <b>①</b> No			
If yes, list Event # 09082019a of government the contract	Date Received	ive OLegislative			
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		100.00			
Last Name	First		MI		
Raffone	John		;		
Residential Street Address	City		State Zip Code		
57 Pool Rd	North Haven		CT 06512		
Principal Occupation	Name of Employer		<u> </u>		
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		ract with said municipality	Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09292019a  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or branches	state contractor? Yes No tive () Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 9/29/2019	200.00			
Last Name	First		MI		
Riolino	Michael				
Residential Street Address	City		State Zip Code		
126 Silver Sands Rd	East Haven		CT 06512		
Principal Occupation  CPA	Name of Employer Decaprioc PA	and Assoc			
			y. Amount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O No  Yes O No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		ract with said municipality	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:  Executive Legislative					
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order 9/15/2019	Aggregate Contributions 25.00			
	OTAL Section B — T	his Page 225.00			
	of additional Section				
TOTAL OF ALL CONTRIBUTIONS FROM					
(Enter total on Line 13; Column A of Summary Page Totals)					

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	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 Co	tati tila ett estila	butions from Indiv	riduals				
Last Name		First			MI		
Rivera		Jessica					
Residential Street Address	City			State	Zip Code		
105 Hughes St	Ea	st Haven	,	CT	06512		
Principal Occupation		Name of Employer		•			
Office Manager		Norman Propert	ies Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4000 does contributor or business he/sh valued at more than \$5,000?	0 to a c	candidate for a chief execut sociated with have a contra OYes ONC	ct with said municipality		Amount of Contribution 250.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a lf yes, indicate which be of government the contributor.	anch o	r branches	<b>⊚</b> No				
Method of Contribution:		Date Received	Aggregate Contributions	-			
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Orde		250.00				
Last Name		First		•	MI		
Roberts		Matthew					
Residential Street Address	City			State	Zip Code		
19 Wheaton Stone Rd	Ma	dison		СТ	06443		
Principal Occupation		Name of Employer		1			
Managing Director		Shoff Darby Cor	npanies Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?			ct with said municipality	y, Amo 500	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, indicate which be of government the contributors.	ranch o	or branches	_ <b>①</b> No				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	er 8/06/2019	500.00	i			
Last Name		First			MI		
Rossi		Carolyn					
Residential Street Address	City			State	Zip Code		
4 Howard Ave	Bra	anford		СТ	06405		
Principal Occupation		Name of Employer		<u> </u>			
Teacher		EH board of ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves one 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? Yes No			y, Amo 250	unt of Contribution			
event reported in Section L1? O No If yes, indicate which br	a Section L1? No If yes, indicate which branch or branches No						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Orde	Date Received 7/30/2019	Aggregate Contributions 280.00				
			1				
		additional Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

SEEC FORM 20 Resided January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Carfora 2019			October Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$			
B. Itemized Co	ntril	butions from Individ	duals			
Last Name		First Carolyn			MI	
Rossi		Carolyn		1		
Residential Street Address 4 Howard Ave	City	ınford		State	Zip Code 06405	
Principal Occupation	Dia	Name of Employer		L''	00400	
Teacher		EH board of ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra	mch or	r branches	No			
If yes, list Event # 09082019a of government the contra	ict is w	ith: OExecutive	C Legislative Aggregate Contributions			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	v Orde		305.00			
		First	000.00		MI	
Rudne, Laurence	- 1	Laurence			1411	
Residential Street Address	City			State	Zip Code	
244 McDonald Rd	Cho	olchester		CT	06415	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes No If yes, indicate which bra of government the contra	anch o	r branches	e contractor? Yes No Legislative			
Method of Contribution:			Aggregate Contributions		4	
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Orde	r 8/11/2019	25.00			
Last Name		First			MI	
Ruocco	, $oldsymbol{\perp}$	Gennaro				
Residential Street Address	City	st Haven		State	Zip Code 06513	
74 Bennett Rd	Lac	Name of Employer			00313	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves on the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No					Amount of Contribution 50.00	
s this contribution associated with an event reported in Section L1?  If yes, list Event #   Security    If yes, indicate which branch or branches of government the contract is with:    Security   Security   Security   Security						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Orde	Date Received 7/25/2019	Aggregate Contributions 400.00			
		AL Section B — This	Page 100.00			
		additional Section B P				
TOTAL OF ALL CONTRIBUTIONS FRO	M INI	DIVIDUALS (Sections A	(+B)			
(Enter total on Line 13, Column A of Summary Page Totals)						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)			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. Itemiz	zed Con	tribı	itions from Indivi	duals			
Last Name	***************************************	Firs	ș <b>t</b>			MI	
Ruocco		G	ennaro				
Residential Street Address	C	City			State	Zip Code	
74 Bennett Rd		East	Haven		CT	06513	
Principal Occupation			Name of Employer				
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?  Yes  ONO  OYES  ONO				y, Amo	ount of Contribution		
event reported in Section L1? No If yes, indicate w	event reported in Section L1? No If yes, indicate which branch or branches No						
Method of Contribution:	Appendix Contractor			Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money	Order	8/11/2019	450.00			
Last Name		Firs	t.			Mt	
Ruocco		G	ennaro				
Residential Street Address	C	Lity		neddim	State	Zip Code	
74 Bennett Rd		Éast	Haven		СТ	06513	
Principal Occupation			Name of Employer		<u> </u>		
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or busine valued at more than \$5,00	ess he/she i 00?	s assoc	iated with have a contract Yes No	with said municipality	50.	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No Is contributor a print of government of gov	which bran	ch or b		te contractor? Yes  O Legislative			
Method of Contribution:		***************************************	Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction	OMoney (	Order	7/25/2019	500.00			
Last Name		Fin				MI	
Ruocco		G	ennaro				
Residential Street Address	- 1	City	11		State	Zip Code	
74 Bennett Rd		Last	Haven		СТ	06513	
Principal Occupation			Name of Employer				
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in exces does contribution or busines valued at more than \$5,00	ess he/she i				y, Ame 50.	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes No Is contributor a prince of government to the section L1?  If yes, list Event # 08112019a	which bran	ch or b		O Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	OMoney	Order	Date Received 8/11/2019	Aggregate Contributions 550.00			
	SUBT	ОТА	L Section B — This	Page 150.00			
	TOTAL	of ac	lditional Section B I	Pages 3,570.73			
TOTAL OF ALL CONTRIBUTION (Enter total			VIDUALS (Sections Aumn A of Summary Page				

SEEC FORM 20 Reshed January 2015

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 Cor	ntribi	utions from Individ	iuals			
Last Name		Fir				MI	
Ruocco		G	Sennaro				
Residential Street Address		City	Ulavian		State CT	Zip Code	
74 Bennett Rd	**************************************	East	Haven		CI	06513	
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 to a candidate for a chief executive officer of a modes contributor or business he/she is associated with have a contract with said municipal valued at more than \$5,000?  Yes No			with said municipality	, Amo	ount of Contribution		
	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	ıch or ł	branches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	9/08/2019	500.00			
Last Name		Fir	rst			MI	
Sachs		H	loward				
Residential Street Address		City	·····		State	Zip Code	
57 Island View Ave		Bran	ıford		CT	06405	
Principal Occupation			Name of Employer				
Foreman			Cherry Hill				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract  O Yes  No	e officer of a municipality with said municipality		Amount of Contribution 1000.00	
×	Yes Is contributor a principal of a  If yes, indicate which bra  of government the contract	nch or	branches	e contractor? Yes  No  Legislative			
Method of Contribution:				Aggregate Contributions			
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	9/03/2019	1000.00			
Last Name			rst			MI	
Sagnella			Pete				
Residential Street Address		City	k t lavoa m		State	Zip Code	
4 Crestwood Dr		Easi	t Haven		СТ	06513	
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes ONO						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:  Executive O Legislative							
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order	Date Received 9/08/2019	Aggregate Contributions 25.00			
	SUBT	гота	L Section B — This	Page 1,075.00			
	TOTAL	∟ of a	dditional Section B I	Pages 2,495.73			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections / umn A of Summary Page				

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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. Item	ized Con	tribu	utions from Individ	duals			
Last Name		Fir				MI	
Sandillo		F	rancis				
Residential Street Address	C	City			State	Zip Code	
100 Rolling Ridge Rd Hamden CT							
Principal Occupation			Name of Employer				
State Marchel			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a does contributor or business he/she is associated with have a contract with said mu valued at more than \$5,000?  Yes No				/, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a pri If yes, indicate of government	which bran	ch or b		CLegislative			
Method of Contribution:		······································	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	1 OMoney	Order	9/23/2019	100.00			
Last Name		Fir	st			MI	
Santiago		E	rika				
Residential Street Address	lo	City			State	Zip Code	
388 Coe Ave		-	Haven		СТ	06512	
Principal Occupation			Name of Employer		I		
Clinical Technician			YNHH				
or dependent child of a lobbyist? ON does contributor or busivalued at more than \$5,6	does contributor or business he/she is associated with have a contract with said municipality				25.	Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Section L1?  If yes, list Event # 09152019a  Is contributor a principle of government of govern	e which bran	ch or l		e contractor? Yes  No  Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	1 OMoney	Order	Date Received 9/15/2019	Aggregate Contributions 25.00			
Last Name		Fir				MI	
Schatzeln		_ D	Pianna				
Residential Street Address		City			State	Zip Code	
116 Bennett Rd		East	Haven		СТ	06512	
Principal Occupation			Name of Employer				
	iness he/she i		didate for a chief executive ciated with have a contract  Yes  No		y, Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09292019a  Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative							
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction	n OMoney	Order	Date Received 9/29/2019	Aggregate Contributions 20.00			
	SUBT	ОТА	L Section B — This	Page 145.00			
	TOTAL	of ac	Iditional Section B P	2,350.73			
TOTAL OF ALL CONTRIBUTIO (Enter to)			IVIDUALS (Sections A umn A of Summary Page				

SEEC FORM 20 Resided January 2015

NAME OF COMMITTEE (Provide Complete Nan	me as Registered with Filing Repository)			TYPE OF REPORT			
Carfora 2019			October 10 Filing				
A. Total Contributions from S (See instructions for definition of Small			Period ONLY TAL SECTION A	\$			
	B. Itemized Co.	ntribu	tions from Indivi	duals			
Last Name		First				MI	
Schumitz		Bo	U		Ta	17: 0-1-	
Residential Street Address 173 Boarmann Rd		City East H	Haven		State	Zip Code 06512	
		<u> </u>	Name of Employer			00012	
Principal Occupation			Name of Employer				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a	1L1? No If yes, indicate which branch or branches No						
Method of Contribution:			Date Received	Aggregate Contributions			
●Cash	Card OPayroll Deduction OMoney	y Order	8/11/2019	105.00			
Last Name		First				MI	
Shaul		Kir	m				
Residential Street Address		City			State	Zip Code	
22 Elliot St		East F	Haven		СТ	06512	
Principal Occupation			Name of Employer				
Office worker							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associa	idate for a chief executiv ated with have a contract Yes O No	e officer of a municipality with said municipality	y, Anno 50.	ount of Contribution .00	
ls this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	ınch or bi	ranches	te contractor? Yes No Legislative			
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit C	Card Payroll Deduction Money	y Order	9/15/2019	50.00			
Last Name		First				MI	
Shields		Lir	nda				
Residential Street Address		City			State	Zip Code	
9 Meadow st.		∟ast	haven		СТ	06512	
Principal Occupation			Name of Employer				
Admin asst.			YNHH				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executiv ated with have a contract Yes No	e officer of a municipalit with said municipality	y. Am 20.	ount of Contribution .19	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	inch or bi	ranches _	O Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	y Order	Date Received 8/15/2019	Aggregate Contributions 20.19			
	SUB <sup>*</sup>	TOTAL	. Section B — This	Page 95.19			
	TOTA	L of ad	ditional Section B I	Pages 2,255.54			
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page				

SEEC FORM 20 Revised January 2815

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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 Cor	ıtrib	utions from Indivi	duals			
Last Name			rst				MI
Schumitz		B	Bob				
Residential Street Address	(	City	: Haven		State	Zip (	Code 512
173 Borrman Rd		Easi				00	012
Principal Occupation			Name of Employer Roadone Intermod	dal			
Service Manager							
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?  Yes  ONO  OYES  ONO						Amount of Contribution 30.00	
Is this contribution associated with an event reported in Section L1?  No. 1f yes, list Event # 09152019a		ich or l	branches	e contractor? Yes No			
Method of Contribution:	0.5		Date Received	Aggregate Contributions	1		
Ocash OPersonal Check Ocredit/Debit Card	OPayroll Deduction OMoney	Order	9/15/2019	135.00			
Last Name		Fir					MI
Simon		0	Sail				
Residential Street Address		City			State	Zip (	Code
434 Strong St		East	Haven		СТ	06	512
Principal Occupation			Name of Employer		<u> </u>	<u> </u>	
Accountant			Payne Environme	ntal			
or dependent child of a lobbyist? O No de	No does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes		nch or	branches	_ O No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card	Payroll Deduction OMoney	Order	8/11/2019	50.00			
Last Name		l _	rst				MI
Smith			George		·		<u>l</u>
Residential Street Address  8 Maplevale Rd		City East	t Haven		State CT	l i	Code 512
Principal Occupation			Name of Employer	ANAMATICE TITLE	<u> </u>	i	<u>uuncommon</u>
			Right Way Comm	unications			
or dependent child of a lobbyist? ONO d	f contribution is in excess of \$400 (loes contributor or business he/she alued at more than \$5,000?	to a car is asso	ndidate for a chief executiv	e officer of a municipalit	y. Ame		f Contribution
	reported in Section L1? No If yes, indicate which branch or branches						
Method of Contribution:  Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney	Order	Date Received 7/25/2019	Aggregate Contributions			
	SUBT	ОТА	L Section B — This	Page 100.00		_	
	TOTAL	of a	dditional Section B I	Pages 2,155.54			
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A lumn A of Summary Page				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Carfora 2019			October 10 Filing				
A. Total Contributions from Sm (See instructions for definition of Small Co		ed this SUBTOT	Period ONLY AL SECTION A	\$			
	B. Itemized Cor	ntributi	ions from Individ	luals			
Last Name		First					M1
Smith			orge			15: 6	
Residential Street Address		City East H	aven		State CT	Zip C	
8 Maplevale Rd			Jame of Employer		01	00.	J 1 Z
Principal Occupation Name of Employer Right way communications							
If contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes 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 s  If yes, indicate which bran  of government the contract	ich or brai		e contractor? Yes No CLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	_		
Ocash Personal Check Ocredit/Debit Car	d OPayroll Deduction OMoney	Order	8/11/2019	60.00			
Last Name		First					MI
Smith		Ged	orge				
Residential Street Address		City			State	Zip C	ode
8 Maple Vale Dr		East H	aven		СТ	06	512
Principal Occupation		N	lame of Employer	and the second s			
		F	Right way <sub>,</sub> commu	nication			
or dependent child of a lobbyist? • No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	to a candid is associat	late for a chief executive ed with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution 40.00	
Is this contribution associated with an event reported in Section LI?  If yes, list Event # 09152019a		nch or bra	ınches _	e contractor? Yes No			
Method of Contribution:		D	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Car	d OPayroll Deduction OMoney	Order	9/15/2019	100.00			
Last Name		First					MI
Snow		Wil	liam				
Residential Street Address		City			State	Zip (	
35 Featherbed Ln		Branfo			СТ	Ub	405
Principal Occupation Owner		1	Name of Employer Bills ETC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes 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:  Executive OLegislative							
Method of Contribution:  Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney		Date Received 7/16/2019	Aggregate Contributions 250.00			
	SUBT	ΓΟΤΑL	Section B — This	Page 330.00			
	TOTAL	of add	itional Section B I	Pages 1,825.54			
TOTAL OF AI	L CONTRIBUTIONS FROM (Enter total on Line)		IDUALS (Sections A of Summary Page				

SEEC FORM 20 Resised January 2015

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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-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			:
B. Itemized Cor	ntrib	utions from Indivi	duals			
Last Name	- 1	irst				MI
Stacey		lack				
Residential Street Address	City	L 1 1		State	Zip C	
82 Forbes PI	East	t Haven		СТ	Ub:	512
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?					ount of	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Section L1?  No list Event # 09152019a  If yes, indicate which brain of government the contract	nch or l	branches	e contractor? Yes  OLegislative			
If yes, list Event # 09152019a of government the contract  Method of Contribution:	21 12 WIL	Date Received	Aggregate Contributions	$\dashv$		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order		130.00			
Last Name		rst				MI
Tarducci	- 1	lohn				
Residential Street Address	City			State	Zip C	Code
25 batt Ln	East	t Haven		СТ	06	513
Principal Occupation		Name of Employer				
Real Estate		William Reaves				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				/, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.	nch or	branches	e contractor? Yes No Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 8/11/2019	Aggregate Contributions 70.00			
Last Name	1	rst				MI
Tarducci	J	John 				
Residential Street Address	City	t Hayan		State	Zip (	
25 batt In	⊏asi	t Haven		СТ	Ub	513
Principal Occupation  Real Estate		Name of Employer William Reaves				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				y. Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  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:  Executive OLegislative						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 9/08/2019	Aggregate Contributions 95.00			
SUBT	ГОТА	L Section B — This	Page 175.00			
TOTAL	of a	dditional Section B P	ages 1,650.54			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A lumn A of Summary Page 1				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	z Repository)			TYPE OF REPORT			
Carfora 2019			October 10 FIlig				
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$			
B. Iter	mized Con	tribu	tions from Indivi	duals			
Last Name		Firs					MI
Tarducci	1		ohn			Zip C	
Residential Street Address 25 Batt Ln		lity Fast	Haven		State	1 -	513
Principal Occupation			Name of Employer	· · · · · · · · · · · · · · · · · · ·	L <u> </u>	1	
Real Estate			William Reaves				
Is contributor a lobbyist, spouse, Yes If contribution is in ex	isiness he/she is	o a cano	didate for a chief executive intention in the contract of the	e officer of a municipalit with said municipality	ŀ	Amount of Contribution	
event reported in Section L1? No If yes, indica	orincipal of a state which brance ont the contract	ch or b		e contractor? Yes No Clegislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney (	Order	9/15/2019	145.00			
Last Name		Firs	t				MI
Thompson		P	aul				
Residential Street Address		City			State	Zip C	
843 Thompson st		East	Haven		СТ	06	513
Principal Occupation			Name of Employer				
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O Yes does contribution is in ex does contributor or but valued at more than \$\\$\\$\\$\\$	isiness he/she is	o a cano s assoc	didate for a chief executive iated with have a contract Yes O No	e officer of a municipalit with said municipality	y, Amo		Contribution
event reported in Section L1? No If yes, indica	principal of a st ate which bran ent the contract	ch or b		te contractor? Yes			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney (	Order	8/11/2019	125.00			
Last Name		Fire					MI
Thompson		P	aul		og		
Residential Street Address	1	City			State	Zip (	
843 Thompson st		Last	Haven		СТ	06	513
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exposed does contributor or by valued at more than \$\frac{1}{2}\$	usiness he/she i	o a can s assoc	didate for a chief executive iated with have a contract Yes O No	e officer of a municipalit with said municipality	y, Am 75.		f Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  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:  Executive Legislative							
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	ion OMoney	Order	Date Received 9/08/2019	Aggregate Contributions 200.00			
	SUBT	ОТА	L Section B — This	Page 200.00			
	TOTAL	of ac	lditional Section B l	ages 1,450.54			
TOTAL OF ALL CONTRIBUTI (Enter t	ONS FROM total on Line 1.	INDI 3, Colu	VIDUALS (Sections A mmn A of Summary Page	A + B) Totals)			

SEEC FORM 20 Revised January 2015

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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-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Co	ntributions from Indivi	duals			
Last Name	First			MI	
Thompson	Thomas				
Residential Street Address	City		State CT	Zip Code 06513	
21 Mill Hill Clr	East Haven		ÇI .		
Principal Occupation  CPA	Name of Employer Self				
		e officer of a municipality	Amoi	ınt of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One dependent child of a lobbyist?  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated with have a contract  OYes  No	with said municipality	250.		
event reported in Section L1? No If yes, indicate which bra		● No			
If yes, list Event # 07302019a of government the contra	Date Received	Aggregate Contributions	_		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money		250.00			
Last Name	First			MI	
Thompson	Thomas				
Residential Street Address	City		State	Zip Code	
21 Mill Hill Cir	East Haven		CT	06513	
Principal Occupation	Name of Employer		•		
CPA	Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes No If yes, indicate which bra of government the contra		_ <b>①</b> No			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 8/11/2019	275.00			
Last Name	First			MI	
Thompson	Thomas	· · · · · · · · · · · · · · · · · · ·			
Residential Street Address 21 Mill Hill Cir	City East Haven		State CT	Zip Code 06513	
Principal Occupation	Name of Employer				
CPA	Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09082019a  Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	Date Received 9/08/2019	Aggregate Contributions 300.00			
	TOTAL Section B — This	Page 300.00			
	L of additional Section B				
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections 13, Column A of Summary Page	A + B) Totals)			

SEEC FORM 20 Revised January 2015

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)		TYPE OF REPORT		
Carfora 2019			October 10 Flling		
A. Total Contributions from S (See instructions for definition of Small		ed this Period ONLY UBTOTAL SECTION A	\$		
	B. Itemized Con	tributions from Indivi	duals		
Last Name		First Brian			MI
Vanacore		City		State	Zip Code
Residential Street Address		North Haven		CT	06473
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes ONo	with said municipality	, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a s No  If yes, indicate which bran of government the contract	t is with: Executive	Legislative No		
Method of Contribution:  Cash Personal Check Credit/Debit C	Pard OBayroll Daduation OM	Order 9/17/2019	Aggregate Contributions 950.00		
	Card Orayroll Deduction Owloney	First	330.00		MI
Last Name Vollono		Al			
Residential Street Address		l		State	Zip Code
43 Eddon Dr		East Haven		СТ	06512
Principal Occupation		Name of Employer			
Collection manager		Southern CT Gas			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			/, Amo	ount of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which brai of government the contract	state contractor or prospective stanch or branches at its with:	te contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
	Card OPayroll Deduction OMoney		25.00		1 \
Last Name Vuolo		First Ralph			MI
Residential Street Address 20 Dwight pl		<sup>City</sup> East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Lead 911 telecommunicator		Town of East Hav	/en		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	et is with:	O Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit C	Card Payroll Deduction OMoney	Order 9/15/2019	Aggregate Contributions 25.00		
	SUBT	OTAL Section B — This	Page 1000.00		
To analysis and the second sec	TOTAL	of additional Section B	Pages 150.54		
TOTAL OF	ALL CONTRIBUTIONS FROM	1 INDIVIDUALS (Sections 13, Column A of Summary Page			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(ory)			TYPE OF REPORT			
Carfora 2019			October 10 Filing				
A. Total Contributions from Small Contributors-Re- (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$			
B, Itemized	l Cont	ribu	tions from Individ	duals			
Last Name Wiener		Firs	t Cott				MI
Residential Street Address	Ci	ty			State	Zip Co	<b>I</b>
125 Main st unit 406	E	ast	Haven		СТ	065	12
Principal Occupation	•		Name of Employer				
Tire Dealer			Tire Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contribution is in excess of does contributor or business have valued at more than \$5,000?	f \$400 to he/she is	a cano assoc	didate for a chief executive intended with have a contract  OYES  ONO	e officer of a municipality with said municipality		ount of (	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 08112019a  Yes   Is contributor a principal If yes, indicate which of government the contributor of government the contributor apprincipal in the contributo	ch branc	h or b		e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Ox	Money O	rder	8/11/2019	100.00			
Last Name		Firs	t .				MI
Yaccarino		D	avid				
Residential Street Address	Ci	ty			State	Zip Co	ode
56 Robert Dr	E	East	Haven		СТ	065	12
Principal Occupation			Name of Employer				
Scientist			Thermo Fisher				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business h valued at more than \$5,000?	dependent child of a lobbyist? ON does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution 25.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09152019a  Yes   Is contributor a principal of government the contributor of government the contributor apprincipal of government the contributor ap	ch branc	h or b		Legislative No			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction O	Money O		9/15/2019	55.00			
Last Name		Fire	<sub>st</sub> eborah				MI
Zampano	T <sub>a</sub>		eporari		I G4-4-	Zip C	-d-
Residential Street Address 2 Old town HWY	Ci	-	Haven		State	065	
AND			Name of Employer		Ι		
Principal Occupation			Trunc or Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One dependent child of a lobbyist?  One 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?  One dependent child of a lobbyist?					Amount of Contribution 25.54		
event reported in Section L1? O No If yes, indicate which	, list Event # 09152019a of government the contract is with:						
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Or	Money C	)rder	Date Received 9/15/2019	Aggregate Contributions 55.54			
S	SUBTO	)TA	L Section B — This	Page 150.54			
ТО	OTAL	of ac	Iditional Section B I	Pages 0.00			
TOTAL OF ALL CONTRIBUTIONS F	FROM Line 13	INDI , Coli	VIDUALS (Sections A umn A of Summary Page	A + B) Totals)			

NAME OF COM	MITTEE (Provide Comple	ete Name as Registered	with Filing Reposi	ilory)		TYPE OF REPORT October 10, 2019	
		G <sub>1</sub> (	Contributio	ons from Of	her Comi		
Name of Committee					Name of Trea		
Connecticut I	Laborers Political I	League			Keith Bro	others	
Address 475 ledyard	Street	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Is this contri event reporte	ed in Section L	ted with an Yes No	Amount of Contribution 500.00
City		State	Zip Code	Date Recei		Aggregate Contributions	
Hartford		СТ	06114	09/16/2	2019	500.00	
Name of Committee				<b>.</b>	Name of Trea	surer	
Roofers Polit	ical Educational L	egislative fund	of Connection	cut	Davidso	n, Harold	
Address 19 Bernhard	Rd	i i i i i i i i i i i i i i i i i i i	·		d in Section L	ted with an Yes No 1? list Event #	Amount of Contribution 125.00
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date Recei	ved	Aggregate Contributions	
North Haven		СТ	06473	09/10/2	2019	125.00	
Name of Committee				<u> </u>	Name of Trea	isurer	
Address					d in Section I	ted with an Yes No 1? list Event #	Amount of Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions	
Name of Committee				City	Name of Trea	n other Committees	State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  OReimburser	nent for shared o	expense OS	urplus Distrib	ution	Amount of Receipt
Description							
Name of Committee					Name of Trea	isurer	
Address		anni de de la companya de la company		City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	ement for share	d expense	Surplus Distr	ibution	Amount of Receipt
Description							
			SUBTO	OTAL Sectio	n C — Thi	s Page	
			TOTAL	of additiona	l Section C	'Pages	
		F ALL COMMI 18 C1 + C2) <i>(Enter</i>					
			. —				

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Reposito	) (179)		1	YPE OF	REPORT	
Name of Lender	D. Loans		d this Period				Date of Receipt
ranic of Lenuci	Bank Candidate Individual Other Committee						
Street Address	City		· · · · · · · · · · · · · · · · · · ·		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)				•		<u></u>	Amount Received
Street Address	City				State	Zip Code	
Name of Lender		S	Ource of Loan: Bank Cand	lidate 🔘	Individua	Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	1			· · · · · · · · · · · · · · · · · · ·			Amount Received
Street Address	City		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State	Zip Code	
Name of Lender			Source of Loan: OBank OCano	didate 🔿	Individua	Other Committee	Date of Receipt
Street Address	City		M. M. Application of the Control of		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City		- LA DICE TANK		State	Zip Code	
		•	FOTAL SECT	ION D			
E. Receipts from Enti	ties other than Indiv	iduals o	r Other Com	mittees	(Referer	ıdum Committe	es ONLY)
Name of Entity							
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contril	outions	
Name of Entity		<u> </u>		<u> </u>			
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contrib	outions	
Name of Entity		<u> </u>	<u> </u>	<u> </u>			<u> </u>
Street Address	outhern.	***	<u> </u>	Date R	eceived		Amount Received
City		State	Zip Code	Aggre	gate Contri	butions	•
		1	TOTAL SECT	ION E			

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NAME OF COMMITTE	E (Provide Complete Name as Regist	ered with Filing Repository)		TYPE OF REP	ORT
F	. Amount Transferred	from Affiliated Bu	siness Treasury (Bus	iness Entity Comn	vittees ONLY)
Date of Receipt		s this transaction associated with an OYes If yes, list Event # event reported in Section L1?  No			Amount
Date of Receipt	Is this transaction associ event reported in Section		If yes, list Event #		Amount
Date of Receipt	Is this transaction associ	<b>1</b> , 00	If yes, list Event #		Amount
Date of Receipt	Is this transaction associ	<b>3-2</b> · · · ·	If yes, list Event #		Amount
			TOTAL SECTION	ON F	
G. Amount T	ransferred from Affilia	ted Labor Union o	r Other Organizatio	on Treasury (O)	ganization Committees ONLY)
Date of Receipt		Date of Receipt		Date of Receipt	
	Amount	A	xmount		Amount
			TOTAL SECTION	N G	
	H. Personal Funds of	the Candidate Rec	ceived this Period (C	andidate Committ	ees ONLY)
Date of Receipt	Method of payment:  OCash	Personal Ch	eck Credit/Deb	sit Card	Amount
Date of Receipt	Method of payment:  Cash	Personal Ch	eck Credit/Deb	oit Card	Amount
Date of Receipt	Method of payment:				Amount
	<b>O</b> Cash	Personal Ch	eck Credit/Deb	oit Card	
Date of Receipt	Method of payment:				Amount
	<b>O</b> Cash	Personal Ch	eck Credit/Deb	oit Card	
			TOTAL SECT	TION H	
		I. Anonymou	ıs Contributions		

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* 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.

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NAME OF COMMITTEE (Provide Com	plete Name as Registered with Filing Repository)		OF REPORT	
	J. Interest from Deposits in Authorized	Accounts		
Name of Institution		Date Rec	ceived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Red	ceived	Amount
Street Address	City	State	Zip Code	
	TOTAL S	SECTION J		
K.	. Miscellaneous Monetary Receipts not Consideration	ered Contribu	itions	
Name		Da	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Da	nte of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		1		
Name		Da	ite of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Da	ate of Transaction	Amount Received
				Amount Accepted
Street Address	City	State	Zip Code	
Description				
	TOTAL SECT	TION K		
SUMM	MARY OF OTHER MONETARY RECEIPTS	(Sections D th	rough K)	
Total Loans Received this Period	(Section D)			
Total Receipts from Entities other	than Individuals or Other Committees (Section E)	+		
Total Amount Transferred from A	Affiliated Business Treasury (Section F)	+		
Total Amount Transferred from A	Affiliated Labor Union or Other Organization Treasury (S	Section G) +		
Total Amount of Personal Funds o	of the Candidate Received this Period (Section H)	+		
Total Amount of Interest from De	posits in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Rec	ceipts not Considered Contributions (Section K)	+		
	Total of Other M. Add Sections D through K) (Enter total on Line 15, Column A.		<b>●</b> 10-2000 <b>•</b>	

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

Revised January 2015	II. EVENTACI	TVITI (Sections L1—	-LJ)		
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT		
	I.1 Ryei	nt Information			
Event #					
Date of Event Letter 07302019 A	Description Dinner at Rosso Vino			Was this a fi	indraising event?
Location: Street Address		City		State	Zip Code
130 Shore Drive		Branford		СТ	06405
Subpart 1: (All Commit Was this event hosted at		OYes (If yes, go to Section L  Associated with a Hot purchases made by hos  No	5 In-Kind Donations nuse Party and completet(s) for food, beverage a	e required info	ormation for any
	ide goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		not Considered	l Contributions
Was this fundraiser a tag with purchases from an	g sale, auction, or other sale of donated items individual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$	
Subpart 2: (Party Com Were there purchases of sign associated with this	mittees, Municipal Candidates and Political Com f advertising space in a program book or on a s fundraiser?	umittees other than Exploratory OYes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		a Program Book
	amittees ONLY)  I food or beverage at a fair or similar mass he state with this fundraiser?	Yes (If yes, enter Total Rec	reipts here.)	\$	
Event #	Description			T	
Date of Event Letter  08112019 A	John and Maria's			Was this a f	andraising event?  ONo
Location: Street Address		City		State	Zip Code
280 Foxon Road		East Haven		ct	06513
Subpart 1: (All Commit Was this event hosted at		OYes (If yes, go to Section L Associated with a Ho purchases made by hos	5 In-Kind Donations nuse Party and completet(s) for food, beverage	e required infe	ormation for any
Did this fundraiser inclu of up to \$200 or items d	nde goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required  No		not Considere	d Contributions
Was this fundraiser a ta with purchases from an	g sale, auction, or other sale of donated items individual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$	
Subpart 2: (Party Com Were there purchases of sign associated with this	mittees, Municipal Candidates and Political Comf f advertising space in a program book or on a s fundraiser?	Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		a Program Book
	inittees ONLY)  I food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	
SUBTOTAL Sect	ion L1—Subpart 1 (All Committees) Total Receipts 1	from Sale of Donated Items —	This Page 0		
		ction L1—Subpart 3 (Town Commi eipts from Food Purchases —			
		TOTAL of additional Section	n Li Pages		
		EIPTS FROM SMALL PU			

# Section L1. ADDITIONAL PAGE L14 of 17

	(Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Carfora2019	Li Even	t Information			
Event #	Description Description	Camo maron	1,37	41.'- C.	1-1-1
Date of Event Letter 0908201 A	Foxon Fire House Co#3		was	Yes	ndraising event?
Location: Street Address		City		State	Zip Code
Route 80 and North	High Street	East Haven		СТ	06513
Subpart 1: (All Commit Was this event hosted at		Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and compl purchases made by host(s) for food, beverag  No	ete requ	aired infor	Contributions mation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donation and complete required information.)  No	s not Co	onsidered	Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Receipts here.)  O No	<b>→</b> [\$		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adveorable or on a Sign and complete required information No			Program Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	Yes (If yes, enter Total Receipts here.)  No	→ [\$		
Event # Date of Event Letter 0915201 A	Description Foxon Fire House Station #4		Was	s this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
85 George Street		East Haven		СТ	06512
Subpart 1: (All Commit Was this event hosted at		Yes (If yes, go to Section L5 In-Kind Donation: Associated with a House Party and complete purchases made by host(s) for food, beveragon No	lete req	uired info	rmation for any
Did this fundraiser incluor of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donation and complete required information.)  No	ns not C	onsidered	Contributions
	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Receipts here.)  No	\$		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	mittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adveorable or on a Sign and complete required infor No			ı Program Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Receipts here.)  ONo	\$		
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fo	rom Sale of Donated Items — This Page			
		tion L1—Subpart 3 (Town Committees ONLY) cipts from Food Purchases — This Page			
		TOTAL of additional Section L1 Pages			
	TOTAL OF ALL RECE	EIPTS FROM SMALL PURCHASES  In Line 16a, Column A of Summary Page Totals)			

# Section L1. ADDITIONAL PAGE 418 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito							
Carfora 2019	October 10 filing						
	ent Information						
Event # Date of Event Letter 9292019 A   Description   Fund raiser Meet and Greet		Was this a fundraising event?  Yes 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?	Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and comple purchases made by host(s) for food, beverage No	ete required information for any					
Did this fundraiser include goods or services donated by a business entit of up to \$200 or items donated by an individual of up to \$100?		s not Considered Contributions					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)  No	+ \$					
Subpart 2: (Party Committees, Municipal Candidates and Political Co. Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ommittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adveror on a Sign and complete required inform  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?	Yes (If yes, enter Total Receipts here.)  No	\$					
Event # Date of Event Letter Description	City	Was this a fundraising event  O Yes O No  State Zip Code					
Location: Street Address	City						
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and comple purchases made by host(s) for food, beverag	ete required information for any					
Did this fundraiser include goods or services donated by a business enti of up to \$200 or items donated by an individual of up to \$100?	ty Yes (If yes, go to Section L4 In-Kind Donation and complete required information.)  No	s not Considered Contributions					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)  No	<b>\$</b>					
Subpart 2: (Party Committees, Municipal Candidates and Political Co Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ommittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adveor or on a Sign and complete required information 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?	OYes (If yes, enter Total Receipts here.) ONo	<b>\$</b>					
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipt	s from Sale of Donated Items — This Page						
	Section L1—Subpart 3 (Town Committees ONLY) Leceipts from Food Purchases — This Page						
	TOTAL of additional Section Li Pages						
TOTAL OF ALL REG	CEIPTS FROM SMALL PURCHASES il 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	3 (Provide Complete Name as Register	red with Filing Reposito	ry)	TYPE OF REPO	RT			
Carfora 2019		-		October 10 F	iling			
	L3. Purchase	s of Advertisin	ig in a Progra	ım Book or on a Sign				
Name of Purchaser						e Made By:		
Gravino, Mark					Business Entity Other Oldividual/Sole Proprietorship			
· · · · · · · · · · · · · · · · · · ·		L LOUIS MITT.	City		Und	IVidual/Sole P	Zip Code	
Street Address			city east haven			CT	06512	
po box 120597			east naven					
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase 1	Amount of Si	gn Purchase	
09/11/2019				125.00				
Name of Purchaser					1 _	e Made By:		
Triantis, Dimitrios					1 =	siness Entity	Other	
S. 11			l c:-		Und	ividual/Sole P	Zip Code	
Street Address			<sup>City</sup> East Haven			CT	06512	
34 Main St						<u> </u>		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase A	Amount of Si	gn Purchase	
09/26/2019				250.00				
Name of Purchaser					Purchas	e Made By:	_	
Frosceno, Ben					1 =	siness Entity	Other	
		- A SUMMER	T		Ulnd	ividual/Sole F	· · · · · · · · · · · · · · · · · · ·	
Street Address	OTE 1-404		City			State CT	Zip Code 06513	
64 THOMPSON ST	SIED 101		East Haven		ı		00010	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase .	Amount of Si	gn Purchase	
09/26/2019				125.00	ŧ			
Name of Purchaser		l			Purchas	e Made By:		
Fournier, Joe					! =	siness Entity	Other	
			I	AMBEL 101 - 1	O Ind	ividual/Sole F		
Street Address			City			State	Zip Code	
64 Thompson st sui	te b101		East Haven			СТ	06513	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase .	Amount of Si	gn Purchase	
09/27/2019				125.00				
Name of Purchaser					Purchas	e Made By:		
Nastri, Dennis						siness Entity	Other	
, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · · ·	<b>T</b>		Olnd	lividual/Sole I		
Street Address			City			State	Zip Code	
75 High St			East Haven			СТ	06512	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase .	Amount of Si	gn Purchase	
08/28/2019				100.00				
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in I	Program Book — This Page	25.00			
	SUBTOTAL Sect	ion L3 Total Purc	hases of Adverti	sing on a Sign — This Page			•••	
			TOTAL of	additional Section L3 Pages 1	1350.0	0		
TOT	AL OF ALL PURCHASES O			AM BOOK or ON A SIGN 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

	(Provide Complete Name as Registere	ed with Filing Reposito	n)	TYPE OF 1				
Carfora 2019				October	and a second	ling		
	L3. Purchases	s of Advertisin	ig in a Progra	m Book or on a Sign			N I B	
Name of Purchaser						Purchase Made By:  Business Entity Other		
Gagliardi, Vincent					- 1	_	ividual/Sole P	_
Street Address	to the second se		City				State	Zip Code
1899 Hartford Turnpik	ke .		North Haven				СТ	06473
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad F	urcha	se A	Amount of Sig	gn Purchase
8/28/2019				150.00				
Name of Purchaser				<u> </u>	- 1	_	e Made By:	
Gagliardi, Sal							siness Entity ividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
126 Middletown ave			North Haven				СТ	06473
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad F	urena	se A	Amount of Sig	gn Purchase
8/29/2019				150.00				
Name of Purchaser						_	e Made By:	_
Gagliardi, Sal						_	siness Entity ividual/Sole P	Other roprietorship
Street Address	- LUINAMAN TI -		City		L		State	Zip Code
152 Temple St			New Haven				СТ	06510
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad I	urcha	se A	Amount of Si	gn Purchase
8/29/2019				150.00				
Name of Purchaser						_	e Made By:	
Capotorto, Beth						_	siness Entity ividual/Sole P	Other roprietorship
Street Address			City		•		State	Zip Code
73 Elm St			East Haven				СТ	06512
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad I	Purcha	se 4	Amount of Si	gn Purchase
09/05/2019				75.00				
Name of Purchaser						_	e Made By:	
Morale, Frank						_	siness Entity ividual/Sole F	Other Proprietorship
Street Address		· · · · · · · · · · · · · · · · · · ·	City				State	Zip Code
5 Foxon Road Ste 2	•		North Branfor	rd			СТ	06471
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad I	Purcha	se .	Amount of Si	gn Purchase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book — This Pa	ge   62	25.00		
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	ing on a Sign — This Pa	ge			
			TOTAL of a	dditional Section L3 Pag	es 72	25.00		
ТОТА	L OF ALL PURCHASES O	F ADVERTISIN			Sign.	,_,		
• •		(Enter total on	Line 16c, Column	A of Summary Page Tota	ls)			

# Section L3. ADDITIONAL PAGE (38 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 Registere	ed with Filing Reposito	ny)		TYPE OF REPO	RT			
Carfora 2019	-				October 10 F	iling			
	L3. Purchases	of Advertisin	ig in a Prograi	m Book or c	n a Sign				
Name of Purchaser						_	: Made By:		
Sargolini, Joseph						Business Entity Other Individual/Sole Proprietorship			
			I c'			Olndi	vidual/Sole Pi	Zip Code	
Street Address			City				CT	06518	
29 Tabor Rd			Hamden						
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise A	Amount of Sig	gn Purchase	
09/04/2019				250.00					
Name of Purchaser	I	<u> </u>				Purchase	Made By:	_	
Cantarella, Michael							iness Entity ividual/Sole P	Other roprietorship	
Street Address			City				State	Zip Code	
2456 Whitney ave			Hamden				СТ	06518	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise A	L Amount of Sig	n Purchase	
09/05/2019				250.00					
Name of Purchaser				}		Purchase	e Made By:		
						_	siness Entity	Other	
Snow, William						OInd	ividual/Sole P	roprietorship	
Street Address			City				State	Zip Code	
480 Short Beach Rd			East Haven				CT	06512	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise <i>i</i>	Amount of Sig	gn Purchase	
08/26/2019				100.00					
Name of Purchaser						_	e Made By:		
Marquez, Eilen						_	siness Entity ividual/Sole P	Other roprietorship	
Street Address			City				State	Zip Code	
2456 Whitney ave			Hamden				CT	06518	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise A	Amount of Sig	gn Purchase	
09/11/2019				125.00					
Name of Purchaser						Purchas	e Made By:		
						OBus	siness Entity	Other	
					min	Olnd	ividual/Sole P		
Street Address			City				State	Zip Code	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise A	l Amount of Si <sub>l</sub>	gn Purchase	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in P	rogram Book -	— This Page 7	25.00			
	SUBTOTAL Secti	on L3 Total Purc	hases of Advertis	ing on a Sign -	—This Page				
			TOTAL of a	dditional Secti	on L3 Pages 0	.00			
TOTA	L OF ALL PURCHASES O	F ADVERTISIN (Enter total on	G IN A PROGRA Line 16c, Column	AM BOOK or A of Summary	ON A SIGN Page Totals)				

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

Name of Donor  Street Address  Donation Given By:  Business Entity  Individual Sole Proprietorship  Name of Donor  Street Address	ption of Donation	Kind Donations P	Not Conside	ered Contributions  Aggregate Value for this Event	Fair i	State Market V:	Zip Code
Donation Given By:  Business Entity  Individual  Sole Proprietorship  Date Re	ption of Donation				Fair i		
Donation Given By:  Business Entity  Individual Sole Proprietorship  Date Re		Event#	City	Aggregate Value for this Event	Fair i		_
Business Entity Individual Date Re Sole Proprietorship  Name of Donor		Event #		Aggregate Value for this Event	Fair	Market V	_  nlue of Donation
Sole Proprietorship  Name of Donor	eceived	Event #		Aggregate Value for this Event			
Street Address							
			City			State	Zip Code
Donation Given By: Descrip  Business Entity	ption of Donation	······································			Fair	Market V	alue of Donation
Oludividual Osole Proprietorship	eceived	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: Descrip  Business Entity						Market V	alue of Donation
O Individual O Sole Proprietorship	eceived	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Business Entity	ption of Donation				Fair l	Market V	alue of Donation
O Individual O Sole Proprietorship	eceived	Event #		Aggregate value for this Event			
		SUBT	OTAL Section	1 L4 — This Page	•		
		TOTAI	L of additional	l Section L4 Pages			
TOTAL OF	F ALL IN-KIND DON (Ente	NATIONS NOT CON or total on Line 21, Co					

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

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Re	pository)			TYPE OF RE	PORT	s 3,,, 4,
			· · · · · · · · · · · · · · · · · · ·				
	L5. In-Kind Donations Not Consid	lered (	Contributions Associ	· · · · · · · · · · · · · · · · · · ·		<del></del>	
ame of Host				committee? (	Yes ON	0	one candidate c
			L	If yes, co	mplete Itemiza		
reet Address			City			State	Zip Code
escription of Donation					Fair Mar	ket Value	of Donation
vent #	Aggregate Value of this Event—all hosts	Ao	gregate Value of all Events—this	host/candidate			
icial ii	Aggregate varie of this event—un nosis	I AB	gregate value of an Events and	7051/Eurit/Auric			
ame of Host				Is this event s	supporting me	ore than o	one candidate o
				1	mplete Itemiza		ldendum L5
treet Address			City	1	-	State	Zip Code
escription of Donation					Fair Mai	ket Value	of Donation
		<del>- 1::</del>			-		
vent #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this</i>	hosi/candidate			
ame of Host							one candidate
				committee? (	mplete Itemiza		ldendum I.5
treet Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
vent #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this	host/candidate			
ame of Host		<u></u>		Is this event s	supporting me	ore than o	one candidate o
				committee?	Mes ON mplete Hemiza		ldendum I.S
treet Address			City	7,763,00	implete Heimiz	State	Zip Code
roce reduced							.
escription of Donation					Fair Mar	ket Value	of Donation
vent #	Aggregate Value of this Event—all hosts	Ae	gregate Value of all Events—this	host/candidate	-		
rout a	Tegrogate value of this cross.		gp				
		SUB	TOTAL Section L5 —	-This Page			
		ТОТА	L of additional Section	n L5 Pages			
	AL OF ALL IN-KIND DONATIONS N TH A HOUSE PARTY (Enter total or						
1000CIATED WI	THA HOUSE FARTI : (Emeriolatio)	n Line 2	2, Comma A oj Summary	1 uge 10iuis)			

### III. NONMONETARY RECEIPTS (Sections M—O) Page 12 of 17

Rei Beil January 2015					نادر <del>المالية</del>	211 15 (500101						
NAME OF COMMITTEE (Provide Complete Carfora 2019	Name as Regi	stered with	Filing Repositor	אכ			******************************	OF REPORT				
Candia 2019			14 T. T/			•	Octobe	er 10, 2019				
Name			M. In-K	ina Con	itr	ibutions						
Patricia Cofrancesco Esq												
Street Address					Cit	dy			State	Zip Code		
89 Kimberly Ave					E	ast Haven			СТ	06512		
Type of contributor: Committee	Date Receive		Aggregate Con	ıtributions		Description of In-Kind C	Contribution	on				
Olndividual / Sole Proprietorship Oother	0929201	19	373			Food, Soda Tab	les ch	nairs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?				ted v				1	r Market Value his Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09292019A	Yes No	If yes,	utor a principal , indicate which ernment the cor	h branch or	te contractor or prospective state contractor?  Yes h or branches				s 3731	373.00		
Name												
Street Address			,	<u></u>	City	hu .	<del></del>	<del></del>	State	Zip Code		
Strong reservant						y			Otaco	Zip Code		
Type of contributor: Committee Olndividual / Sole Proprietorship Other	Date Receive	ed be	Aggregate Con	uributions	<u> </u>	Description of In-Kind C	ontributio	on .				
	ļ	bution is it	n excess of \$40	N to a cand	idat	te for a chief executive o	officer of	f a municipality.	T Fai	ir Market Value		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont		r business he/sh		ated	with have a contract wi				his Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	itor a principal indicate which crument the con	a branch or	bra	ractor or prospective statenches  Executive	_	<b>O</b> No	;			
Name			***************************************	1								
Street Address		<del></del>			Total			***************************************	State	Zip Code		
					City	y 	<u>.                                    </u>		Otato	Zili Code		
Type of contributor: Committee Ondividual / Sole Proprietorship Other	Date Received	d	Aggregate Cont	tributions		Description of In-Kind C	ontributio	ne	<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cont		r business he/sh		ated	e for a chief executive o with have a contract wi Yes No				r Market Value his Contribution		
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	<del></del>	s contribut	itor a principal o	branch or	ontra bra:	ractor or prospective stat	_	<b>⊘</b> No				
If yes, ast event #		or Rover	rnment the con			O Executive (						
			SUB	STOTAL	Sec	ction M — This Page	e 37	3				
			TOT≜	AL of add	itio	onal Section M Pages	0.0	)0				
TOTAL OF ALL IN-KIND CON	TRIBUTI	IONS Œ	inter total on Li	ine 23, Colu	nın	A of Summary Page Tota	als) 37	3				
<del></del>	N.	Refunc	dable Den	osit to T	ما د	phone Company	,					
Last Name of Individual		1701411	Table Dep.	First	<u> </u>	phone Company		МІ	Date Depo	osit Made		
Residential Street Address	***************************************	<del></del>	City	<u> </u>	—		State	Zip Code	<del></del>			
										Amount of Deposit		
Name of Telephone Company					—							
Street Address			City				State	Zip Code				
	VOTILON N				- - - - - - - - - - - - - - - - - - -							
TOTAL SE	CHONN	i (Enter t	otal on Line 2	4, Column	A o	f Summary Page Totals	リー					

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

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Carfora 2019			October 10,2019	October 10,2019 Filing		
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of	Payment:	
Rosso Vino			0730/2019	Check		
Street Address		City		O Debit State	Card OEFT Zip Code	
		•		CT	06405	
130 Shore Drive		Branford		01	00403	
Purpose of Expenditure	Description		Event #		Amount	
(by code) FNDR	Fund Raising Dinner		07302019A	300.0	0	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us	uless "None of the below" is	checked)	1		
(if applicable)	None of the below	,	,			
	Coordinated with reimbursement sought (joint expenditur	re) 🔘 Indepen	dent			
	Coordinated without reimbursement sought (in-kind contr	ibution) Organiza	Date of Payment	124-4-4-6	D	
Name of Payee			· ·	Method of I	•	
Wix.Com			08052019	© Debit		
Street Address		City		State	Zip Code	
		Tel Aviv Israel				
Purpose of Expenditure	Description	1	Event #	<u> </u>	Amount	
(by code)	Website Domain Setup and monthly payme	ents to date		40.05	1 I I I I I I I I I I I I I I I I I I I	
				48.95		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)			
	None of the below Coordinated with reimbursement sought (joint expenditure)	e) Independ	dent			
	Coordinated without reimbursement sought (in-kind contr	· = ·	tion OA OB OC OD			
Name of Payee			Date of Payment	Method of I	*	
Shore Line Publ	ising		08/06/2019	Check		
Street Address		City		O Debit	Card OEFT Zip Code	
PO Box 1010		Madison		СТ	06443	
1 O BOX 1010		Wadison		ļ · · · ·		
Purpose of Expenditure (by code)	Description		Event #		Amount	
`´ A-News	Full page Ads			756.00	0	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" is	checked)	1		
(if applicable)	O None of the below					
	Coordinated with reimbursement sought (joint expenditu	<b>x</b>				
	Coordinated without reimbursement sought (in-kind cont	tribution) Organiz	ationOAOBOCOD	1.4.4.4.5		
Name of Payee			Date of Payment	Method of Check	-	
Sq-Sq Fat Man	Gosq.com		08192019	① Debit		
Street Address		City		State	Zip Code	
Elm Street		New Haven		CT	06511	
Purpose of Expenditure	Description	<u> </u>	Event#		Amount	
(by code) A-OTH	Tee Shirts					
	Tee Simila			385.5	2	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	uless "None of the below" is	checked)			
,,,,	None of the below		<b>.</b>			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	=	ntion OA OB OC OD	-		
		J Organiza			· · · · · · · · · · · · · · · · · · ·	
	<b>£</b>	SUBTOTAL Section P —	-This Page 1,490.47			
	TO	TAL of additional Section	on P Pages 20,219.60			
	TOTAL OF ALL EXPE (Enter total on Lin.	NSES PAID BY CON e 19, Column A of Summary				

### Section P. ADDITIONAL PAGE

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NAME OF COMMITT	EE (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 I	•	
D & A Campaign	s			08/12/2019		# <u>0291950</u> 56	
Street Address		City			O Debit State	Card OEFT Zip Code	
800 Village Walk	# 248	Gilford			СТ	06437	
Purpose of Expenditure (by code)	Description		Event #	•		Amount	
CCNSLT	Campaign Fees				5,033		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked	י	] 0,000		
(if applicable)	O None of the below (does not involve another candidate or co						
	Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr			A OB OC OD			
Name of Payee	O GOODAMARKA WALLAND TO THE CONTROL OF THE CONTROL	Organiza		Date of Payment	Method of I	Payment:	
John and Maria				08/11/2019	Check Debit		
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		0811	2019A	600		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked,	)	000		
(if applicable)	None of the below (does not involve another candidate or cor	nmittee)					
Name of Payee	Coordinated without reimbursement sought (in-kind contri	Organiza		A O B O C O D  Date of Payment	Method of I	Payment:	
Foxon Volunteer Fire House Co. #3 09/08/2019						© Check # 25220	
					O Debit	Card OEFT Zip Code	
Street Address		City East Haven			State	06512	
Route 80		East naven		ANAMAKA TIT T	CI	00312	
Purpose of Expenditure (by code)	Description		Event #			Amount	
FNDR	Fund Raiser Fried Dough		0908	32019A	250		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	s checke	d)	200		
(if applicable)	None of the below (does not involve another candidate or co						
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)						
Name of Payee	O coordinated without retinion senior sought (in this con-	Organiz		A OB OC OD  Date of Payment	Method of	Payment:	
Aldi				09072019	Check	-	
		Lav		00072010	Debit		
Street Address		City			State	Zip Code	
Route 80		New Haven			Ct	06513	
Purpose of Expenditure	Description		Event #			Amount	
(by code) FNDR	Food Dough Oil Paper goods	326.88	2				
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						•	
(if applicable)	None of the below (does not involve another candidate or co						
	Coordinated with reimbursement sought (joint expenditur						
	Coordinated without reimbursement sought (in-kind contr	organiza Organiza	ation(_)	A OB OC OD	<u> </u>		
	s	SUBTOTAL Section P -	— This l	Page 6,209.88			

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### Section P. ADDITIONAL PAGE

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111	

Carfora	TEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT 2019		
	P. Expenses	Paid by C	ommittee	į.			
Name of Payee	i. Expenses	I alu by C	Ommittee		Date of Payment	Method of	Payment:
Shore Publising				i	08/27/2019	☐ Checl	•
Y					00,27,2015	☐ Debit	
Street Address		City				State	Zip Code
PO box 1010		Madison				СТ	06433
Purpose of Expenditure	Description			Event #	!	Amount	
(by code) A-News	Full Page Ad					756.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	aless "None of	the below" is	checked	1)	156.00	
(if applicable)	☐ None of the below (does not involve another candidate or co				7		
	☐ Coordinated with reimbursement sought (joint expenditure	re)	☐ Independ	dent			
	Coordinated without reimbursement sought (in-kind contr	ribution)	☐ Organiza		A O B O C O D  Date of Payment	11.6-1-6	D
Name of Payee					•	Method of	-
Shore Publishing					09/06/2019	☐ Debit	
Street Address		City				State	Zip Code
po box 1010		Madison				СТ	06433
Purpose of Expenditure	Description	<b>.</b>		Event #			Amount
(by code) A-News	Full Page Ad					050.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	dass "Nona of	the helow" is	chacked	· · · · · · · · · · · · · · · · · · ·	656.00	,
(if applicable)			the below to	c neckeu,	,		
	☐ None of the below (does not involve another candidate or col ☐ Coordinated with reimbursement sought (joint expenditure		☐ Independ	lent			
	☐ Coordinated without reimbursement sought (in-kind contr	ibution)	☐ Organiza		а ов ос ор		
Name of Payee					Date of Payment	Method of	· ·
Shore Publishing					09/10/2019	Debit	
Street Address		City				State	Zip Code
po box 1010		Madison				Ct	06433
Purpose of Expenditure	Description			Event #			Amount
(by code) A-News	Full Page Ad						_
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	ulong WNaug a	Etha halowii io			656.00	0
(if applicable)		•	j ine vetow" is	спеске	u)		
	☐ None of the below (does not involve another candidate or co ☐ Coordinated with reimbursement sought (joint expenditu	re)	☐ Indepen	dent			
	☐ Coordinated without reimbursement sought (in-kind cont		☐ Organiza	ation: o	A OB OC OD		
Name of Payee				-	Date of Payment	Method of	•
Shore Publising					09/17/2019	☐ Check	
Street Address		City		L		State	Zip Code
po box 1010		Madison				СТ	06433
Purpose of Expenditure (by code)	Description			Event #			Amount
A-News	Full Page Ad					656.00	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	uless "None of	the below" is	checkea	1)	1 000.00	
(if applicable)	☐ None of the below (does not involve another candidate or co						
	☐ Coordinated with reimbursement sought (joint expenditure	re)	☐ Independ				
	Coordinated without reimbursement sought (in-kind contra	noution)	☐ Organiza	tion: O	A OB OC OD		
	٤	SUBTOTAL	Section P —	– This l	Page 2,724.00		

# Section P. ADDITIONAL PAGE Pb of 17

	TEE (Provide Complete Name as Registered with Filing Repository)		-5	TYPE OF REPORT			
Carfora 2019							
0.00	P. Expenses	Paid by Committee		Date of Payment	Method of P	avment:	
Name of Payee Amy Derbacher				09/14/2019	©Check	# <u>25221</u>	
Street Address		City	<u></u>		State	Zip Code	
85 George st	•	East Haven			СТ	06512	
Purpose of Expenditure	Description		Event #			Amount	
(by code) RMB	Reimburse for Fund Raiser at Fire House 4 09152019a			250.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra						
Name of Payee			I	Date of Payment		Method of Payment:	
Key Bank				09/12/2019	Check Debit		
Street Address		City			State	Zip Code	
85 North Main S	street	East Haven			CT	06512	
Purpose of Expenditure	Description		Event #			Amount	
(by code) BNK	Bank Charges			·	11.00	11.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	ndent	, ДвОс Ор			
Name of Payee			1	Date of Payment	Method of I	-	
Staples				09/12/2019	Check	Card OEFT	
Street Address 85 North Main S	Street	Branford			State	Zip Code 06405	
Purpose of Expenditure	Description		Event #			Amount	
(by code) OFFICE	Office supplys, printing				113.6	8	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind control of the control	committee) ure)	endent _		0		
Name of Payee				Date of Payment	Method of	Payment: : #02919514\$	
DNA Campaign	s			09/07/2019	O Debit	_	
Street Address		City			State	Zip Code	
800 Village Wal	lk # 248	Guilford		· ·	СТ	06437	
Purpose of Expenditure Description			Event #	!		Amount	
(by code) A-Sign	Lawn Signs, Walk Cards				2,735.	86	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" i	is checked	d)			
ы чуулсыны	None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Independent			a Ob Oc Oi			
		SUBTOTAL Section P		A SACRET CONTRACTOR	źl		
		SUBTUTAL SECTION P	1 1118	rage 10, 110.04			

# Section P. ADDITIONAL PAGE pc' of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Carfora 2019				October 10 Filing	İ	
	P. Expenses	Paid by Committe	e			
Name of Payee				Date of Payment	Method of P	-
Home Depot				09/23/2019	Check	_
		Loie.			O Debit (	Card OEFT Zip Code
Street Address		City				'
75 Frontage Rd		East Haven			СТ	06512
Purpose of Expenditure	Description		Event	#		Amount
(by code) A-Sign	Poles for Large Lawn Sign, pole jam, and	Cleaning Supplies			_ _ 456.43	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below"	is check	ed)	7 ,00	
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont					
Name of Payee				Date of Payment	Method of P	•
Lowes				09/23/2019	O Check	
Street Address		City			O Debit (	Zip Code
		New Haven			СТ	06513
115 Foxon Blvd			1-			00010
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 un	nless "None of the below"	is checke	ed)		
(у аррасияс)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	re) 🔘 Indepe	_	) A O B O C O D		
Name of Payee	<u> </u>			Date of Payment	Method of F	
DNA Campaign:	3			09/30/2019	Check	Card OEFT
Street Address		City			State	Zip Code
800 Village Wall	< # 248	Guilford			СТ	06437
Purpose of Expenditure	Description		Event	:#		Amount
(by code) A-Signs	Large Lawn Signs, Regular Size Signs, S	eptember retainer.			3,459	74
Expenditure #	Type of Expenditure (Itemization in Addendum P Required t	unless "None of the below"	is checi	ked)	7 0,100	
(if applicable)	None of the below (does not involve another candidate or condinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind condinated with reimbursement sought (in-kind condinated wi	committee) ure)	endent	Da Ob Oc Od		
Name of Payee				Date of Payment	Method of i	•
DNA Campaigns	\$			09/30/2019	© Check	
		Lov			O Debit State	Card OEFT Zip Code
Street Address		City				
800 Village Wall	k # 248	Guilford			СТ	06473
Purpose of Expenditure	Description		Even	t#		Amount
(by code) A-Signs	Large Lawn Signs and Ticketing Printing				1,784.	51
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	inless "None of the below"	is check	sed)		
(if applicable)	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	onnmittee) ire) 🔘 Indep	endent	DA OB OC OD		
		SUBTOTAL Section P				

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# Section P. ADDITIONAL PAGE PD of 17

Resided January 2015				TYPE OF REPORT			
NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		en en en en en en en en en en en en en e		*****************		
Carfora 2019				October 10 Filing			
	P. Expenses	Paid by Committee					
Name of Payee				Date of Payment	Method of Payment:  Check #		
Antedot.com				09/30/2019	ODebit	Card ©EFT	
Street Address		City			State	Zip Code	
120 McKinney av	ve	Dallas			TX	75201	
Purpose of Expenditure	Description		Event	#		Amount	
(by code) BNK	Fees for electronic contributions				90.92		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con						
Name of Payee				Date of Payment	Method of Check	•	
Home Depot				09/30/2019	① Debit		
Street Address	A A A A A A A A A A A A A A A A A A A	City			State	Zip Code	
75 Frontage Rd		East Haven			СТ	06512	
Purpose of Expenditure	Description	. <del>1.</del>	Event	lf .		Amount	
<sup>(by code)</sup> A-signs	Poles, hardware large lawn signs				152.54		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checke	d)	102.04		
(if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	ommittee) re) 🔘 Indepen	ident	а <b>О</b> в <b>О</b> с <b>О</b> р			
Name of Payee				Date of Payment	Method of	-	
Shore Publishing	9			08/14/2019	Check	Card OEFT	
Street Address		City			State	Zip Code	
PO Box 1010		Madison			СТ	06433	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
A-News	Full Page Ad				756.0	00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	unless "None of the below" i	is check	ed)			
у аррканс)	None of the below (does not involve another candidate or condinated with reimbursement sought (joint expending) Coordinated without reimbursement sought (in-kind condinated without reimbursement sought (in-kind condinated without reimbursement sought)	ure) 🔘 Indepe		DA OB OC OD			
Name of Payee				Date of Payment	Method of Chec	•	
Shore Publishing				08/20/2019	1 Debit	Card OEFT	
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				756.0	O	
Expeuditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind con	ommittee) ure)	ndent	OA OB OC OD			
		SUBTOTAL Section P -	—This	Page 1,755.46			

# Section P. ADDITIONAL PAGE pf of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT	
Carfora 2019			October 10 Filig	
	P. Expenses	s Paid by Committee	•	
Name of Payee Shore Publishing			Date of Payment 09/24/2019	Method of Payment: OCheck # ODebit Card OEFT
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 to None of the below (does not involve another candidate or condinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continued)			
Name of Payee			Date of Payment	Method of Payment:  Check #  Debit Card  DEFT
Street Address	4. A.	City	•	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or conclinated with reimbursement sought (joint expenditus)  Coordinated without reimbursement sought (in-kind con	ommittee) ne) [ ] Indepen		
Name of Payee		<u> </u>	Date of Payment	Method of Payment: Check #_ Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	committee) ture)		
Name of Payee			Date of Payment	Method of Payment:  Check #  Debit Card  EFT
Street Address		City	1	State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	committee)		
		SUBTOTAL Section P -	- This Page   656.00	
***************************************				

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	V)	TYI	PE OF REPORT		
	Q. Campaign Exp	oenses Paid by Candi	date			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			of Payment	Is reimb	ursement claimed?
					0	Yes 🔘 No
Street Address	1.1.1.100.00	City	<b>I</b>		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date	of Payment	ls reimt	ursement claimed?
					0	Yes 🔘 No
Street Address		City	<u> </u>		State	Zip Code
Purson of Europeliture	Description		Event#			Amount
Purpose of Expenditure (by code)	Description		Drone ii			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date	of Payment	ls reimb	oursement claimed?
					0	Yes 🔘 No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1		Amount
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)		Date	of Payment	Is reimb	ursement claimed?
					0	Yes 🔘 No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event #			Amount
(by code)	·					
Name of Paves (Name of V	endor, Person or Entity who candidate paid directly)		Date	of Payment	Is reim	nursement claimed?
reame of tayee (rame by v	riable, resolver carry that canadamic para accessy			•	0	_
Street Address		City			State	Zip Code
oncor Address					Care	
Purpose of Expenditure	Description		Event#			Amount
(by code)	Sestipuon					
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date	of Payment	Is reimb	nursement claimed?
					0	Yes 🔘 No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
		SUBTOTAL Section Q -	– This Pag	je		
	Te	OTAL of additional Section	on Q Page	S		
		PENSES PAID BY CA ine 26, Column A of Summary				

## IV. EXPENDITURES (Sections P—T)

Page 15 of 17

	n r	red on Committee C	redit Card		
lame of Issuing Instit		red on Committee C  Type of Credit Card:	reun Caru		
ame of Issuing Instit	инов	Visa OMaste	er Card Discover OA	merican Express	Other:
ame of Vendor, Person o	r Entity			Date of To	ransaction
treet Address		City		State	Zip Code
urpose of Expenditure y code)	Description		Event #		Amount
Expenditure # f applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	enditure) 🔘 Ind	w" is checked) lependent ganization A B OC	Op	
lame of Vendor, Person o	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
rurpose of Expenditure by code)	Description		Event #		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-king)	enditure) 🔘 Ind	w" is checked)  dependent ganization A DB OC	O D	
ame of Vendor, Person o	r Entity			Date of T	ransaction
treet Address		City	4.444	State	Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
	Type of Expenditure (Itemization in Addendum R Requi	red unless "None of the belo	w" is checked)		
Expenditure # (if applicable)	None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kine)	enditure) O Ind	dependent ganization: OA OB OC	O D	
	Coordinated with reimbursement sought (joint experience) Coordinated without reimbursement sought (in-kind	enditure) O Ind	dependent ganization: OA OB Oc	Ор	
	Coordinated with reimbursement sought (joint experience Coordinated without reimbursement sought (in-kine)	enditure) Ond	ganization: A OB Oc  This Page	Ор	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	יאי	TYPE OF REPORT					
Carfora 2019			October 10 Filin	g				
	S. Expenses Incurred by Con	nmittee but Not Paid	During this Period					
Name of Creditor				Date Incur	red			
DNA Campaigns	6							
Street Address		City		State	Zip Code			
800 Village Wall	< #248	Guilford		СТ	06437			
Purpose of Expenditure (by code) MISC	Description  Monthly Retainer Fee	Event #			ount Incurred limate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  1,500.00							
Name of Creditor				Date Incur	red			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		nount Incurred			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expension Coordinated without reimbursement sought (in-kind	Independiture) Organ	is checked) endent ization:  B  C  C	D				
Name of Creditor				Date Incur	त्तरवे			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description		Event#	I	ount Incurred timate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	Indep	is checked) endent ization: O B OC	D				
		SUBTOTAL Section	S-This Page					
		TOTAL of additional Sec	ction S Pages					
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DU (Enter total or	RING THIS PERIOD BU n Line 28, Column A of Summ	T NOT PAID ary Page Totals)					
	Previously reported E	xpenses Unpaid and still C	Outstanding					
	TOTAL OF ALL EXPENSES INCURRI (Enter total on	ED BY COMMITTEE BU Line 28a, Column A of Summ	IT NOT PAID ary Page Totals)					

## IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	y)		ТҮР	E OF RE	PORT			
								xx - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	T. Itemization of Reiml	The second secon	d Seconda	ıry Pay	ees	ı	15.		
Last Name of Worker/Const	ıltant	First				MI		Payment to V or Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>			reported in	Section P:	_	Worker/Cons	_
					Chec	:k#	State	ebit Card   Zip Code	OEFT
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip code	
Purpose of Expenditure (by code)	Description		E	vent#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	enditure)	The helow" is o	ent 🔿	O C	) <b>(</b> )			
Last Name of Worker/Cons	ultant	First				MI		Payment to Vor Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:	_	Worker/Cons	entant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City			, , , ,		State	Zip Code	
Purpose of Expenditure (by code)	Description	E	E	vent#			-	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	enditure)	Independence Oorganizat	lent 🕜	О С				
Last Name of Worker/Cons	ultant	First				MI	E .	f Payment to V or Entity	/endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				,	n Section P:	_	e Worker/Con Debit Card	_
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description	I	Е	event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind)	enditure)	The below" is a large of the below is a large of the b	ient O	O 0	) () C ( ) D			
		SUBTOTAL S	Section T —	This Pag	ge				
		TOTAL of addi	itional Sectio	n T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS AN	ND CONSU	LTAN	l'S				