

# SEEC FORM 20

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



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DERBY, CT

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2021 OCT 25 AM 10:52

## COVER PAGE

<b>1. NAME OF COMMITTEE</b> <i>DiGiovanni Election Committee 2021</i> <i>Marc J. Garofalo</i> MARC J. GAROFALO, MPA			
<b>2. TREASURER NAME</b>			
First <i>Donna</i>	MI	Last <i>DiGiovanni</i>	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address <i>77 8th St</i>		City <i>Derby</i>	State <i>CT</i> Zip Code <i>06418</i>
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy)	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) <i>Alderman</i>		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First <i>Gene</i>	MI <i>J</i>	Last <i>DiGiovanni</i>	Suffix <i>JR.</i>
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="radio"/> January 10 filing <input type="radio"/> April 10 filing <input type="radio"/> July 10 filing <input type="radio"/> October 10 filing <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election			
<input type="radio"/> 7th day preceding primary <input type="radio"/> 30 days following primary <input checked="" type="radio"/> 7th day preceding election <input type="radio"/> 12th day preceding election (State Central Committees Only) <input type="radio"/> 45 days following election not held in November			
<input type="radio"/> 7th day preceding referendum <input type="radio"/> 45 days following referendum <input type="radio"/> Deficit <input type="radio"/> Termination			
<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) <input type="radio"/> Amendment to Type of Report: _____			
<b>9. PERIOD COVERED</b>			
Beginning Date <i>10/1/2021</i>		Ending Date <i>10/24/2021</i>	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<i>Donna DiGiovanni</i> TREASURER OR DEPUTY TREASURER (SIGNATURE)		<i>Donna DiGiovanni</i> PRINT NAME OF SIGNER	
		<i>10/24/2021</i> DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

## SEEC FORM 20

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

2021 OCT 25 AM 10:53

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
DiGiovanni Election Committee 2021	7th day Preeding Election	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0
12. Balance on hand at the beginning of Reporting Period	\$140.00	
13. Contributions Received from Individuals (Sections A and B)	\$4074.00	
14. Receipts from Other Committees (Sections C1 and C2)	\$0	
15. Other Monetary Receipts (Sections D through K)	\$0	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$4074.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$4214.00	
19. Expenses Paid by Committee (Section P)	\$1628.31	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$2585.69	
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0	
23. In-Kind Contributions Received (Section M)	\$150.00	
24. Refundable Deposit to Telephone Company (Section N)	\$0	
25. Loan Balance	\$0	
25a. + Loans Received (Section D)	\$0	
25b. + Interest and Penalties on Loan	\$0	
25c. - Payments on Loan	\$0	
25d. Total Outstanding Loan Amount	\$0	
26. Campaign Expenses Paid by Candidate (Section Q)	\$1181.57	
27. Expenses Incurred on Committee Credit Card (Section R)	\$0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$400.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$400.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
DiGiorganni Election Committee 2021				7 <sup>th</sup> day preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 0	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Sexton		Loretta			
Residential Street Address		City		State	Zip Code
29 Stygar		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
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 # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	\$ 95.00		
Last Name		First		MI	
Toth		Daren			
Residential Street Address		City		State	Zip Code
17 Elizabeth St		Derby		CT	06418
Principal Occupation		Name of Employer			
Insurance Adjuster		Toth <del>Insurance</del> Adjustments			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 250.00	
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 # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	250.00		
Last Name		First		MI	
Wolf		Sharon			
Residential Street Address		City		State	Zip Code
1012 West Purchase Rd		Southbury		CT	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 250.00	
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 # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	250.00		
SUBTOTAL Section B — This Page				\$ 595.00	
TOTAL of additional Section B Pages				\$ 3479.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$ 4074.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
DiGiiovanni Election Committee 2021				7 <sup>th</sup> Proceeding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 50	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Coppola		Sal			
Residential Street Address		City		State	Zip Code
77 Atwater Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
		2021 OCT 26 AM 10:53			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
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 # 10/16/21 A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21		\$ 70.00	
Last Name		First		MI	
Dorsch		John			
Residential Street Address		City		State	Zip Code
520 Heatherwood CT		Oxford		CT	06478
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 100.00	
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 # 10/16/21 A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21		\$ 100.00	
Last Name		First		MI	
Wolf		Bill			
Residential Street Address		City		State	Zip Code
102 West Purchase Rd		Southbury		CT	
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		250.00	
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 # 10/16/21 A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21		250.00	
SUBTOTAL Section B — This Page				\$ 380.00	
TOTAL of additional Section B Pages					
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 Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGirolanni Election Comm, Hec 2021		1 <sup>st</sup> day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Sexton		Danny	
Residential Street Address		City	
26 Congress Ave Apt 1		Shelton	
State		Zip Code	
CT		06484	
Principal Occupation		Name of Employer	
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?	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	
		Aggregate Contributions	
		\$70.00	
Amount of Contribution			
		\$70.00	
Last Name		First	
Wolf		Christopher	
Residential Street Address		City	
1012 West Purchase Rd		Southbury	
State		Zip Code	
CT			
Principal Occupation		Name of Employer	
Unemployed		Unemployed	
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?	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	
		Aggregate Contributions	
		250.00	
Amount of Contribution			
		250.00	
Last Name		First	
Wolf		William	
Residential Street Address		City	
1012 West Purchase Rd		Southbury	
State		Zip Code	
CT			
Principal Occupation		Name of Employer	
Unemployed		unemployed	
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?	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	
		Aggregate Contributions	
		249.00	
Amount of Contribution			
		249.00	
SUBTOTAL Section B — This Page		569.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 4 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
DiGiovanni Election Committee 2021				7 <sup>th</sup> day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ <u>6</u>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name <u>Stephens</u>		First <u>Kevin</u>		MI <u>2021 OCT 26 AM 10:53</u>	
Residential Street Address <u>19 Larovera Terr</u>		City <u>Ansonia</u>		State <u>CT</u>	Zip Code <u>06401</u>
Principal Occupation <u>IT Administrator</u>		Name of Employer <u>General Technology Group</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101621A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		\$ <u>150.00</u>	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <u>10/16/21</u>	Aggregate Contributions <u>150.00</u>		
Last Name <u>Esposito</u>		First <u>Lynette</u>		MI	
Residential Street Address <u>26 Lakeview Terr</u>		City <u>Derby</u>		State <u>CT</u>	Zip Code <u>06418</u>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101621A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		\$ <u>70.00</u>	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <u>10/16/21</u>	Aggregate Contributions <u>\$ 70.00</u>		
Last Name <u>Ram Sadlik</u>		First <u>Ram</u>		MI	
Residential Street Address <u>5 Cullens Hill Rd</u>		City <u>Derby</u>		State <u>CT</u>	Zip Code <u>06418</u>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101621A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		\$ <u>70.00</u>	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <u>10/16/21</u>	Aggregate Contributions <u>70.00</u>		
SUBTOTAL Section B — This Page				\$ <u>290.00</u>	
TOTAL of additional Section B Pages					
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 Name as Registered with Filing Repository)				TYPE OF REPORT	
Digiwanni Election Committee 2021				7 <sup>th</sup> day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$ <u>Ø</u>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Cota		Andrew			
Residential Street Address		City		State	Zip Code
75 8 <sup>th</sup> St.		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 50.00	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
101621A		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21		\$ 50.00	
Last Name		First		MI	
French		George			
Residential Street Address		City		State	Zip Code
117 Harold Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
101621A		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10		\$ 70.00	
Last Name		First		MI	
French		Anita			
Residential Street Address		City		State	Zip Code
117 Harold Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
101621A		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21		70.00	
SUBTOTAL Section B — This Page				\$ 190.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 6 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
D'Giovanni Election Committee 2021				7 <sup>th</sup> day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ <u>0</u>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Tarini		Brian			
Residential Street Address		City		State	Zip Code
66 Indian Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
		2021 OCT 26 AM 10:54			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
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 # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/21	\$100.00		
Last Name		First		MI	
Dicenso		Carmen			
Residential Street Address		City		State	Zip Code
7 Jeanetti Dr.		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/21	50.00		
Last Name		First		MI	
Jadach		Carol			
Residential Street Address		City		State	Zip Code
21 Lakeview Terrace		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$70.00	
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 # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/21	70.00		
SUBTOTAL Section B — This Page				\$220.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					



Section B ADDITIONAL PAGE 7 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
DiGiovanni Election Committee 2021				7 <sup>th</sup> day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ <u>0</u>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Jadach		Walter			
Residential Street Address		City		State	Zip Code
71 Lakeview Terr		Derby		CT	06418
Principal Occupation		Name of Employer			
		2021 OCT 26 AM 10:54			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	\$ 70.00		
Last Name		First		MI	
Pelaccia		Frank			
Residential Street Address		City		State	Zip Code
92 Oak Ave		Shelton		CT	06484
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	\$ 70.00		
Last Name		First		MI	
Parker		Garry			
Residential Street Address		City		State	Zip Code
38 North Coe Ln		Ansonia		CT	06401
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	100.00		
SUBTOTAL Section B — This Page				\$ 240.00	
TOTAL of additional Section B Pages					
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 Name as Registered with Filing Repository)				TYPE OF REPORT	
DiGiovanni Election Committee 2021				7th day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ <u>0</u>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Parker		Jet			
Residential Street Address		City		State	Zip Code
38 North Coe Ln		Ansonia		CT	06401
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 100.00	
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 # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		<u>10/16/21</u>		<u>100.00</u>	
Last Name		First		MI	
Detullio		George			
Residential Street Address		City		State	Zip Code
84 Emmett Ave		Derby			06484
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 100.00	
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 # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		<u>10/16/21</u>		<u>100.00</u>	
Last Name		First		MI	
Carlucci		Jay			
Residential Street Address		City		State	Zip Code
25 North Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
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 # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		<u>10/16/21</u>		<u>70.00</u>	
SUBTOTAL Section B — This Page				\$ 270.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 9 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
D'Amico Election Committee 2021				7 <sup>th</sup> day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ <u>0</u>	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Carlucci		Jenna			
Residential Street Address		City		State	Zip Code
25 North Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$70.00	
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 # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	\$70.00		
Last Name		First		MI	
Campoli		Julian			
Residential Street Address		City		State	Zip Code
501 Roosevelt Dr		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$70.00	
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 # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	\$70.00		
Last Name		First		MI	
Campoli		John			
Residential Street Address		City		State	Zip Code
220 Hawthorne Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$70.00	
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 # <u>101621A</u>		If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	70.00		
SUBTOTAL Section B — This Page				\$210.00	
TOTAL of additional Section B Pages					
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 Name as Registered with Filing Repository)				TYPE OF REPORT	
D'Giovanni Election Committee 2021				7th day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ <u>0</u>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Tadach		Jen			
Residential Street Address		City		State	Zip Code
3 Beechwood St		Ansonia		CT	06401
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$70.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/16/21 A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	70.00		
Last Name		First		MI	
Prouty		Scott			
Residential Street Address		City		State	Zip Code
3 Beechwood St		Ansonia		CT	06401
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$70.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/16/21 A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	70.00		
Last Name		First		MI	
Baccash		Joseph			
Residential Street Address		City		State	Zip Code
321 Griswald St		Glastonbury		CT	06032
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10/16/21 A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	100.00		
SUBTOTAL Section B — This Page				248.00	
TOTAL of additional Section B Pages					
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 Name as Registered with Filing Repository)				TYPE OF REPORT	
Di Giovanni Election Committee 2021				7 <sup>th</sup> <sup>day</sup> preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 0	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Sonsini		Christine			
Residential Street Address		City		State	Zip Code
323 Hawthorne Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
		2021 OCT 26 AM 10:54			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/21		\$ 50.00	
Last Name		First		MI	
Altamare		Enzo			
Residential Street Address		City		State	Zip Code
1 Rolling Hills		Seymour		CT	06483
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 70.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/21		70.00	
Last Name		First		MI	
Jalowiec		Joe			
Residential Street Address		City		State	Zip Code
8 Northrop Rd		Woodbridge		CT	
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		10/16/21		100.00	
SUBTOTAL Section B — This Page				\$ 220.00	
TOTAL of additional Section B Pages					
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 Name as Registered with Filing Repository)				TYPE OF REPORT	
DiGiovanni Election Committee 2021				7 <sup>th</sup> day preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ <u>0</u>	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Wall		Jennifer			
Residential Street Address		City		State	Zip Code
5 Cullens Hill Rd		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # <u>101621 A</u>		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	70.00		
Last Name		First		MI	
Gorzelayny		William			
Residential Street Address		City		State	Zip Code
72 Derbyshire		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # <u>101621 A</u>		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	70.00		
Last Name		First		MI	
Gorzelayny		Linda			
Residential Street Address		City		State	Zip Code
72 Derbyshire		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # <u>101621 A</u>		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	70.00		
SUBTOTAL Section B — This Page				210.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 13 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGiovanni Election Committee 2021		7th day Preceding Election	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Bartone		Nick	
Residential Street Address		City	State Zip Code
58 Hoinski Way		Ansonia	CT 06401
Principal Occupation		Name of Employer	
		2021 OCT 26 AM 10:54	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 100.00	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/21/21	100.00
Last Name		First	
Bartone		Amanda	
Residential Street Address		City	State Zip Code
58 Hoinski Way		Ansonia	CT 06401
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 100.00	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	100.00
Last Name		First	
Luneau TR		Ronald	
Residential Street Address		City	State Zip Code
30 Chatfield St		Derby	CT 06418
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 50.00	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	50.00
SUBTOTAL Section B — This Page		250.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(Enter total on Line 13, Column A of Summary Page Totals)			



Section B ADDITIONAL PAGE 14 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
DiGiovanni Election Committee 2021				7th day Preceding Election	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 0	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
Bak		John			
Residential Street Address		City		State	Zip Code
368 Derby Ave		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
If yes, list Event # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	50.00		
Last Name		First		MI	
DiGiovanni		Mathew			
Residential Street Address		City		State	Zip Code
76 Benz St		Ansonia		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
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 # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	70.00		
Last Name		First		MI	
Mama Jadach		Sarah			
Residential Street Address		City		State	Zip Code
21 Lake view Terr		Derby		CT	06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 70.00	
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 # 101621A		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/16/21	70.00		
SUBTOTAL Section B — This Page				190.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
DiGirolanni Election Committee 2021						7th day Preceding Election	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution		Amount of Receipt	
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution		Amount of Receipt	
Description							
<b>SUBTOTAL Section C — This Page</b>							
<b>TOTAL of additional Section C Pages</b>							
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)						\$0	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
D'Gioranni Election Committee 2021					7th day Preceding Election	
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
<b>TOTAL SECTION D</b>					\$0	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>						
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
<b>TOTAL SECTION E</b>					\$0	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
DiGianni: Election Committee 2021		7th day Preceding Election
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>		
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event #	Amount
<b>TOTAL SECTION F</b>		\$0

2021 OCT 26 AM 10:55

<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		\$0

<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		\$0

**I. Anonymous 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.

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

DiGiovanni Election Committee 2021

7th Preceding Election

**J. Interest from Deposits in Authorized Accounts**

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

**TOTAL SECTION J**

\$0

**K. Miscellaneous Monetary Receipts not Considered Contributions**

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

**TOTAL SECTION K**

\$0

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)		+
Total Amount Transferred from Affiliated Business Treasury (Section F)		+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)		+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)		+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)		+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)		+
<b>Total of Other Monetary Receipts</b> (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)		\$0

2021 OCT 26 AM 10:55

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
DiGiovanni Election Committee 2021			7th day Preceding Election	
<b>L1. Event Information</b>				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
9/25/21	A	William "Red" Clyuch Hoop Shoot	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Location: Street Address		City	State	Zip Code
35 5th St		Derby	CT	06418
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?			<input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No → \$	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No → \$	
Event # Date of Event	Letter	Description	Was this a fundraising event?	
10/10/21	A	Gino DiGiovanni For Alderman Campaign Fundraiser	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
45 Chatfield St		Derby	CT	06418
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence?			<input type="radio"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No → \$	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="radio"/> No → \$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			\$0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			\$0	
TOTAL of additional Section L1 Pages			\$0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)			\$0	

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

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

D'Gialanni Election Committee 2021

7th day Preceding Election

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

Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
				2021 OCT 26 AM 10:55	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages					
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$0	

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<i>P. Giovanni Election Committee 2021</i>				<i>7th day Preceding Election</i>	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship					
Date Received		Event #		Aggregate value for this Event	
<b>SUBTOTAL Section L4 — This Page</b>					
<b>TOTAL of additional Section L4 Pages</b>					
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					<i>\$0</i>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
DiGiovanni Election Committee 2021			27th day Preceding Election	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No If yes, complete Itemization in Addendum L5	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)			\$0	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)							
Di Giovanni Election Committee 2021							
TYPE OF REPORT 7TH day Preceding Election							
M. In-Kind Contributions							
Name <u>Nick DiGiovanni</u>							
Street Address <u>40 Lewis St</u>				City <u>Derby</u>		State <u>CT</u>	Zip Code <u>06418</u>
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> <del>Individual / Sole Proprietorship</del> <input type="radio"/> Other	Date Received <u>10/16/21</u>	Aggregate Contributions <u>\$150.<sup>00</sup></u>		Description of In-Kind Contribution <u>Cooking for Fundraiser</u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution  <u>\$150<sup>00</sup></u>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>UW6Z1A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:					
		<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Name _____							
Street Address _____				City _____		State _____	Zip Code _____
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> <del>Individual / Sole Proprietorship</del> <input type="radio"/> Other	Date Received _____	Aggregate Contributions _____		Description of In-Kind Contribution _____			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:					
		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Name _____							
Street Address _____				City _____		State _____	Zip Code _____
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> <del>Individual / Sole Proprietorship</del> <input type="radio"/> Other	Date Received _____	Aggregate Contributions _____		Description of In-Kind Contribution _____			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business hc/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:					
		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
SUBTOTAL Section M — This Page						\$150 <sup>00</sup>	
TOTAL of additional Section M Pages						\$0	
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)						\$150 <sup>00</sup>	
N. Refundable Deposit to Telephone Company							
Last Name of Individual _____				First _____		MI _____	Date Deposit Made _____
Residential Street Address _____				City _____		State _____	Zip Code _____
Name of Telephone Company _____						Amount of Deposit	
Street Address _____				City _____			
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)						\$0	

SEEC FORM 20  
Revised January 2015

# IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGiorganni Election Committee 2021		7th day Preceding Election	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment:
Dollar Forever		10/15/21	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
100 Division St	Ansonia	CT	06401
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Supplies for Fundraiser	101621 A	\$ 20.19
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		2021 OCT 26 AM 10:56
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Stop & Shop		10/15/21	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
100 Division St	Ansonia	CT	06401
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC FOOD	Food for Fundraiser	101621 A	\$ 40.94
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
BJ's		10/15/21	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
20 Division St	Derby	CT	06418
Purpose of Expenditure (by code)	Description	Event #	Amount
Food	Food for Fundraiser	101621 A	\$ 81.13
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
BiG Y		10/15/21	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
656 New Haven Ave	Derby	CT	06418
Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	Food for Fundraiser	101621 A	\$ 14.07
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			\$ 156.33
TOTAL of additional Section P Pages			\$ <del>201.70</del> 1471.98
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			1628.31

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Disianni Election Committee 2021				7th day Preceding Election	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Dollar Tree			10/15/21		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
492 New Haven Ave		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
Misc	Supplies for fundraiser	10/621A		\$40.41	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				2021 OCT 26 AM 10:56
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
			<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee			Date of Payment		Method of Payment:
City of Derby			10/8/21		<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
45 Chutfield St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	Hall for Fundraiser Event	10/621A		\$250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
			<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee			Date of Payment		Method of Payment:
Walmart			9/24/21		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
465 Bridgeport Ave		Shelton		CT	06484
Purpose of Expenditure (by code)	Description	Event #		Amount	
Misc	Supplies for Event	092521A		146.42	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
			<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee			Date of Payment		Method of Payment:
BJ's			9/23/21		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
20 Diviston St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Drinks/Food for Event	092521A		\$50.64	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
			<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page				5487.47	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					

# IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Digiavanni Election Committee 2021				7th day preceding election	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
CVS Pharmacy			9/24/21		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
24 Pershing Dr.		Ansonia		CT	06401
Purpose of Expenditure (by code)	Description	Event #		Amount	
Misc	Supplies for Event	C92521A		150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				2021 OCT 26 AM 10:56
	<input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Staples			10/10/21		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
3 Arm Strong Dr		Shelton		CT	06484
Purpose of Expenditure (by code)	Description	Event #		Amount	
Misc	Supplies for Fundraiser	101621 A		\$ 28.70	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Vista Print			9/30/21		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
275 Wyman St		Waltham		MA	02451
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-sign	Yard Signs			457.83	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Vista Print			9/24/21		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
275 Wyman St		Waltham		MA	02451
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-Sign	Door Hanger Signage			103.71	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$ 740.24	
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE					
(Enter total on Line 19, Column A of Summary Page Totals)					

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Di Giovanni Election Committee 2021		7th day Preceding Election	
<b>P. Expenses Paid by Committee</b>			
Name of Payee <b>Vista Print</b>		Date of Payment <b>9/18/21</b>	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address <b>275 Wyman St</b>		City <b>Waltham</b>	State <b>MA</b> Zip Code <b>02451</b>
Purpose of Expenditure (by code) <b>A-Sign</b>	Description <b>Postcard Signage</b>	Event #	Amount <b>\$ 244.27</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input checked="" type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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 unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		2021 OCT 26 AM 10:56
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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 unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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 unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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 unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section P — This Page</b>		<b>244.27</b>	
<b>TOTAL of additional Section P Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			

# IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGiovanni Election Committee 2021		7th day Preceding Election	
<b>Q. Campaign Expenses Paid by Candidate</b>			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino DiGiovanni		9/23/21	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
77 8th St		Derby	CT 06418
Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	supplies for event (Food/Drink)	092521A	50.64
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino DiGiovanni		9/24/21	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
77 8th St		Derby	CT 06418
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	supplies for event	092521A	150.00
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino DiGiovanni		9/24/21	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
77 8th St		Derby	CT 06418
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	supplies for event	092521A	146.42
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino DiGiovanni		10/10/21	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
77 8th St		Derby	CT 06418
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	supplies for fundraiser	101621A	28.70
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino DiGiovanni		9/18/21	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
77 8th St		Derby	CT 06418
Purpose of Expenditure (by code)	Description	Event #	Amount
A-sign	Postcard signage		244.27
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino DiGiovanni		9/24/21	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
77 8th St		Derby	CT 06418
Purpose of Expenditure (by code)	Description	Event #	Amount
A-sign	door Hanger signage		103.71
SUBTOTAL Section Q — This Page		\$723.74	
TOTAL of additional Section Q Pages		\$457.83	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)		\$1181.57	

2021 OCT 26 AM 10:56

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Di Giovanni Election Committee 2021		7th day Preceding Election	
Q. Campaign Expenses Paid by Candidate			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Rino Di Giovanni		9/30/21	<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
77 8th St	Derby	CT	06418
Purpose of Expenditure (by code)	Description	Event #	Amount
A-Sign	Yard Signs		457.83
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="radio"/> Yes <input type="radio"/> No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
SUBTOTAL Section Q — This Page		457.83	
TOTAL of additional Section Q Pages			
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)		2021 OCT 26 AM 10	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
DiGiovanni Election Committee 2021						7th day Preceding Election	
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution				Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:			
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
SUBTOTAL Section R — This Page							
TOTAL of additional Section R Pages							
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)						\$0	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
DIGIovanni, Election Committee 2021				7th day Preceding Election	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
City of Derby				10/16/21	
Street Address			City		State
45 Chatfield St			Derby		CT
Purpose of Expenditure (by code)		Description		Event #	
FNBK		Hall for Fundraiser Event		10/16/21 A	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			Amount Incurred (Estimate or Actual)
		<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			\$400 <sup>00</sup> (Est)
Expenditure # (if applicable)		<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Date Incurred	
Street Address			City		State
Purpose of Expenditure (by code)		Description		Event #	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			Amount Incurred (Estimate or Actual)
		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Expenditure # (if applicable)		<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Creditor				Date Incurred	
Street Address			City		State
Purpose of Expenditure (by code)		Description		Event #	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)			Amount Incurred (Estimate or Actual)
		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Expenditure # (if applicable)		<input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section S-This Page</b>				\$400 <sup>00</sup>	
<b>TOTAL of additional Section S Pages</b>				\$0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <small>(Enter total on Line 28, Column A of Summary Page Totals)</small>				\$400 <sup>00</sup>	
<b>Previously reported Expenses Unpaid and still Outstanding</b>				\$0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <small>(Enter total on Line 28a, Column A of Summary Page Totals)</small>				\$400 <sup>00</sup>	

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Picciavanni Election Committee 2021				7th day Preceding Election	
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page				\$ 0	
TOTAL of additional Section T Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				\$ 0	