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

RECEIVED TOWN/CITY CLERK DERBY, CT Page 1 of 17

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**COVER PAGE** 

1. NAME OF COMMITTEE		Mar J. Jew	alejo		
Di Giovanni Elec	Hon Committee	ee 202/MARC J. GAROFALO,	MPA		
2. TREASURER NAME					
Donha.	МІ	Last Di GLOVOLINI			Suffix
3. TREASURER ADDRESS					
Street Address	Ci		State	Zip C	
77 8th 5t		Derby	CT	0	6418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete or	nly if Candidate Committee)		6. DIST	RICT NUMBER
(mm/dd/yyyy)	Alderman			(if applicable	2)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)				
Gene	MI	Di Giovanni			Suffix  JR.
8. TYPE OF REPORT (Check One Box)	•				
O January 10 filing	O7th day preceding primary	7th day preceding referendum	OInitial C		r Disbursement
April 10 filing	30 days following primary	O45 days following referendum	Amendr	nent to	
OJuly 10 filing	7th day preceding election	ODeficit	Type of I		
October 10 filing	Ol 2th day preceding election (State Central Committees Only)	Termination	<u> </u>		
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November				
9. PERIOD COVERED					
	Beginning Date	Ending Date			
-	10/1/2021	thru /0/24/202/			
10. CERTIFICATION					
I hereby certify and state, under p Disclosure Statement for the per		at all of the information set forth on the te and complete.	is <b>Itemized</b>	Campaign F	linance
TREASURER OR DEPUTY TREASURE		Donna DiGOVANNI RINT NAME OF SIGNER		/ <i>0/8</i> DATE	<u>84/262/</u> (mm/dd/yyyy)
A person who is		willfully violated any provisions of the	e campaign j	finance stati	utes

2021 OCT 25 AN 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 precedi	
	COLUMN A This Period	COLUMN B Aggregate
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		<i>\$</i> Ø
12. Balance on hand at the beginning of Reporting Period	\$14000	
13. Contributions Received from Individuals (Sections A and B)	\$4074°°	
14. Receipts from Other Committees (Sections C1 and C2)	\$ 0	
15. Other Monetary Receipts (Sections D through K)	\$4	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$\$	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$6	
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)	PP	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	<i>₽</i> (Q)	
23. In-Kind Contributions Received (Section M)	\$15000	
24. Refundable Deposit to Telephone Company (Section N)	8 Q	
25. Loan Balance	\$ (D)	
25a. + Loans Received (Section D)	\$\$	
25b. + Interest and Penalties on Loan	\$Q	
25c Payments on Loan	e♥	
25d. Total Outstanding Loan Amount	\$(1)	
26. Campaign Expenses Paid by Candidate (Section Q)	\$1181.57	
27. Expenses Incurred on Committee Credit Card (Section R)	\$\tau_{\text{\$\delta}}\tau_{\text{\$\delta}}	
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	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep.	ository)	TYPE OF REPORT
Dicioranni Election Eomon	Hee 2021	7 th day proceeding Election
A. Total Contributions from Small Contributors-I		
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ \$
B. Itemiz	ed Contributions from Indivi	duals
Last Name	First	MI
Sexton	Loretta	
Residential Street Address	City	State Zip Code
Principal Occupation	Derby  Name of Employer	CT 06418
Timethal Occupation	Name of Employer	1004 <b>353</b> 220
Is contributor a lobbyist, spouse, Yes If contribution is in excess	of \$400 to a candidate for a chief executive	2821 OCT 25 and 3 re officer of a municipality, Amount of Contribution
	ss he/she is associated with have a confract	
Is this contribution associated with an Yes Is contributor a princi	ipal of a state contractor or prospective state	
event reported in Section L1? No If yes, indicate w	hich branch or branches are contract is with:	OLegislative No 170
Method of Contribution:	Date Received	Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Order 10/16/21	7-95°
Last Name	First	MI
loth	Daren	
Residential Street Address	City	State Zip Code
7 Elizabeth St	Derby	CT 06418
Principal Occupation  Insurance Aduster	Name of Employer Toth	Adjustments
	of \$400 to a candidate for a chief executiv	
	ss he/she is associated with have a contract	
event reported in Section L1? No If yes, indicate w	cipal of a state contractor or prospective stath thich branch or branches he contract is with:	of Legislative Yes 250 00
Method of Contribution:	Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order 10/16/21	250 00
Last Name	First	Mī
Walt	<u> </u>	
Residential Street Address  1012 West Purchase Rd	City South have	State Zip Code
1012 West Purchase Rd	Name of Employer	9 101
Retired	Reti	ired
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business	s of \$400 to a candidate for a chief executive ss he/she is associated with have a contract	we officer of a municipality, Amount of Contribution
Valued at more than \$5,000 Is this contribution associated with an Yes Is contributor a princ		to continuator?
event reported in Section L1? No If yes, indicate w	ipal of a state contractor or prospective sta thich branch or branches ne contract is with:	O Legislative
Method of Contribution:	Date Received	Aggregate Contributions
OCash Sersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Order 10/16/21	25000
	SUBTOTAL Section B — This	Page 1595°
	FOTAL of additional Section B	Pages \$34.7900
TOTAL OF ALL CONTRIBUTIONS (Enter total	S FROM INDIVIDUALS (Sections on Line 13, Column A of Summary Page	. 1 42 2 (20)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
		_ 4	
DiGiovanni Election Committe		1" Proceed	ing Election
A. Total Contributions from Small Contributors-Receivable (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 50%	
(вес ны истинут чертим в рация Ститичт)	JUDIOTAE JECTION A	Ρ	
B. Itemized Co	ntributions from Indivi	duals	
Last Name Cupjoula	First Sal		MI
Residential Street Address	City		State Zip Code
77 At Water Ave	Derby		et 06418
Principal Occupation	Name of Employer	····	2021 OCT 26 AN10:5
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executiv	e officer of a municipality	, Amount of Contribution
	e is associated with have a contract  OYes  Oxo  Oxo  Oxo  Oxo  Oxo  Oxo  Oxo  Ox		, Amount of Contribution
	state contractor or prospective stat	e contractor? Yes	79-100
event reported in Section L1? No If yes, indicate which bra If yes, list Event # 15/621 A of government the contra		OLegislative (140	1 /0
Method of Contribution:	Date Received	Aggregate Contributions	1
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order /0/16/2	4 70°0	
Last Name	First	,	МТ
Dorsch	John		
Residential Street Address	City		State Zip Code
520 Heatherwood CT	Oxtord		CT 106478
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?			, Amount of Contribution
	state contractor or prospective state	te contractor? Yes	J 10
event reported in Section L1? No If yes, indicate which brain of government the contra		O Legislative	\$100,00
Method of Contribution:	Date Received	Aggregate Contributions	1
OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMone	y Order 10/16/21	7100	
Last Name	First		М
Wolt	Bull		
Residential Street Address	City		State Zip Code
1012 West Purchase Rd Principal Occupation	1 Southbur	1	CI
Retired	Name of Employer	tired	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executiv	,	, Amount of Contribution
	e is associated with have a contract  O Yes  No	with said municipality	
	state contractor or prospective stat		
event reported in Section L1? No If yes, indicate which bra of government the contra		O Legislative No	1 250°°
Method of Contribution:	Date Received	Aggregate Contributions	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 10/16/21	250°°	
SUB	TOTAL Section B — This	Page 338	-0.00
TOTA	L of additional Section B I	'ages	
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A 13, Column A of Summary Page		
		52.50 T.O.	

# Section B ADDITIONAL PAGE 3 of 14

NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Repository)	TY	PE OF REPORT		
DiGiaianni Election	Committee 20	21 1	th day Prece	edine	Election
A. Total Contributions from Small C (See instructions for definition of Small Contribu		riod ONLY SECTION A \$	Ø		
Last Name	B. Itemized Contribution	s from Individu	als		T.VI
Last Name	Triisi	Chool			MI
Residential Street Address	City	<del>201119</del>		State	Zip Code
26 Congress Ave	Apt 1 Sh	elton		CI	06484
Principal Occupation	Name	e of Employer		2621	00126 m10:
or dependent child of a lobbyist? No does co	ibution is in excess of \$400 to a candidate outributor or business he/she is associated vat more than \$5,000?			Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101621 17	contributor a principal of a state contracto  If yes, indicate which branch or branch of government the contract is with:	es OExecutive O	Legislative No	\$	70.00
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OP		Age	gregate Contributions		
Last Name WOIF	First	hristopher	-		М
Residential Street Address 1012 West Parchas	ce Rd City 50	of Employer		State	Zip Code
1012 West Purchas Principal Occupation Chemployed	Name	of Employer  Un Eny	oloyed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does co	ibution is in excess of \$400 to a candidate attributor or business he/she is associated v			Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101621A	contributor a principal of a state contractor if yes, indicate which branch or branch of government the contract is with:		No	] 2	.50.°°
Method of Contribution:  OCash Occasional Check Occasiona		Agg	gregate Contributions 250.		
Last Name WOIF	First W	illian			М
Residential Street Address 1012 West Parchas	City		g	State CT	Zip Code
1012 West Purchas Principal Occupation Unemployed	Name	outh buy e of Employer unempi	loyed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No does co	ibution is in excess of \$400 to a candidate outributor or business he/she is associated at more than \$5,000?	for a chief executive of	ficer of a municipality,	Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1?  No If yes, list Event # / O/(2/17)	contributor a principal of a state contracto <i>If yes</i> , indicate which branch or branch of government the contract is with:	ies _	ntractor? Yes Legislative	] 2	49.00
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OP		Received Ag. $0/16e/21$	gregate Contributions Z 49		0000
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	TOTAL of addition	onal Section B Pag	es		
TOTAL OF ALL CO	ONTRIBUTIONS FROM INDIVID (Enter total on Line 13, Column A			,	

# Section B ADDITIONAL PAGE 4 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
DiGiovanni Election Eummittee 2021	7th day Preceding Election
A. Total Contributions from Small Contributors-Received this Period ON (See instructions for definition of Small Contributor) SUBTOTAL SECTIO	LY
B. Itemized Contributions from 1	ndividuals
Last Name First	MI
Stephens Kevir	n 2821.00 € 26 AN 1.0:
Residential Street Address City	State Zip Code
19 Larovera Terr Hnson	
Principal Occupation  Administrator  Name of Employer  Rener	al Technology Group
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	
Is this contribution associated with an event reported in Section L1?  No  No  No  No  No  No  No  No  No  N	cutive State contractor? Pyes No
Method of Contribution:  Date Received	Aggregate Contributions
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order	21 15000
Last Name First	MI
Esposito Lyne	He
Residential Street Address City	State Zip Code
26 Lakeview Terr Derbu	T 06418
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  If contribution is in excess of \$400 to a candidate for a chief of does contributor or business he/she is associated with have a valued at more than \$5,000?  Yes  Is this contribution associated with an	ontract with said municipality No
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:	ecutive O Legislative No
Method of Contribution:  Ocash Personal Check Occidit/Debit Card Open Deduction Omoney Order  Date Received  10/16/2	Aggregate Contributions
Last Name First	MI
Residential Street Address City	State Zip Code
5 Cullens HIII Rd Derby Principal Occupation Name of Employer	y CT 04418
Traile of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief of does contributor or business he/she is associated with have a valued at more than \$5,000?  Yes	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 161621 P  Yes No Is contributor a principal of a state contractor or prospect of government the contract is with:	tive state contractor?  Or Secutive O Legislative
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney Order  Date Received	Aggregate Contributions  70°0
SUBTOTAL Section B -	śn a ca
TOTAL of additional Secti	on B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Line 13, Column A of Summa)	

Section B ADDITIONAL PAGE 5 of 14

Section D 71DD11101(71		U1	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGiovanni. Election Commit	ee 2021	7th day Pr	eceding Election
A. Total Contributions from Small Contributors-Receiv		s 🖔	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	* <u>(</u>	
		-	
R. Itemized Co.	ntributions from Indivi	duals	
Last Name	First		MI
Cota	Andrew		
Residential Street Address	City		State Zip Code
75 8th St.	Derby		CT Oc418
Principal Occupation	Name of Employer		000s AAT OO IL-
			2021 OCT 26 AM10 5
(s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes   If contribution is in excess of \$400 does contributor or business he/she			, Amount of Contribution
valued at more than \$5,000?	<b>O</b> Yes <b>∕⊗</b> No		
event reported in Section L1? No If yes, indicate which brar		No	1 × 100
If yes, list Event # 1016717 of government the contract		O Legislative C	] .50.
Method of Contribution:	Date Received	Aggregate Contributions	
Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney	10102	50,	
ast Name	First		MI
Residential Street Address	City		State Zip Code
	Derbu		CT 06418
117 Horoid Ave	Name of Employer		<u> </u>
(s contributor a lobbyist, spouse, Yes   If contribution is in excess of \$400	to a candidate for a chief executiv	e officer of a municipality	, Amount of Contribution
or dependent child of a lobbyist? No docs contributor or business he/she valued at more than \$5,000?	is associated with have a contract  O Yes  No	with said municipality	
	state contractor or prospective sta	te contractor? OYes	1 k
went reported in Section L1?  Types, list Event # 101121A  No If yes, indicate which brain of government the contract	nch or branches	O Legislative No	7000
Method of Contribution:	Date Received	Aggregate Contributions	-  '
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 10	47000	
Last Name	First		MI
French	Anita		
Residential Street Address	City		State Zip Code
117 Harold Are	Derby		CT 06418
Principal Occupation	Name of Employer		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she			, Amount of Contribution
valued at more than \$5,000?	O Yes 👰 No		
s this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  No If yes, indicate which brains	state contractor or prospective sta	te contractor?	47000
If yes, list Event # 101621A of government the contract		O Legislative No	] / \( \)
Method of Contribution;	Date Received	Aggregate Contributions	
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order 10/16/21	7000	
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		17	
TOTAL	of additional Section B	Pages	
TOTAL OF ALL CONTRIBUTIONS FROM			
(Enter total on Line)	13, Column A of Summary Page	i viais)	

# Section B ADDITIONAL PAGE 4 of 14

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT		1	
DiGiovanni Election Committee 2021		7th day P	re Cea	ling	Election		
A. Total Contributions from Sma	ll Contributors-Receive	ed thi	s Period ONLY	\$ %			
(See instructions for definition of Small Con	tributor) S	UBTO	TAL SECTION A	т <u>У</u>			
				-			
	B. Itemized Cor	ıtribu	itions from Indivi	duals			
Last Name		Firs	t		·		MI
Tarini	******		Brian	· · · · · · · · · · · · · · · · · · ·			
Residential Street Address Lob Inclian Ave		City			State	Zip C	i
Principal Occupation			Name of Employer		0,	10	6418
· ·			rame of Employer		202	100	T28 mið:
	contribution is in excess of \$400 to	to a cand	lidate for a chief executiv	e officer of a municipalit			Contribution
or dependent child of a lobbyist? 🚫 No 🛮 do	bes contributor or business he/she lued at more than \$5,000?	is associ	iated with have a contract OYes No	with said municipality			
Is this contribution associated with an Yes	Is contributor a principal of a s		tractor or prospective stat	e contractor? • Yes	<b>-</b>		
event reported in Section L1? No If yes, list Event # 106217	If yes, indicate which bran of government the contrac			O Legislative No	1	CC	),
Method of Contribution:	<u></u>		Date Received	Aggregate Contributions	_		
Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order	10/16/21	4/00.00			
Last Name		Firs	$\wedge$				MI
Dicenso			Carmer		·		
Residential Street Address		City	Darch		State	Zip C	ode 9418
7 Jeanetti Dr		4	Name of Employer		C-1	CC	9978
тторы особранов			Ivame of Employer				
Is contributor a lobbyist, spouse, Yes If o	contribution is in excess of \$400 t	o a cano	lidate for a chief executive	e officer of a municipalit	y, Amo	unt of	Contribution
or dependent child of a lobbyist?    No do	es contributor or business he/she i lued at more than \$5,000?	is associ	ated with have a contract  Yes  No	with said municipality			
Is this contribution associated with an Yes	Is contributor a principal of a s	state con	tractor or prospective stat	te contractor? OYes			60
event reported in Section L1? No No If yes, list Event # 101621 A	If yes, indicate which bran	nch or b	ranches	O Legislative No	'	$\mathcal{O}^{\mathbb{C}}$	).
Method of Contribution:				Aggregate Contributions			
OCash Personal Check Ocredit/Debit Card	OPayroll Deduction OMoney	Order	10/16/21	50°			
Last Name		Firs					МІ
Jadach			Carol	į.			
Residential Street Address	1	City	rechi.		State	Zip C	ode 0418
21 Lake View le	KL	<u></u>	Name of Employer				3 1.0
•							
Is contributor a lobbyist, spouse, Ves If	contribution is in excess of \$400 to	to a cano	lidate for a chief executiv	e officer of a municipalit	y, Amo	ount of	Contribution
or dependent child of a lobbyist? No do	es contributor or business he/she lued at more than \$5,000?	is associ	iated with have a contract O Yes O No	with said municipality			
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a s	tate con		e contractor? Yes	- E	7	,00
event reported in Section L1? No  If yes, list Event # 10162114	If yes, indicate which bran of government the contrac			O Legislative No		10	ン.
Method of Contribution:	0.80,0	. 10 7110	Date Received	Aggregate Contributions			
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					. U .	··.	
		_	ditional Section B I				
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A mn A of Summary Page				

## Section B ADDITIONAL PAGE \_\_\_\_\_ of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
DiGiovanni Election Committee 2021	7th day Preceding Flection
A. Total Contributions from Small Contributors-Received this Period ON	TV I
(See instructions for definition of Small Contributor) SUBTOTAL SECTIO	NA \$ Ø
B. Itemized Contributions from I	ndividuals
Last Name First	MI
Jadach Walte	X
Residential Street Address  City  To VV  To VV	State Zip Code CT V6 41 8
DI Lakeview Terr Derby Principal Occupation Name of Employer	C1 00 41 0
	2021 OCT 25 ani 0=
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a candidate for a chief expension of \$400 to a chief expension of \$400	
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a ovalued at more than \$5,000? Yes	No
Is this contribution associated with an event reported in Section L1?  No Ves Is contributor a principal of a state contractor or prospect of types, indicate which branch or branches	tive state contractor? Yes
If yes, list Event # 1016 21 14 of government the contract is with: OExe	ecutive OLegislative
Method of Contribution:    Date Received	Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 10/16/2	-   / U
Pelaccia Frank	
Residential Street Address City	State Zip Code
92 Oak Ave Shelt	on CT 06484
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contribution is in excess of \$400 to a candidate for a chief e does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with have a contributor or business he/she is a sociated with half with he/she is a	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospect of the period of the state contractor or prospect of the period of the perio	tive state contractor? Sycs 0.7().
	centive C Legislative
Method of Contribution:  OCash Personal Check Occdit/Debit Card OPayroll Deduction OMoney Order  Date Received  10/16/2	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order   10/16/2	Z1
Parker Gara	
Residential Street Address City	State Zip Code
38 North Coeln Ansoni	10 CT 06401
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a contributor	contract with said municipality
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospec	tive state contractor? OYes \$ 00
event reported in Section L1? No If yes, indicate which branch or branches	ecutive O Legislative
Method of Contribution:  Date Received	Aggregate Contributions
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order	
SUBTOTAL Section B —	-This Page \$240.00
TOTAL of additional Section	on B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec	

Section B ADDITIONAL PAGE 8 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGiovanni Election Commit	Hee 2021	7th day Pred	eding Election
A. Total Contributions from Small Contributors-Recei	ra francia Autoclino esta di viva i con locato di Antolio i deconole Controli di ventiti e composito di colo	\$ (X	
		Υ	
B. Itemized Co	ontributions from Indivi	duals	MI
Parker	Jet Jet		IVII
Residential Street Address	City	T:	State Zip Code
38 North Coe Ln	Ansonia		CT 06401
Principal Occupation	Name of Employer		2021 OCT 26 an10=
or dependent child of a lobbyist?  No does contributor or business he/sh	0 to a candidate for a chief executive is associated with have a contract		Amount of Contribution
valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a second se	a state contractor or prospective state	te contractor? • Yes	\$ 00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 1016217  Is contributor a principal of a lifyes, indicate which brown of government the contributor.	anch or branches	OLegislative No	100
Method of Contribution:	Date Received	Aggregate Contributions	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMono	ey Order   10/16/21	10000	
Last Name	First		Mī
Detullio	George		
Residential Street Address	City	S	State Zip Code
84 Emmett Ave	Derby		06489
Principal Occupation	Name of Employer		
	0 to a candidate for a chief executive is associated with have a contract Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 1012 21 A  Solution Is contributor a principal of If yes, indicate which be of government the contributor.		te contractor?  Yes No Legislative	\$10000
Method of Contribution:	Date Received	Aggregate Contributions	
OCash Personal Check Occidit/Debit Card OPayroll Deduction OMond	ey Order 10/16/21	10000	
Last Name	First		МІ
Carlucci	Jay		
Residential Street Address	City		State Zip Code
25 North Ave	Derby		CT 06418
Principal Occupation	Name of Employer		
	I 0 to a candidate for a chief executive is associated with have a contract Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101621A  Ves No If yes, indicate which be of government the contributor a principal of the section L1?		<b>Q</b> N₀	£70°°
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMone	Date Received ey Order /0/16/21	Aggregate Contributions  70.00	
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TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections as e 13, Column A of Summary Page		

Section B ADDITIONAL PAGE \_ of \_ U

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Discounti Election Committee 2021		7th day Preced og Election
A. Total Contributions from Small Contributors-Recei		s
(See instructions for definition of Small Contributor)	L" \( \sqrt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	
B. Itemized Co	ontributions from Indivi	duals
Last Name	First	MI
Carlocci	Jenna	
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	C1   O6418
Transfall Oseajalion	realite of Employer	2021 OCT 26 AM10=5
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	0 to a candidate for a chief executiv	re officer of a municipality, Amount of Contribution
	ne is associated with have a contract  Yes  No	
Is this contribution associated with an Yes Is contributor a principal of a	a state contractor or prospective state	te contractor? QYes \$ 7000
event reported in Section L1?  No If yes, indicate which br of government the contri		O Legislative No
Method of Contribution:	Date Received	Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order $ O Ie(2)$	47000
Last Name	First	М
Campoli	Julian	
Residential Street Alldress	City	State Zip Code
Principal Occupation	Name of Employer	CT 106418
The par occupation	Name of Employer-	
Is contributor a lobbyist, spouse,  Yes   If contribution is in excess of \$400	0 to a candidate for a chief executiv	e officer of a municipality, Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/sh valued at more than \$5,000?	c is associated with have a contract  O Yes  No	
Is this contribution associated with an Sec Is contributor a principal of	a state contractor or prospective sta	
event reported in Section L1?  If yes, list Event # 101021 A No of government the contraction of government the government that government the g	ranch or branches	Legislative No
Method of Contribution:	Date Received	Aggregate Contributions
OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMone	ey Order 10/16/21	3/000
Last Name	First	М
Campoli	<u> </u>	
220 Hawthorne Ave	City	State Zip Code CT OUY18
Principal Occupation	Name of Employer	01 100918
	I 0 to a candidate for a chief executiv	
or dependent child of a lobbyist? No does contributor or business he/sh valued at more than \$5,000?	le is associated with have a contract  O Yes  O No	with said municipality
Is this contribution associated with an Yes Is contributor a principal of a	a state contractor or prospective state	te contractor? Oyes \$ 500
event reported in Section L1? No If yes, indicate which br If yes, list Event # 10162177 O No of government the contr		O Legislative No
Method of Contribution:	Date Received	Aggregate Contributions
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order 10/16/21	7000
SUB	BTOTAL Section B — This	Page \$21000
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TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	OM INDIVIDUALS (Sections as 13, Column A of Summary Page	

Section B ADDITIONAL PAGE /b of 74

NAME OF COMMITTEE (Provide Complete Nume as Registered with Filing Repository)	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY	Tholay Preesday Sleetron
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	<b>\\$</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	, ,
B. Itemized Contributions from Indi	viduals
Last Name First	MI
Residential Street Address City	State   Zip Code
2 December of 1	a CT 06401
Principal Occupation Name of Employer	10, 100,
	2021 OCT 26 AH 10
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execu does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contribution is in excess of \$400 to a candidate for a chief execu	
valued at more than \$5,000?  Yes VN  Is this contribution associated with an Yes   Is contributor a principal of a state contractor or prospective s	- X
event reported in Section L1? No If yes, indicate which branch or branches	ve OLegislative
Method of Contribution;  Date Received	Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order /5/16/2)	70.68
Last Name First	М
Prouty Scott	
Residential Street Address  City	State Zip Code
S Beech wood ST HISMICA Principal Occupation Name of Employer	C1 06401
Tuling of Employer	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief execu	
or dependent child of a lobbyist? So No does contributor or business he/she is associated with have a contravalued at more than \$5,000? Yes ON	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective s	state contractor? QYes
event reported in Section L1?  If yes, list Event # 101621 A  No  If yes, indicate which branch or branches of government the contract is with:  Executive	ve O Legislative
Method of Contribution:  Date Received	Aggregate Contributions
Cash OPersonal Check Occidit/Debit Card OPayroll Deduction OMoney Order 10/16 2	70.00
Recesh Token	/
Residential Street Address City	, State Zip Code
321 Ginswald St Glaston	bury CT 06032
Principal Occupation Name of Employer	<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief execu does contributor or business he/she is associated with have a contra	act with said municipality
valued at more than \$5,000? • Yes • N  Is this contribution associated with an   Yes Is contributor a principal of a state contractor or prospective s	
event reported in Section L1?	_ <b>Ø</b> No   / O O
Method of Contribution:  Of government the contract is with:  Otto A part    Otto	Ve C Legislative  Aggregate Contributions
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order /6/16/21	100.00
SUBTOTAL Section B — Th	is Page 248.66
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Page)	

# Section B ADDITIONAL PAGE \_\_\_\_\_\_ of \_\_\_\_\_



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Di Giovann. Election Committee 2021	Thereedne Electron
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	s Ø
B. Itemized Contributions from Indivi	iduals
Last Name Sonsini First Chosto	MI
Residential Street Address  323 Hawthorne Ave Derky	State Zip Code CT Ole US
Principal Occupation Name of Employer	2021 OCT 25 and 0:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	t with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 15121A  Is contributor a principal of a state contractor or prospective state of government the contract is with:    Is contributor a principal of a state contractor or prospective state of government the contract is with:	OLegislative No .
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  Ocash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order	Aggregate Contributions 450
Last Name  Attomore  Enzo	М
Residential Street Address  City  Principal Occupation  Name of Employer	State Zip Code CT Ole 483
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 does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	re officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   U     U	O Legislative
Method of Contribution:  Cash OPersonal Check Occidit/Debit Card OPayroll Deduction Omoney Order  Date Received	Aggregate Contributions 7000
Last Name Talowiec First Toe	М
Residential Street Address  Northrop Rd  Woodbri	age State Zip Code
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  Yes of does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101621 A  No  No  Is contributor a principal of a state contractor or prospective statement of government the contract is with:  Executive	O Legislative No
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  UIL 2	Aggregate Contributions
SUBTOTAL Section B — This	Page \$220°°
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections.	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repost	itory)	TYPE OF REPORT
DiGiovanni Election Commit	ter 2021	7th Presiding Election
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		s Ø
		,
	d Contributions from Indivi	
Last Name	First Tennife	MI
Residential Street Address	City	1 State Zip Code
5 Culens Hill Rd	Derby	CT 06418
Principal Occupation	Name of Employer	2021 OCT 26 AM10=
	f \$400 to a candidate for a chief executiv he/she is associated with have a contract Yes	
Is this contribution associated with an Y Yes Is contributor a principal	al of a state contractor or prospective stat	e contractor? Syes S CO
If yes, list Event # 101621A of government the	contract is with: OExecutive	OLegislative / O
Method of Contribution:	Money Order /0//6/21	Aggregate Contributions 76.00
OCash Personal Check OCredit/Debit Card OPayroll Deduction	First	70.00
Last Name  5072 el anul	William	
Residential Street Address	City	State Zip Code
72 Derhishire	Derby	CT 06418
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    No does contributor or business	f \$400 to a candidate for a chief executiv he/she is associated with have a contract	e officer of a municipality, Amount of Contribution with said municipality
valued at more than \$5,000?	Yes <b>W</b> No	
	al of a state contractor or prospective state ich branch or branches contract is with:	te contractor?  O Legislative
Method of Contribution:		Aggregate Contributions
Cash OPersonal Check Occedit/Debit Card OPayroll Deduction O		70.60
Last Name	First	МТ
Residential Street Address	City	State Zip Code
72 Derby Shire	Derbu	GT Cley 18
Principal Occupation	Name of Employer	
	f \$400 to a candidate for a chief executiv he/she is associated with have a contract Yes No	
Is this contribution associated with an  Yes Is contributor a principal	al of a state contractor or prospective stat	ce contractor? Syes No Degislative
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction O	Date Received	Aggregate Contributions 70.00
	SUBTOTAL Section B — This	Page 210.00
TO	OTAL of additional Section B I	
TOTAL OF ALL CONTRIBUTIONS I (Enter total on	FROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGiovanni Election Commit	41 2121	7th day Prec	eeling Election
A. Total Contributions from Small Contributors-Receive		\$ 7	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	* <i>Q</i>	
B. Itemized Co	ntributions from Indivi	duals	
Last Name	First / / /		MI
Residential Street Address	City	St	ate Zip Code
58 Hoinski Way	ansonio	h  Ĉ	T 06401
Principal Occupation	Name of Employer		. 10000
			2021 OCT 26 AM10:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Usiness he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # /6/6/14 No If yes, indicate which bra: of government the contraction of t		_ <b>&amp;</b> No	10000
Method of Contribution:	Date Received	Aggregate Contributions	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney		166.60	
Bartone	First amana	da	MI
Residential Street Address 58 Hoinski Way	City Consonia		ate Zip Code  T OG 401
Principal Occupation	Name of Employer		71 100 (31
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executiv	e officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist? • No does contributor or business he/she valued at more than \$5,000?	is associated with have a sontract O Yes  No	with said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # // / / / / / / / / / / / / / / / / /		te contractor? Yes No	\$10000
Method of Contribution:	Date Received	Aggregate Contributions	,
OCash Personal Check Occedit/Debit Card Payroll Deduction Money	110/04	106.00	
Last Name Luneau TR	Ronald	A	MI
Residential Street Address	City	St	ate Zip Code
Principal Occupation	Name of Employer		1100410
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		1 2 1	Amount of Contribution
	state contractor or prospective state to branches	e contractor? Yes	56.00
Method of Contribution:	Date Received	Aggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 16/16(21	50.00	
SUBT	OTAL Section B — This	Page 250.	90
TOTAL	. of additional Section B I	Pages	
TOTAL OF ALL CONTRIBUTIONS FROM	1 INDIVIDUALS (Sections A		

# Section B ADDITIONAL PAGE 14 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGiovanni Election Committee 202	7th day Pre	coding Elector	
A. Total Contributions from Small Contributors-Received this (See instructions for definition of Small Contributor) SUBTOT.	s Ø		
B. Itemized Contributi	ons from Indivi	duals	
Last Name First	John		MI
Residential Street Address  3(e8 Derby Ave I	John Derby		State Zip Code CT OG 418
Principal Occupation N	ame of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associate			2021 OCT 26 AN 10: // Amount of Contribution
valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # /0162/A  Valued at more than \$5,000?  Is contributor a principal of a state contra of government the contract is with:	OYes ONo actor or prospective state aches		E 5000
Method of Contribution:	ate Received	Aggregate Contributions	
Last Name First		W	М
DiGiovanni Residential Street Address  76 Benz St  F	Mathe	٦.	State Zip Code CT 06418
Principal Occupation Na	ame of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes lf contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # / C   L21   A    No   Is contributor a principal of a state contract of government the contract is with:	nches	C contractor? Ycs	77000
· /	te Received 10/16/21	Aggregate Contributions	
Last Name First	Sarah	)	MI
Residential Street Address  City  Lake VIEW Terr	Derby		State Zip Code
	ame of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or business he/she is associated valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # /6/62/4    Yes   Is contributor a principal of a state contra   If yes, indicate which branch or branch of government the contract is with:	nches Executive	O Legislative	\$70°0
Method of Contribution: Cash Personal Check Ocredit/Debit Card OPayroll Deduction OMoney Order	0/16/21 70.00	Aggregate Contributions 76.60	
SUBTOTAL S	Section B — This	Page / 90.	00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVI (Enter total on Line 13, Column			

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ame of Committee	Expenditure # (ff applicable)	Reimbursement	ts or Surpl	us Distrib	Name of Trea	n other Commi			
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ame of Committee ddress ate Received escription ame of Committee	Expenditure # (if applicable)  Expenditure # (if applicable)	Payment Type OReimbursement Payment Type	ent for shared e	City  City  City  City  City  City  A expense	Name of Trea  Surplus Distribution  Surplus Distribution  Surplus Distribution  On C — This  al Section C	n other Commissurer  ation  issurer  ibution  s Page		Amount	zip Code

NAME OF COMMITTEE (Provide Complete Name of	is Registered with Filing Repository)		TYPE OF R	EPORT	
Dictioranni Electi	Control of the second control of the	2021	7th d	ay Prece	eding Election
	D. Loans Recei			en e	
Name of Lender		Source of Loan: OBank O Can	didate 🔘 Individual (	Other Committee	Date of Receipt
Street Address	City		State 2	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	•				Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Cap	elidate () Individual (	Other	Date of Receipt
Street Address	City			Committee Lip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)					O Yes O No  Amount Received
Street Address	City		State	Zip Code	2021 OCT 26 an10:
Name of Lender		Source of Loan:  OBank O Can	didate O Individual		Date of Receipt
Street Address	City		State 2	Committee Lip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guaranter (if applicable)					O Yes O No Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECT	ION D	\$0	
	ies other than Individuals	or Other Com	mittees <i>(Referendi</i>	ım Committe	es ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
'ity	State	Zip Code	Aggregate Contributi	ons	
Name of Entity	er en				
Street Address			Date Received		Amount Received
lity	State	Zip Code	Aggregate Contributi	ons	
lame of Entity		<del> </del>			
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribut	ions	
		TOTAL SECT	TION E	\$ (X)	

Page 6 of 17

	ΓΕΕ (Provide Complete Name as Registe		April 100 et april 20 te a		FREPORT	
Dictionar	no: Election	Committe	e 2021	7th a	ay Preceding El	ection
	F. Amount Transferred	from Affiliated	Business Treasur	y (Business Entity	Committees ONLY)	
Date of Receipt	Is this transaction associatevent reported in Section	* C			Amount	
Date of Receipt	Is this transaction associatevent reported in Section		es If yes, list Event #		Amount	
Pate of Receipt	Is this transaction associatevent reported in Section		es If yes, list Event #		Amount	
Date of Receipt	Is this transaction associate vent reported in Section	~ ~	es If yes, list Event #		Amount	
			TOTAL SI	ECTION F	\$Ø	
					2021 OCT	[26 an19
G. Amount	Transferred from Affiliat		ı or Other Organi			ONLY)
Date of Receipt		Date of Receipt		Date of Re	eipt	
	Amount		Amount		Amount	
	Amount		Amount  TOTAL SEC	CTION G	Amount	
		the Candidate I	TOTAL SEC		<b>F</b> Ø	
ate of Receipt	H. Personal Funds of	the Candidate I	TOTAL SEC		₩ nmittees ONLY)	
ate of Receipt	H. Personal Funds of Method of payment:		TOTAL SEC	od <i>(Candidate Co</i>	<b>F</b> Ø	
	H. Personal Funds of Method of payment:  OCash	the Candidate F	TOTAL SEC		nmittees ONLY) Amount	
	H. Personal Funds of Method of payment:  OCash  Method of payment;	Personal	TOTAL SEC	<b>Dd</b> ( <i>Candidate Co</i> o	₩ nmittees ONLY)	
ate of Receipt	H. Personal Funds of the Method of payment:  O Cash  Method of payment: O Cash		TOTAL SEC	od <i>(Candidate Co</i>	nmittees ONLY)  Amount  Amount	
ate of Receipt	H. Personal Funds of Method of payment:  OCash  Method of payment:  OCash  Method of payment:	O Personal	TOTAL SEC	Od (Candidate Condidate Condidate)  dit/Debit Card	nmittees ONLY) Amount	
ate of Receipt ate of Receipt	H. Personal Funds of  Method of payment:  O Cash  Method of payment:  O Cash  Method of payment:	Personal	TOTAL SEC	<b>Dd</b> ( <i>Candidate Co</i> o	nmittees ONLY) Amount Amount	
ate of Receipt ate of Receipt	H. Personal Funds of Method of payment:  OCash  Method of payment:  OCash  Method of payment:	O Personal	TOTAL SEC	Od (Candidate Condidate Condidate)  dit/Debit Card	nmittees ONLY)  Amount  Amount	
Date of Receipt Date of Receipt	H. Personal Funds of Method of payment:  O Cash  Method of payment:  O Cash  Method of payment:  O Cash  Method of payment:	O Personal O Personal	TOTAL SEC  Received this Period  Check O Cre  Check O Cre  Check O Cre	od (Candidate Condidate)  dit/Debit Card  dit/Debit Card	nmittees ONLY) Amount Amount	
Date of Receipt  Date of Receipt  Date of Receipt	H. Personal Funds of Method of payment:  O Cash  Method of payment:  O Cash  Method of payment:  O Cash  Method of payment:	O Personal O Personal	TOTAL SEC  Received this Period  Check O Cre  Check O Cre  Check O Cre	od (Candidate Condidate)  dit/Debit Card  dit/Debit Card	Amount Amount Amount	

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.

SEEC FORM 20 I. MON	ETARY RECEIPTS (Se	ctions A—	-K)		Page 7 of 17
NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repository)			REPORT	
DiGiovanni Election Co	mnitter 2021	<u> </u>	the	Precedino	Election
J. Interest	t from Deposits in Authorized	Accounts			
Name of Institution		Dat	e Receiv	ed	Amount
Street Address	City	State	ļ	Zip Code	
Name of Institution		Dat	e Receiv	ed	Amount
Street Address	City	State	— Т	Zip Code	
Succe Address	City	State		Zip Code	
			$T^{\perp}$	t.d.	
	TOTAL S	SECTION J		\$Q	
K. Miscellaneous N	Monetary Receipts not Consid	ered Contr	ibutio	ons	
Name			Date o	f Transaction	Amount Received
		<u>i</u>			
Street Address	City	[ S	tate	Zip Code	
Description					
			_		
Name	·		Date o	f Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
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Description					
Name		***************************************	Date o	f Transaction	Amount Received
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Name			Date o	of Transaction	Amount Received
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Description				<u> </u>	<u> 202</u> 1 OCT 26 AN 10 F
occontinue.	•				
	TOTAL SECT	ELON 12	<del>*************************************</del>	XNP.	
	TOTAL SECT	IUNK		40	
SUMMARY OF OTHI	ER MONETARY RECEIPTS	(Sections I	) thre	ough K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or (	Other Committees (Section F)	4	_		
Total Amount Transferred from Affiliated Business Tr	easury (Section F)	<del>-</del>	<del>-</del> 		
Total Amount Transferred from Affiliated Labor Unio	on or Other Organization Treasury (	Section G)	<u> </u>		
Total Amount of Personal Funds of the Candidate Rec	eived this Period (Section H)	-	+		
Total Amount of Interest from Denosits in Authorized	Accounts (Section D	-	+	ļ	<u> </u>
Total Amount of Interest from Deposits in Authorized			<del></del>		
Total Amount of Interest from Deposits in Authorized  Total Miscellaneous Monetary Receipts not Considered		-	+	383	

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

	TVIII (Sections DI-			des este chera d'arregione.
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,  DiGiwanni Election Eommin	,	TYPE OF REPORT	(Phonada	
	# 2021 nt Information	1714 day	Preceding	3 fleation
Event # Description  Description  Description  Red "Clynch"	ttoop Shoot		Was this a fu	indraising event?
Location: Street Address	City		State	Zip Code
35 5th St	Derby	<del></del>	CT	06418
Subpart 1: (All Committees) Was this event hosted at a personal residence?		5 In-Kind Donations ouse Party and comple ost(s) for food, beverage	te required info	rmation for any
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?	Yes (If yes, go to Section and complete required			Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Re	ceipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Explorator OYes (If yes, go to Section I			a Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes ( <i>If yes</i> , enter Total Re	ceipts here.)	\$	
Event # Date of Event Letter Description    Challe   A Gino DiGiovanni For F  Location: Street Address  45 Challe   A St	Abderman Cempaig Icity Derby	in Fundraiser	Was this a fu	ndraising event?  ONo  Zip Code
Subpart 1: (All Committees)  Was this event hosted at a personal residence?		.5 In-Kind Donations ouse Party and comple st(s) for food, beverage	te required info	rmation for any
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?	Yes (If yes, go to Section and complete required No		not Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Re	ceipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com. Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section 1			a Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes ( <i>If yes</i> , enter <b>Total</b> Re	ceipts here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts for	rom Sale of Donated Items —	-This Page	\$60	
	tion L1—Subpart 3 <i>(Town Comm</i> eipts from Food Purchases —		\$0	
	TOTAL of additional Section	n L1 Pages	\$Ø	
	EIPTS FROM SMALL PU	and with the first term to be a first to the first term of the fir	\$(\( \)	

#### 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 COMMI	TTEE (Provide Complete Nam	ne as Pagistavad with Evling P	monitoral)	TYPE OF REF	ORT		
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<u> </u>			Characteristics and other and the second and a second and the second	ram Book or on a Sign	V recy	<u> </u>	<u> </u>
Name of Purchaser				•	Purchase M	lade By:	
					OBusin	ess Entity	Other
					OIndivi	dual/Sole F	roprietorship
Street Address			City		S	tate	Zip Code
					Ī		
Date Received	Event#	Aggregate Pure	chases for All Events	Amount of Program Ad Purc	hase Am	ount of Si	gn Purchase
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Street Address			City		S	tate	Zip Code
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	SUBTO	TAL Section L3 Total	Purchases of Adver	tising on a Sign — This Page			
			TOTAL o	f additional Section L3 Pages			
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NAME OF COMMITTE	E (Provide Complete Name as R	egistered with Filing Repo	sitory)		TYPE OF REPOR		
Piccouan	mi. Elec				7th day	Precedin	s Electro
ame of Donor	L4. ]	n-Kind Donatio	ns Not Conside	ered Contribu	tions		
ame of Bonor							/
treet Address			City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair Market V	alue of Donation
) Individual	Date Received	Event#		Aggregate Value to	r this Event	•	
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ame of Donor							***************************************
reet Address			City			State	Zip Code
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onation Given By:	Description of Donation					Fair Market V	alue of Donation
Business Entity							
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ame of Donor			/				
and of Bollor						2021	10726 ami
reet Address			City			State	Zip Code
onation Given By:  Business Entity	Description of Donation					Fair Market V	alue of Donatior
Individual	Date Received	Event #	<del> </del>	Aggregate Value fo	r this Event	-	
Solc Proprictorship							
ame of Donor							
reet Address			City			State	Zip Code
reet Address			City			State	Zip Code
onation Given By:	Description of Donation					Fair Market V	alue of Donation
Business Entity							
Individual  Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event		
		SI	UBTOTAL Section	n L4 — This Pag	2		
		TC	OTAL of additiona	l Section L4 Page	es.		
TOT	TAL OF ALL IN-KIND I	OONATIONS NOT	CONSIDERED C	ONTRIBUTION	s 8/7	<u> </u>	<del>,</del>
. •		Enter total on Line 2				)	

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

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Rej	pository)	T	YPE OF REPORT	
Dichiova	nni Election Com	nittee 2021		1Th day Pr	eceding Ele
	L5. In-Kind Donations Not Consid	ered Contributions Ass			
ame of Host			committee?	pporting more than Yes No plete Itemization in A	
treet Address		City		State	Zip Code
Description of Donation				Fair Market Valu	e of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—ihis host/candidate		
ame of Host			committee?	pporting more than Yes O No plete Itemization in A	
treet Address		City	1 3/20, 5000)	State	Zip Code
Description of Donation		/	/	Fair Market Valu	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	this host/candidate	2921 (	)CT 25 aniq:
ame of Host			committee?	pporting more than Yes No plete Itemization in A	
treet Address		City		State	Zip Code
Description of Donation				Fair Market Valu	e of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—this host/candidate		
lame of Host			committee?	pporting more than Yes ONo plete Itemization in A	
treet Address		City		State	Zip Code
Description of Donation	<i></i>	L		Fair Market Valu	e of Donation
vent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—this host/candidate		
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## III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Repositor	(עניז			OF REPORT		
Diajovani S	lect	700		ittee	2021		day Prec	eding	Election
Namc			M. In-K	ind Cont	ributions				
	(C ^)	١.	•						
Street Address  40 Lawis	0/10	UCINY	<u> </u>	[0	City	<del></del>		State	Zip Code
40 Lewis	54				Fork	) ( )		CT	00H18
Type of contributor: OCommittee	Date Rece	ived	Aggregate Con		Description of In-Ki	nd Contribut	ion		100
Mindividual / Sole Proprietorship Oother	10/14	d21	P150	5,00	Cookina	a for	Fundra	usex	···
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contri does con	ibution is in	business he/sh		te for a chief executive d with have a contract Yes No				Market Value s Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 1402   A	Yes No	If yes,	itor a principal indicate whic ernment the co	h branch or b		_	No	\$15	5000
Name		<u> </u>		<del></del>		· · · · · · · · · · · · · · · · · · ·	*	2021 (	NT 26 an 10
Street Address				I	Lity			State	Zip Code
					•				
Type of contributor: Committee	Date Recei	ived	Aggregate Cor	ntributions	Description of In-Ki	nd Contributi	011		
OIndividual / Sole Proprietorship OOther									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/s		ate for a chief execution with have a contract Yes No				Market Value is Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	tor a principal indicate which rnment the co	h branch or b		_	<b>O</b> N₀		
Name									
Street Address					ity			State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ived	Aggregate Cor	ntributions	Description of In-Ki	nd Contributi	on		
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			тот	AL of addit	ional Section M P	ages	\$		
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS A	Enter total on L	Line 23, Colun	n A of Summary Page	Totals)	\$150°	O .	
	N.	. Refun	dable Dep	osit to Te	lephone Comp	any			
Last Name of Individual				First		/	МІ	Date Depo	sit Made
Residential Street Address			City	<u>l</u> y		State	Zip Code		Amount of Deposit
Name of Telephone Company		·		/	······································				
Street Address		-	City	y		State	Zip Code		
TOTAL SI	ECTION	N (Enter	total on Line	24, Column /	of Summary Page 7	otals)	\$ (2)	)	

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGOVAN	ni Election Committee	2021	7th day Pre	reeding Election
	P. Expenses	Paid by Committee		
Name of Payce  Dellar	Forever		Date of Payment	Method of Payment: O Check # Ø Debit Card OEFT
Street Address	Forces	City		State Zip Code
100	Division St	Ansonia		CT 06401
Purpose of Expenditure		FIFIBULUCE	Event #	Amount
(by code)	supplies for Fundrais	so r	101621 A	
Expenditure #	Type of Expenditure (Itemization in Addendum P Reguired u.		L	t 20!9
(if applicable)	None of the below	niess Ivone oj ine beiow is	спескей	20,
	Coordinated with reimbursement sought (joint expenditu			2021 OCT 26 ANI 04
Name of Payee	Coordinated without reimbursement sought (in-kind cont	ribution) Organiza	Date of Payment	Method of Payment:
Name of Fayee				O Check #
Stop F	Shop	La:-	10/15/21	Debit Card OEFT
Street Address		City		State Zip Code
	Division St	Ansoria	T	CT 06401
Purpose of Expenditure (by code)			Event #	Amount
MISE FOOD	o food for Fundraiser		1016217	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	·····	checked)	\$ 1, 94
() ()	None of the below	) Indones	dont	40.
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Name of Payee			Date of Payment	Method of Payment:
BJS			10/15/21	Check #
Street Address		City	101.0121	Debit Card DEFT  State Zip Code
20 Di	uision St	Derby		CT 06418
Purpose of Expenditure			Event #	Amount
(by code)	Food for Fund rai	1506	101621 A	4
FOOD Expenditure #			<del></del>	\$ 13
(if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below	intess "None of the below" i	s спескеа)	
	Coordinated with reimbursement sought (joint expendit		ndent	
	Coordinated without reimbursement sought (in-kind con	tribution) Organiz	zation OAOBOCOD	
Name of Payee			Date of Payment	Method of Payment:  Check #
1316 Y			10/15/21	Debit Card OEFT
Street Address		City	•	State Zip Code
656 N	ew Haven Ave	Derby		CT 06418
Purpose of Expenditure	Description	<del>-</del>	Event #	Amount
(by code) FOOD	Food for Fundra	iser	1016211	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	<del></del>	checked)	\$ 12107
(if applicable)	None of the below	<b>3</b>	,	/7,
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con			
			ation OA OB OC OD  This Page \$ 15	( 33
		SUBTOTAL Section P -		Ψ.
	Te	OTAL of additional Secti	ion P Pages & De	471 98
	TOTAL OF ALL EXPI (Enter total on Liv.	ENSES PAID BY CON		28. <sup>31</sup>

#### IV. EXPENDITURES (Sections P—T)

Revised January 2015	R VV EXIZE EXI (EX	I CILIDO (SCENORS	<u> </u>	
NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Repository	)	TYPE OF REPORT	
Disiovan	ini Flection Committee	2021	7Th day Pre	coding Election
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
Dalla			10/15/21	O Check #
Dollar Street Address	ree	City	10/10/01	State Zip Code
Sucer Address		City		_   -   -
492 K	Jew Howen Ave	Derby		CT 06418
Purpose of Expenditure	Description	J	Event #	Amount
(by code)	Supplies for fu	nd mover	10/621 A	
Misc Expenditure #	· · ·		<u> </u>	4041
(if applicable)	Type of Expenditure (Itemization in Addendum P Required u	niess "None of the below" is	спескей)	190 1
	None of the below Coordinated with reimbursement sought (joint expenditu	are) ( Indepen	dent	2021 OCT 26 AN10:
	Coordinated without reimbursement sought (in-kind con		ationOA OB OC OD	
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Cita	d Dorh		10/8/21	O Check #
Street Address	00 De 109	City	19921	O Debit Card OEFT State Zip Code
1	16-11-151	Dock	1	Pet Cours
<u>45 ()</u>	rutied of	Derla		CT 06418
Purpose of Expenditure (by code)			Event #	Amount
FUDR	Hall for Fundraiser	Even t	10162(A	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.			\$ 2000
(if applicable)	None of the below	·	•	25000
	Coordinated with reimbursement sought (joint expenditu			
	Coordinated without reimbursement sought (in-kind cont	ribution) Organiza	ttion:OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:  Check #
Walner	+		9/24/21	Debit Card OEFT
Street Address		City		State Zip Code
165 B	ridseport Aue	Shelto	n	CT 06484
Purpose of Expenditure			Event#	
(by code)				Amount
MISC	Supplies for Event		09852114	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	unless "None of the below" i	s checked)	146.42
,	None of the below	<b>A</b> 1 1		1 14.
	Coordinated with reimbursement sought (joint expendit		ration OAOBOCOD	
Name of Payee	1 2	· Organiz	Date of Payment	Method of Payment:
0-				O Check #
18712			9/23/21	Debit Card DEFT
Street Address		City		State Zip Code
20 T	Division St	Derby		CT 06418
Purpose of Expenditure			Event #	Amount
(by code)	DRINKS/Food for Ev	nn t	060-010	
FUOID			092521A	- de
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required I	intess "None of the below" is	checked)	15064
	None of the below Coordinated with reimbursement sought (joint expending	arc) ( Indeper	ndent	
	Coordinated with reimbursement sought (in-kind con		ation OA OB OC OD	
		SUBTOTAL Section P -	_	47
		SOUT OT ALL DECUBII F -	- 481	
	T	OTAL of additional Secti	on P Pages	
	TOTAL OF ALL EXP		36.000.000.000.000.000	
	(Enter total on Lii	ne 19, Column A of Summar	y Page Totals)	

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)	(800000	TYPE OF REPORT	_
DiGiovan	- 1	d21	The day free	ceding Election
		Paid by Committee	<del> </del>	
Name of Payce  CVS  Street Address	Prarmacy	City	Date of Payment  9/24/2-1	Method of Payment: O Check # Debit Card OEFT State Zip Code
211 Devs	Shine Du	ansono	<u> </u>	State Zip Code  CY0401
Purpose of Expenditure	Description Description	CO1190.00	Event#	Amount
(by code) MISC	Supplies for Eve	ent	092621A	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un		checked)	15000
	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)		lent	2821 OCT 26 AM10:
Name of Payce  State	iles		Date of Payment	Method of Payment: O Check # O Qebit Card OEFT
Street Address		City		State Zip Code
2 Arn Purpose of Expenditure	Description Drz	Sheltor	Event #	CT OGUSU  Amount
(by code)	Supplies for Fund	raiser	101621 A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un			\$ 28.70
	None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		ent	
Name of Payee			Date of Payment	Method of Payment:
Vista	Print		9/30/21	Check # Debit Card OEFT
Street Address  375 U	Uyman St	City   Waltham		State Zip Code  MA 62451
Purpose of Expenditure (by code)	Description		Event #	Amount
A-SISM Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	wluce WNowa of the hulosuff to	ab aut ad)	109 83
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditu	Ç	•	457.
444	Coordinated without reimbursement sought (in-kind cont		ation OAOBOCO D	
Name of Payee	Occal.		Date of Payment	Method of Payment:  Check #
Street Address	Print	City	14/24/21	Debit Card EFT State Zip Code
275 Y	Vyman St	Walthan	n	MA 02451
Purpose of Expenditure (by code)			Event #	Amount
H-Sign Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	Nasa at the helow is	akaatad)	-  ,
(if applicable)	O None of the below	-		103.71
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control		tionOA OB OC OD	
	Š	SUBTOTAL Section P —	-This Page \$74	0.24
	то	TAL of additional Section	on P Pages	
	TOTAL OF ALL EXPE	NSES PAID BY CON		

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,	)	TYPE OF REPORT	
Di Ciri evar	ni Slecton Committee	2021	7th day Pr	reaching Election
	P. Expenses	s Paid by Committee	9	J
Name of Payer  VISTA	Print		Date of Payment 9/18/2/	Method of Payment: O Check # Debit Card OEFT
	man St	City Waltha	<del></del>	State Zip Code  MA 02 451
Purpose of Expenditure (by code)  A-Sign	Description Post Card Signasl		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind continuous)	re) 🚺 Indeper	•	\$a44.27
Name of Payee			Date of Payment	Method of Payment:  Check # Debit Card  DEFT
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 und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuated without reimbursement sought (in-kind continuate	re) Indepen	·	2021 OCT 26 AM1 <b>0</b>
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card O 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 to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ture) O Indepe	·	
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card DEFT
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 used None of the below Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought)	ıre) <b>Q</b> Indeper	ndent	
		SUBTOTAL Section P -		14.27
	TOTAL OF ALL EXP	OTAL of additional Secti		
		ne 19, Column A of Summar	Na Pracina Caraca de Carac	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository	,	TYPE OF REPORT	
DiCiovano		2021		reding Election
	Q. Campaign Exp	enses Paid by Candi		9
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino Di	Giovan ni	-	9/23/21	Yes O No
Street Address	th St	City		State Zip Code
<del> </del>		Derby		CT 06418
Purpose of Expenditure (by code)	Description	1/0 1/00	Event #	Amount
FOOD	Supplies for Even	+ (FOO GILLING)		50,64
	'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Street Address	Giovanni	T a:	19/24/21	Yes O No
77 8th		City	•	State Zip Code
<u> </u>	T	Derby	Event #	C1 06418
Purpose of Expenditure (by code)	Description Supplies for Ever			Amount
MISC	<u> </u>		692521A	/00
	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Street Address	Di Giovanni	I cin.	17/24/21	Yes No
77 8th		City		State Zip Code
	, <u> </u>	Derby	Event #	CT 06418
Purpose of Expenditure (by code)	Description	1_		Amount
misc	Supplies for Ex	ent	092621 A	146 42
	'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?  Yes O No
Street Address	4 Grisvanni	City	10/10/21	State Zip Code
77 8th	St	Derby		CT 06418
Purpose of Expenditure (by code)	Description	1	Event #	Amount
MISC	Supplies for fund	raisen	181621A	2870
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Bino D	Giovanni		9/18/21	Yes O No
C. ( ) 11. (	? .S.+	City		State Zip Code
118	<u> </u>	1 Der by		G 06418
Purpose of Expenditure (by code)	Description	,	Event #	Amount
A-SIGN	Postcard Signag			24427
	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino B	& Giovanni		19/24/21	Yes O No
Street Address	h ()	City	, ,	State Zip Code
/		Derby	·	CT 06418
Purpose of Expenditure (by code)	Description STE h	0 5 0	Event #	Amount
A-818n	door Hanger Sign	ux	4	1037/
		SUBTOTAL Section Q —	-This Page	723.74
	TO	OTAL of additional Section	on Q Pages \$	57.83
	TOTAL OF ALL EXP (Enter total on Liv	PENSES PAID BY CA ne 26, Column A of Summary	1900 PRODUCTION STANDARD SHEET IN TAXABLE (\$100 PM)	31, 545,001 25 ANIO

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	v)	TYPE OF REPORT	
DiGiovar	ni Election Committee	2021	Thoday Pro	ecoding Election
		penses Paid by Candi		
Name of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Gino I	Dr Giovan Ni		9/30/21	O Yes O No
Street Address	Da Giovan Ni L St	City Derby		State Zip Code Ole 4/8
Purpose of Expenditure	Description		Event#	Amount
(by code) A-Sish	Yard Signs			457,83
	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payce (Name of I	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Name of Payee (Name of V	l Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?  Yes No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of L	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Name of Payer (Name of P	enati, resson of Linux was cumulate pain unecusy)		Date of Cayment	O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
		SUBTOTAL Section Q —	-This Page 🛮 👍 ८	57.83
	T(	OTAL of additional Section		) /. –
	TOTAL OF ALL FY	PENSES PAID BY CAI	NDIDATE	2021 OCT 26 AM10
		ine 26. Column 4 of Summary	50574 (44505) 10 4 (45664) (440 4 5 5 5 6	coal werall mile

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repo	isitory)	TYPE OF REP		
DiGiovar	oni Election Commi	Hec 2021	7th day	Preedin	g Eleotian
	R. Expenses Inci	urred on Committee Cr	edit Card		
Name of Issuing Insti	itution	Type of Credit Card:			
		O Visa OMaster	Card ODiscover C	American Expres	s Other:
Name of Vendor, Person	or Entity			Date of	Transaction
Street Address	·	City		State	Zip Code
Purpose of Expenditure	Description	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Event #		Amount
by code)	'				Amount
Expenditure #					
îf applicable)	Type of Expenditure (Itemization in Addendum R Reg	uired unless "None of the below"	" is chécked)		
	None of the below Coordinated with reimbursement sought (joint e		pendent		
	Coordinated without reimbursement sought (in-l	kind contribution) Organ	nization:OA OB O	OD	
Name of Vendor, Person	or Entity			Date of	Transaction .
				-	
Street Address		City		State	Zîp Code
Purpose of Expenditure	Description	/	Event #		Amount
by code)					2 444 444 4
Expenditure #	The second secon	: 1 . 1 . 451	(; l l l		
(if applicable)	Type of Expenditure (Itemization in Addendum R Reg	jurea uniess "Ivone of the below	·· is cneckea)		
	O Coordinated with reimbursement sought (joint e	expenditure)	pendent		
	Coordinated without reimbursement sought (in-	kind contribution) Organ	nization OA OB O	Op	
Name of Vendor, Person	or Entity			Date of	Transaction
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		Amount
oy code)					
Expenditure #	The ST will desired a first day of the D.D.		<u> </u>		
if applicable)	Type of Expenditure (Itemization in Addendum R Req  None of the below	uirea umess None of the velow	із спескей)	ann.	the second secon
	O Coordinated with reimbursement sought (joint e			1	lûtzs mid:
	Coordinated without reimbursement sought (in-	kind contribution) Organ	nization:OA OB O	: Ор	
		SUBTOTAL Section R —	This Page		
		TOTAL of additional Section	n R Pages		
TO	TAL OF ALL EXPENSES INCURRED			\$/x	
	(Enter 1014) 0	n Line 27, Column A of Summar	y ruge rotais)	$\mathcal{V}$	

NAME OF COMMIT	THE ONLY OF A STATE OF THE STAT		ITIM			
	TEE (Provide Complete Name as Registered with Filing	, .1	~	EOFREPORT The deep of	ramala	re Election
DIGNOU	S. Expenses Incurred 1				receive	<u>y ciecnini</u>
ame of Creditor	5. Expenses meanted:	by Commune but I	Totalu During ti	ns i criou	Date Incu	urred
Citu	of Doch				1 .	1
treet Address	of Leruy	City		······································	State	16/2/   Zip Code
/ I = /			1		State	
45 (	hattield St		erby			06418
urpose of Expenditure by code) FUBR	Hall for Fundra	iser Event	Event #	21 A	1	mount Incurred  Stimate or Actual)
xpenditure#	Type of Expenditure (Itemization in Addendum )	S Required unless "None o	(the below" is checked)		<b>-</b>	, , 00
applicable)	None of the below		O Independent		1 4	00
	Coordinated with reimbursement sought (Coordinated without reimbursement sough	(joint expenditure) ht (in-kind contribution)	O Organization:O4	O <sub>B</sub> O <sub>C</sub> O	D (28	5+)
ame of Creditor					Date Inci	nred
treet Address		City			State	Zip Code
urpose of Expenditure	Description	ļ	Event#		Aı	nount Incurred
y code)					(E	stimate or Actual)
	Type of Expenditure (Itemization in Addendum S  None of the below  Coordinated with reimbursement sought (	•	Independent	<b>AP OC A</b>		
expenditure # f applicable)  ame of Creditor		joint expenditure)	_	Ов Ос О	Date Incu	ırred
f applicable)	None of the below Coordinated with reimbursement sought (	joint expenditure)	Independent	Ов Ос О		rred
applicable) ame of Creditor	None of the below Coordinated with reimbursement sought (	joint expenditure)	Independent	Ов Ос О		zip Code
ame of Creditor	None of the below Coordinated with reimbursement sought (	Goint expenditure)  It (in-kind contribution)	Independent	Ов Ос О	Date Incu	
f applicable)	None of the below Coordinated with reimbursement sought (	Goint expenditure)  It (in-kind contribution)	Independent	Ов Ос О	Date Incu	
ame of Creditor reet Address rpose of Expenditure y code)	None of the below Coordinated with reimbursement sought ( Coordinated without reimbursement sough  Description	(joint expenditure)  1t (in-kind contribution)  City	Independent Organization:	Ов Ос О	Date Incu	Zip Code
ame of Creditor reet Address rpose of Expenditure y code)	None of the below Coordinated with reimbursement sought ( Coordinated without reimbursement sough	(joint expenditure)  1t (in-kind contribution)  City  S Required unless "None of the contribution of the c	Independent Organization:		State Ar (E	Zip Code
ame of Creditor reet Address	Description  Type of Expenditure (Itemization in Addendum St. Coordinated with reimbursement sought (Coordinated without reimbursement sought)  None of the below Coordinated with reimbursement sought (Coordinated with reimbursement sought)	(joint expenditure)  It (in-kind contribution)  City  S Required unless "None of the contribution)  (joint expenditure)  ht (in-kind contribution)	Event #    Event #   Independent	OB OC O	State Ar (E	Zip Code  nount Incurred  stimate or Actual)  1007 26 AN 10
ame of Creditor reet Address rpose of Expenditure y code)	Description  Type of Expenditure (Itemization in Addendum St. Coordinated with reimbursement sought (Coordinated without reimbursement sought)  None of the below Coordinated with reimbursement sought (Coordinated with reimbursement sought)	Goint expenditure) at (in-kind contribution)  City  S Required unless "None of the contribution)  SUBTOTA	Event #    Event #	OB OC O	State An (E)	Zip Code  nount Incurred  stimate or Actual)  1007 26 AN 10
applicable)  ame of Creditor  reet Address  rpose of Expenditure y code)  spenditure # applicable)	Description  Description  Type of Expenditure (Itemization in Addendum Standard without reimbursement sought (Coordinated without reimbursement sought (Coordinated with reimbursement sought (Coordinated without reimbursement sought (Coordin	City  S Required unless "None of the contribution of the contribut	Event #  Event #  Independent Organization:  Independent Organization: O	OB OC O  e	State An (E)	Zip Code  nount Incurred  stimate or Actual)  1007 26 AN 10
ame of Creditor reet Address rpose of Expenditure y code)  xpenditure # applicable)	None of the below Coordinated with reimbursement sought ( Coordinated without reimbursement sough  Description  Type of Expenditure (Itemization in Addendum Statement Sought)  None of the below Coordinated with reimbursement sought ( Coordinated without reimbursement sought)  EXPENSES INCURRED BY COMMITT (Ente	City  City  S Required unless "None of the contribution of the con	Event #    Event #	OB OC O  e	State  An (E)  Date Inc.  State	Zip Code  nount Incurred  stimate or Actual)  1007 26 AN 10

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant  Perpose of Expenditure (by code)  Expenditure # (if applicable)  Type of Expenditure (attentization in Addendum T Required unless "None of the below" is checked)  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Name of Vendor, Person or Entity Paid by Committee Worker/Consultant  Payment to Reimburse Committee Worker/Consultant  First  MI  Date of Payment to Reimburse Committee Worker/Consultant	
Last Name of Worker/Consultant    First   MI   Date of Payr Person or Entity Paid by Committee Worker/Consultant	rker/Consultant as  Card OEFT Cip Code
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant    Payment to Reimburse Committee Worker/Consultant   City   State   Z	rker/Consultant as  Card OEFT Cip Code
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant    City	Card OEFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant    State   Z	Zip Code
Expenditure # (if applicable)  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Corganization: O Organization: O Organization	mount
None of the below Coordinated with reimbursement sought (joint expenditure) Independent Ocordinated without reimbursement sought (in-kind contribution) Organization: Ocordinated without reimbursement sought (in-kind contribution) Ocordinated without re	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant  Payment to Reimburse Committee Worker/Consultant  Payment to Reimburse Committee Worker/Consultant  Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant  City  Purpose of Expenditure (by code)  Description  Event #  Are	
Event # Purpose of Expenditure (by code)    Check # Debit	ment to Vendor, ntity
Purpose of Expenditure (by code)  Description  Event #  Ar	_
(by code)	Cip Code
	mount
Expenditure # (if applicable)  Type of Expenditure # (if applicable)  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure # (if applicable)  None of the below is checked)  Independent O O O O O O O O O O O O O O O O O O O	Company of the compan
	ment to Vendor, ntity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant  Payment to Reimburse Committee Worker/Consultant  Payment to Reimburse Committee Worker/Consultant  Check # Debit	rker/Consultant as
	Zip Code
Purpose of Expenditure (by code)  Description  Event #  All	mount
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization: O A O B O C O D	
SUBTOTAL Section T — This Page	A
TOTAL of additional Section T Pages	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	