SEEC FORM 20

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

RECEIVED

JAN 1 0 2021

Do Not Mark in This Space For Official Use Oul

COVER PAGE

1. NAME OF COMMITTEE				Yan Kalika		
DiGiovanni Election Committ	tee 2021					
2. TREASURER NAME						
First	M	П	Last			Suffix
Donna			DiGiovanni			
3. TREASURER ADDRESS						
Street Address		City		State		p Code
77 8th St			Derby	C.	т (06418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGH	Γ (Complete onl	y if Candidate Committee)		6. DI	STRICT NUMBER
(mm/dd/yyyy)	Alderman				(if applic	able)
7. CANDIDATE NAME (Complete only if	N. Santa and Santa and Santa and Santa	Committee)				
First	M		Last	anning to a leading series.		Suffix
Gene		J	DiGiovanni			Jr
8. TYPE OF REPORT (Check One Box)						
January 10 filing	☐ 7th day precedin	ıg primary	☐ 7th day preceding referendum			n or Disbursement
☐ April 10 filing	□30 days followin	ONLY) idment to	•			
☐ July 10 filing	☐7th day precedin	g election	☐ Deficit	of Report:		
☐ October 10 filing	☐ 12th day precedi		☐ Termination	······································		
☐ 24 Hour Independent Expenditure O Primary O Election	□45 days followin not held in Nove					
9. PERIOD COVERED						
	Beginning Date		Ending Date			
	10/25/21	·····	thru 12/31/21			
10. CERTIFICATION						
10. CERTIFICATION	. <u>1975 1986 1987 1987 1987 1987 1987 1987 1987 1987 1987 1987 1987 1987 1987 19</u>	jila kanta s				A Bart Hard N. Market (1967)
I hereby certify and state, under posselosure Statement for the pe			all of the information set forth on t and complete.	this Itemize	d Campaigr	n Finance
Doner Di Beoch	nu	Do	nna DiGiovanni		<u>01</u>	1022
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	PRI	NT NAME OF SIGNER		DAT	TE (mm/dd/yyyy)
A person who is			villfully violated any provisions of t enalty or imprisonment or both.	he campaig	n finance st	atutes

Page 1 of 17

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
DIGIovanni Election Committee 2021	January 10th Filing COLUMN A	COLUMN B
	This Period	Aggregate
Giovanni Election Committee 2021 1. 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 2. Balance on hand at the beginning of Reporting Period 3. Contributions Received from Individuals (Sections A and B) 4. Receipts from Other Committees (Sections C1 and C2) 5. Other Monetary Receipts (Sections D through K) 5a. Total Proceeds from Small Purchases (Section LI Subpart 1 + Subpart 3) 5b. PerPublic Act 11-48, effective January 1, 2012 Section L2. removed 5c. Total Purchases of Advertising—Program Book or Sign (Section L3) 7. Total Monetary Receipts (add totals for Lines 13 through 16c) 3. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 9. Expenses Paid by Committee (Section P) 9. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Column Lin-Kind Donations not Considered Contributions Received (Section L4) 1. In-Kind Donations not Considered Contributions — House Party (Section L5) 1. In-Kind Contributions Received (Section M) 3. Refundable Deposit to Telephone Company (Section N) 5. Loan Balance 5a. + Loans Received (Section D) 6b. + Interest and Penalties on Loan 6c Payments on Loan 6d. Total Outstanding Loan Amount 6d. Total Outstanding Loan Amount 6. Campaign Expenses Paid by Candidate (Section Q) 7. Expenses Incurred on Committee Credit Card (Section R)		\$0
12. Balance on hand at the beginning of Reporting Period	\$3506.26	
13. Contributions Received from Individuals (Sections A and B)	\$0	
14. Receipts from Other Committees (Sections C1 and C2)	\$0	
15. Other Monetary Receipts (Sections D through K)	\$0	er Z
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0	200
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		0 11
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0	202).
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$0	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$3506.26	
19. Expenses Paid by Committee (Section P)	\$920.57	
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)	\$0	
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)	\$0	
27. Expenses Incurred on Committee Credit Card (Section R)	\$0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
DiGiovanni Election Committee 2021		January 10th F	iling			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	^{\$} 0				
B. Itemized Co	ntributions from Indivi	duals		MI		
Residential Street Address	City		State	Zip Code		
Principal Occupation	Name of Employer			congousy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		unt of Contribution				
event reported in Section L1?		Legislative No		O ZOZA		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		Aggregate Contributions		8 0		
Last Name	First	<u> </u>	. 1 . 8	MI		
Residential Street Address	City		State	Zip Code		
Principal Occupation	Name of Employer	4				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money						
Last Name	First			MI		
Residential Street Address	City		State	Zip Code		
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amoi	ınt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, list Event # of government the contract.		e contractor? Yes No				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Date Received Order	Aggregate Contributions				
SUB ¹	TOTAL Section B — This	Page \$0				
TOTAI	of additional Section B I	Pages \$0				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page					

	MITTEE (Provide Compl	······································	vith Filing Repos	itory)				TE OF REPORT		
DiGiovanni E	lection Committee				Sescioles A			nuary 10th Fili	ing	
		C1. C	Contributio	ons fro	om Ot		and the proof of the proof of a basis			
Name of Committee						Name of Treas	urer			
Address				Is thi	s contrib t reporte	d in Section L	1?	n an Yes No		f Contribution
City		State	Zip Code	Di	ate Receiv	red	Aggregate	Contributions		
Name of Committee						Name of Treas	urer			
Address						d in Section L		☐ Yes ☐ No	Amount o	f Contribution
City		State	Zip Code	Da	ate Receiv	red	Aggregate	Contributions		ECEIVE
Name of Committee						Name of Treas	urer		an examination April 1997	
Address						ution associated in Section LI	1?	□ Yes □ No	Amount o	f Contribution
City		State	Zip Code	Da	ate Receiv	ed	Aggregate	Contributions		
-7	C2.]	Reimbursemen	ts or Surp	lus Dis	stribu	tions from	other C	ommittees		
Name of Committee						Name of Treas	urer			
Address					City	<u> </u>	. , ,		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	nent for shared	expense	□Su	rplus Distribu	tion		Amoun	t of Receipt
Description										
Name of Committee		N				Name of Treas	urer			
Address					City				State	Zip Code
Date Received	Payment Type Grapplicable Payment Type Reimbursement for shared expense Surplus Distribution Surplus Distribution Surplus Distribution Company Compan				oution		Amoun	t of Receipt		
Description										
			SUBTO	OTAL:	Section	ı C — This	s Page	\$0		
						Section C		\$0		
		F ALL COMMIT ns C1 + C2) (Enter						\$0		
				-						

Page 5 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Reposi	tory)		1	TYPE OF	REPORT	
DiGiovanni Election Committee 2021				,	January	y 10th Filing	J
	D. Loans	Receiv	ed this Period	1			
Name of Lender		18869-2000-00-00-00-00-00-00-00-00-00-00-00-0	Source of Loan: Bank Can	ndidate 🔲	Individual	Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Car	ndidate 🔲	Individual	Other	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Oves ☐ No ☐
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City	·····			State	Zip Code	1 0 2
Name of Lender	I		Source of Loan:	ndidate 🔲	Individual	Other Committee	Date of Receipt 7
Street Address	City		·		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)		*					Amount Received
Street Address	City				State	Zip Code	
	I		TOTAL SECT	TION D		\$0	
E. Receipts from Entities other	than Indiv	riduals	or Other Com	ımittees	(Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date R	eceived		Amount Received
City		State	Zip Code	Aggres	gate Contrib	utions	
Name of Entity						State and	
Street Address	 			Date R	eceived		Amount Received
City		State	Zip Code	Aggreg	gate Contrib	utions	
Name of Entity		J	i				
Siget Address		State	Zip Code	Date R Aggres	eccived gate Contrib	utions	Amount Received
		I	TOTAL SECT	TION E		\$0	

NAME OF COMMITTEE (Provide Complete Name as Regist	ered with Filing l	Repository)			TYPE OF	REPORT	
DiGiovanni Election	n Committee 2021					Januar	y 10th Filing	
F. /	Amount Transferred	from Affil	liated Bu	siness Treasur	y (Busines	ss Entity C	Committees ONLY)	
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list Event #			Amount	
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list Event #			Amount	
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	If yes, list Event #			Amount	
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	If yes, list Event #			Amount	
				TOTAL SE	CTION	F	\$0	
	nsferred from Affilia	ted Labor	Union o	r Other Organi	Statistical contracts			
Date of Receipt		Date of Receipt				Date of Rece	eipt	
Amo	ount		A	mount			Amount	1 0 2
				TOTAL SEC	TION G	n/a		\$ II
H	. Personal Funds of	the Candi	date Rec	eived this Perio	od (Cand	idate Com	umittees ONLY)	
Date of Receipt	Method of payment:			_			Amou	nt
Date of Receipt	Method of payment:		Personal Che	eck Cred	dit/Debit Ca	ard	Amou	
Date of Receipt	☐ Cash		Personal Che	eck 🔲 Cred	dit/Debit Ca	ırd	Amou	iii
Date of Receipt	Method of payment:		Personal Che	eck 🔲 Cred	dit/Debit Ca	ırd	Amou	nt
Date of Receipt	Method of payment:				· · · · · · · · · · · · · · · · · · ·		Amou	nt
	☐ Cash		Personal Che	eck 🛘 Cred	dit/Debit Ca	ard		
				TOTALS	SECTIO	NH	\$0	
		I. An	ionymou	s Contribution	S			
amou	er Public Act 11-48, ant. If a committee nmediately remit the	receives a contribut	n anony: tion to th	mous contribut	tion, the	campa	ign treasurer shal	1

Revised January 2015	I. MONE IARY RECEIPTS (Sec	ctions A-	<u>—К)</u>		rage / Ot 1/
······································	lete Name as Registered with Filing Repository)			REPORT	
DiGiovanni Election Commi	ittee 2021		Janua	ry 10th Filing	
	J. Interest from Deposits in Authorized	Accounts	S		
Name of Institution		I	Date Rece	ived	Amount
Street Address	City	Sta	ite	Zip Code	
Name of Institution			Date Rece	ived	Amount
Street Address	City	Sta	te	Zip Code	
	TOTAL S	ECTION	J	\$0	
K.	Miscellaneous Monetary Receipts not Conside	ered Con	tribut	ions	
Name		,	Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			1		7 7
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			1		2021
Name			Date	e of Transaction	Amount Received
Street Address	City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Description	L		<u> </u>		
Name			Date	of Transaction	Amount Received
Street Address	City	<u> </u>	State	Zip Code	
Description	L		<u> </u>		
	TOTAL SECT	ION K		\$0	
SUMM	MARY OF OTHER MONETARY RECEIPTS	(Sections	s D th	rough K)	
Total Loans Received this Period ((Section D)			\$0	
Γotal Receipts from Entities other t	than Individuals or Other Committees (Section E)		+	\$0	
Гоtal Amount Transferred from A	ffiliated Business Treasury (Section F)		+	\$0	
Γotal Amount Transferred from A	ffiliated Labor Union or Other Organization Treasury (S	Section G)	+	\$0	
Total Amount of Personal Funds of	f the Candidate Received this Period (Section H)		+	\$0	
Total Amount of Interest from Dep	posits in Authorized Accounts (Section J)		+	\$0	
Total Miscellaneous Monetary Rec	ceipts not Considered Contributions (Section K)		+	\$0	
(A	Total of Other Mandd Sections D through K) (Enter total on Line 15, Column A of				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (P	TYPE OF REPORT								
DiGiovanni Election C			January 10th Fil	ing					
	L1. Even	t Information							
Event # Date of Event Letter	Description			Was this a fun Yes	draising event?				
Location: Street Address		City	1	State	Zip Code				
Subpart 1: (All Committe Was this event hosted at a			5 In-Kind Donations nuse Party and complete st(s) for food, beverage a	e required infor					
	goods or services donated by a business entity ated by an individual of up to \$100?	ty							
Was this fundraiser a tag so with purchases from an inc	ale, auction, or other sale of donated items lividual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Rec ☐ No	ceipts here.)	\$					
	ttees, Municipal Candidates and Political Comm divertising space in a program book or on a undraiser?	☐ Yes (If yes, go to Section L	Committees) 3 Purchases of Advertiplete required informa		Program Book				
Subpart 3: (Town Comm Did your committee sell for gathering held within the s	ood or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Red	ceipts here.)	\$					
Event # Date of Event Letter	Description			Was this a fun	ndraising event?				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this event hosted at a	•		5 In-Kind Donations n use Party and complete st(s) for food, beverage a	e required infor					
	goods or services donated by a business entity ated by an individual of up to \$100?	☐ Yes (<i>If yes</i> , go to Section I and complete required ☐ No		not Considered	Contributions				
Was this fundraiser a tag s with purchases from an inc	ale, auction, or other sale of donated items dividual of up to \$100?	☐ Yes (If yes, enter Total Red	ceipts here.)	\$					
Subpart 2: (Party Commit Were there purchases of a sign associated with this fo	ttees, Municipal Candidates and Political Comm dvertising space in a program book or on a undraiser?	☐ Yes (If yes, go to Section I.			Program Book				
Subpart 3: (Town Committee sell for gathering held within the s	ood or beverage at a fair or similar mass	☐ Yes (<i>If yes</i> , enter Total Rec ☐ No	ceipts here.)	\$					
SUBTOTAL Section	L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page	\$0					
		ion L1—Subpart 3 <i>(Town Comm</i> ipts from Food Purchases —		\$0					
		TOTAL of additional Section	n L1 Pages	\$0					
		IPTS FROM SMALL PU	COLOR-R 00000 00000000000000000000000000000	\$0					

\$0

II. EVENT ACTIVITY (Sections L1—L5)

		8, effective January 1 om a committee tag s						
NAME OF COMMI	TTEE Provide Complete Nan	ne as Registered with Filing Reposit	orv)		TYPE OF REPO	RT		
	tion Committee 2021	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	A CAN CONTRACTOR STREET, STREE		January 10th		g	
	1.3. P	urchases of Advertising	ng in a Prog	ram Book or o			<u> </u>	
Name of Purchaser					(1) 11 × 1 5 11	Purcha	se Made By:	-5414334 (4624 1135 4 2534)
						☐ Bt	usiness Entity	☐ Other
						☐ In	dividual/Sole P	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purcha	ıse	Amount of Si	ion Purchase
					-61 man 1 m 2 m 1 m			en y tel visitor
Name of Purchaser							se Made By:	-
							ısiness Entity dividual/Sole P	Other
Street Address	 		City			L in	State	Zip Code
on our radioss			City				Siate	
						r		<u> </u>
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Si	gn Purchase
								E m
Name of Purchaser						Purcha	se Made By:	+0
						☐ Bi	usiness Entity	☐ Other
						☐ In	dividual/Sole F	Proprietorship
Street Address			Citý				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Si	gn Purchase
								•
Name of Purchaser							se Made By:	 04
						_	usiness Entity dividual/Sole F	Other
Street Address			City			111111		Zip Code
								1
			<u> </u>				<u> </u>	
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of Si	gn Purchase
Name of Purchaser				······		Purcha	se Made By:	
						□Bı	usiness Entity	☐ Other
						☐ In	dividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purcha	ase	Amount of Si	ign Purchase
	SUBTOTAL Sec	ction L3 Total Purchases of	f Advertising in	Program Book -	— This Page	9	80	
						4	. -	
	SUBTO	TAL Section L3 Total Purc	chases of Adver	rtising on a Sign -	— This Page	9	\$ 0	
			TOTAL	£.] 1122 - 1 G	Ta D			
			101AL 0	f additional Secti	on La Pages	,	\$0	
T	OTAL OF ALL PURC	HASES OF ADVERTISIN	NG IN A PROG	GRAM BOOK or	ON A SIGN		ΦΩ	

(Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	EE (Provide Complete Name as	s Registered with Filing Repos	iitory)	Т	YPE OF REPOR	RT.		
DiGiovanni Elec	ction Committee	2021		J	anuary 10	th Filin	g	
	L4.	. In-Kind Donation	ns Not Consi	dered Contributi	ons			
Name of Donor								
Street Address			City			'	State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair Ma	arket Val	ue of Donation
☐ Individual				14 1/1 6	1	_		
Sole Proprietorship	Date Received	Event #		Aggregate Value for t	nis Event			
Name of Donor								
Street Address			City			13	State	Zip Code
Silver Address			City				State	Lip Soul
D. die D.	I Description of Description			·		<u> </u>	<u> </u>	
Donation Given By: Business Entity	Description of Donation					Fair Ma	arket Va l	ue of Donation
☐ Individual	Date Received	Event #		Aggregate Value for t	his Event	-		
☐ Sole Proprietorship	Date Received	BY OIL II		1155105410 14140 101 1	1111 11 VIII			
Name of Donor							95000	
							de de la companya de	82 [
Street Address			City				State	Zip Code
						İ		
Donation Given By:	Description of Donation					Fair M	arket Val	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event#		Aggregate Value for this Event				
Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair Ma	arket Val	lue of Donation
☐ Business Entity								
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for the	his Event			
E Solo Trophiciolomp		l .						
		SU	JBTOTAL Sect	ion L4— This Page	•			
					\$0			
		ТО	TAL of additio	nal Section L4 Pages	\$0			
TO	FAL OF ALL IN WINE	DONATIONS NOT	CONSIDERED	CONTRIBUTIONS		77207		
101	TAL OF ALL IN-KIND	DONATIONS NOT (Enter total on Line 2)						
Parameter and the Parameter an								

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	wide Complete Name as Registered with Filing Repost	itory)			TYPE OF REPORT			
DiGiovanni Election					January		ing	
L5.)	In-Kind Donations Not Consider	ed (Contributions Associa					
Name of Host				committee?	supporting mo Yes No mplete Itemiza)	e candidate or endum L5	
Street Address			City	L		State	Zip Code	
Description of Donation					Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this ho</i>	ost/candidate				
Name of Host				committee?)	e candidate or endum L5	
Street Address			City	<u> </u>		State	Zip Code	
						T)	カ	
Description of Donation					Fair Mar	ket Value o	f Donation 1	
		1					- m	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events— <i>this ho</i>					
Name of Host				Is this event	supporting me	ore than on	e candidate or	
				committee?	☐ Yes ☐ No mplete Itemiza		'	
Street Address			City	1	•	State	Zip Code	
Description of Donation					Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	TAG	gregate Value of all Events—this ho	ant/anndi data	-			
Byeni #	Aggregate value of this Event—att nosts	Ag	gregate value of an Events—ims m	spcanaiaaie				
Name of Host				Is this event sommittee?	supporting mo	ore than on	e candidate or	
				l .	mplete Itemiza		endum L5	
Street Address			City	•		State	Zip Code	
					1	L		
Description of Donation					Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			·	
		SUE	BTOTAL Section L5 —	This Page	\$0			
	Te	от⊿	AL of additional Section	L5 Pages	\$0			
TOTAL OF ASSOCIATED WITH A	FALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on L		ONSIDERED CONTRI 22, Column A of Summary 1		\$0			
-								

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with 1	Filing Repositor	y)			TYPE OI	REPORT			
DiGiovanni Election Committe	e 2021						Janua	ry 10th Filing	3		
			M. In-K	ind Cont	rik	outions					
Name											
Street Address				C	City				State	Zip Code	
Type of contributor:	Date Recei	ved	Aggregate Con	tributions	Т	Description of In-Kind (Contribution		1	L	
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, Yes	If contri	bution is in e	excess of \$400	to a candida	te f	or a chief executive o	fficer of a	municipality,			
or dependent child of a lobbyist?		tributor or b t more than		e is associated		ith have a contract wi ☐Yes ☐No	th said mu	nicipality		Iarket Value Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal indicate which rnment the cor	i branch or b	oran	ctor or prospective stanches Executive		□No			
Name	J							L	,,,		
								······	I a	17: 0	
Street Address				C	City				State	Zip Code	
Type of contributor:	Date Recei	ved	Aggregate Con	tributions		Description of In-Kind	Contribution				
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh		ed v	for a chief executive with have a contract w Yes No			Fair N of this	Aarket Value Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # Section L1? No of government the contract is with: Is contributor a principal of a state contractor or prospective state contractor? If yes of government the contract is with: Executive Legislative								telati di dina ancide dina ancima peri			
Name		<u></u>						<u> </u>		2 5	
Street Address				C	City				State	Zip Code	
Type of contributor:	Date Recei	ved	Aggregate Con	tributions	П	Description of In-Kind (Contribution			 	
☐ Individual / Sole Proprietorship ☐ Other					ł						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh		ed v	for a chief executive with have a contract way. Yes No			Fair Market Value of this Contribution		
Is this contribution associated with an event reported listed in Section L1? If ves, list Event #	☐ Yes ☐ No	Is contribut If yes, i		branch or b	ntrac	ctor or prospective sta		☐ No			
If yes, list Event#		or gover	innent the con	iliact is with.		☐ Executive		1170			
			SUI	BTOTAL S	ect	tion M — This Pag	çe	\$0			
			TOTA	AL of addit	ion	nal Section M Page	es	\$0			
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS Œ	nter total on L	ine 23, Colum	ın A	1 of Summary Page To	tals)	\$0			
	N.	Refunc	lable Dep	osit to Te	ler	phone Compan	y	044			
Last Name of Individual	paragrafika ar ara anji u		and and expendent all heads # 19	First	S. O.S.	•		MI :	Date Deposit	Made	
Residential Street Address			City				State	Zip Code	1		
							3.000	24	. A	Amount of Deposit	
		·								-	
Name of Telephone Company											
Street Address			City				State	Žip Code	\dashv		
					9847549		engari		<u> </u>		
TOTAL SE	ECTION	N (Enter i	total on Line 2	24, Column A	1 <i>of</i>	Summary Page Tota	ıls)	\$0			

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)	•	ТҮРЕ	OF REPORT			
DiGiovanni Election Committee 2021				January 10th Filing			
	P. Expenses	Paid by Committee					
Name of Payee			Date of			Payment:	
	Gene DiGiovanni, Jr		12/3	30/21	☐ Check # 1003 ☐ EFT		
Street Address		City			State	Zip Code	
77 8th St		Derby)orby			06418	
Purpose of Expenditure	Description	Derby	Event #			Amount	
(by code)	Remburse candidate		001	2521A		Amount	
RMB			<u> </u>	32 IA	\$920.57		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)				
	None of the below Coordinated with reimbursement sought (joint expenditur	e) 🔲 Indepen	dent.				
	☐ Coordinated without reimbursement sought (in-kind contr						
Name of Payee			Date of	Payment	Method of	· 1	
					☐ Check ☐ Debit		
Street Address		City			State	Zip Code	
					ກີ	ji Shopay	
Purpose of Expenditure	Description	<u> </u>	Event #		100.000		
(by code)					CONCERNO AND		
Expenditure #		1 ((3)	1 1 1			remain manager	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	ed unless "None of the below" is checked)				EIVE	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure)	e) Indepen	dent		red winds ruce	292	
	☐ Coordinated without reimbursement sought (in-kind contr	ibution)		BOCOD	E CONTRACTOR CONTRACTO		
Name of Payee			Date of	Payment	Methodlof ☐ Check	-	
			İ		☐ Debit		
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description	k	Event#			Amount	
(by code)]		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" i	s checked)		1		
(if applicable)	□ None of the below				<u> </u>		
	☐ Coordinated with reimbursement sought (joint expenditu						
Name of Payee	Cooldinated without felinbursement sought (in-kind con	Organiz		B OC O D	Method of	Payment:	
Ivalic of Fayee			Battoon	1 ay moin	Check	•	
					☐ Debit		
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checked)		1		
(if applicable)	None of the below						
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind control of the	,		Восор			
		SUBTOTAL Section P -		\$920.57	<u> </u>		
TOTAL at allies of section P. Donos							
	TOTAL OF ALL EXPE			\$0			
		e 19, Column A of Summar		\$920.57			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing R	epository)		TYPE OF REPORT			
DiGiovanni Election Committee 2021			January 10th Filing				
		n Expenses Paid by Can	didate	e			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimb	ursement claimed?	
						Yes 🔲 No	
Street Address		City		.1	State	Zip Code	
Purpose of Expenditure	Description		Event	#		l Amount	
(by code)							
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?		
					Yes 🔲 No		
Street Address		City			State	Zip Code	
ı							
Purpose of Expenditure	Description		Event	· #		 Amount	
(by code)	Description			•			
Name of Paves (Name of I	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
1.amo of I ayou (vaine of v	, A cross or Lamey who commune pun uneccey)					Yes No	
Gr. (A.3.)		Tax		D D		_	
Street Address		City		A O	State	Zip Code	
				<u> </u>			
Purpose of Expenditure (by code)	Description		Event	0 202		Amount	
				202			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Paymen	Is reimb	oursement claimed?	
				-		Yes 🔲 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event	t#		Amount	
(by code)							
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
				☐ Yes ☐ No			
Street Address City		City			State	Zip Code	
Purpose of Expenditure	Description		Event	t#		Amount	
(by code)							
Name of Payee (Name of I	endor, Person or Entity who candidate paid directly			Date of Payment	To raimh	oursement claimed?	
rvaine of Layeo (vaine of)	enter, I esser of Entry who cultitude put unrecity)			Bub of Luymon		Yes No	
Street Address		LCit					
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	t #		Amount	
(by code)	Description		I VOIN			. moult	
		SUBTOTAL Section Q	— Thi	is Page \$0			
		TOTAL of additional Sec	tion Q	Pages \$0			
		L EXPENSES PAID BY C					
	(Enter tota	al on Line 26, Column A of Summo	ıry Page	e ⊥otats)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository,)	TYPE OF F	REPORT			
DiGiovanni Election Committee 2021			January	January 10th Filing			
	R. Expenses Incurre	ed on Committee Cre	dit Card				
Name of Issuing Institution Type of Credit Card:							
		☐ Visa ☐ Master C	ard Discover	☐ America	n Express	Other:	
Name of Vendor, Person or	r Entity				Date of T	ransaction	
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 None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind co						
Name of Vendor, Person of	r Entity				Date of T	ransaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Ampûnt III E O — III	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R 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					E VED	
Name of Vendor, Person o	r Entity				Date of T	ransaction	
Street Address		City		alexander ann an	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) 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						
	S	UBTOTAL Section R —	This Page	\$0			
	TO'	TAL of additional Section	ı R Pages	\$0			
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CRED ne 27, Column A of Summary		\$0			

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
DiGiovanni Ele	ction Committee 2021		January 10th Fil	ing			
	S. Expenses Incurred by Comm	nittee but Not Paid Duri	ng this Period				
Name of Creditor				Date Incu	rred		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required and None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	☐ Independent Undependent ☐ Organization:	ked) OAOBOCOD				
Name of Creditor				Date Incu	rred		
Street Address		City	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	Zip Code		
Purpose of Expenditure (by code)	Description	Event	#		nount Incurred		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	Independent Organization:	ked) OAOBOCOD	Complete Inches Comment Strategic Comments of the Comments of	0 1 0 2		
Name of Creditor			<u> </u>	Date Incu	rred \$ M		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description	Event			nount Incurred stimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	☐ Independent ture) ☐ Organization:	ked) OAOBOCOD				
		SUBTOTAL Section S-This	s Page \$0				
	Т	OTAL of additional Section S	Pages \$0				
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT NOT ine 28, Column A of Summary Pag	7979 CARAMAGA AKONA				
	Previously reported Exp	enses Unpaid and still Outstar	nding \$0				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BUT NO ne 28a, Column A of Summary Pag	Carro 439 (1884) (1884) (1884)				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Reposito	ory)		TYPE	OF RE	PORT			
DiGiovanni Electi		January 10th Filing				g	ببنند		
	T. Itemization of Reim	bursements	and Secondar	v Pave	ees				
Last Name of Worker/Cons		First		•		MI	Date of Payment to Vendor, Person or Entity	,	
Name of Vendor, Person or			r		n Section P:	Committee Worker/Consultant Debit Card			
Street Address of Vendor, l	Person or Entity Paid by Committee Worker/Consultant	City				· · · · · · · · · · · · · · · · · · ·	State Zip Code		
Purpose of Expenditure (by code)	Description		Ever	nt#			Amount		
Expenditure # (if applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint exp	Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) one of the below ordinated with reimbursement sought (joint expenditure)							
Last Name of Worker/Cons	sultant	First				MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			r		n Section P:	Committee Worker/Consultant Debit Card EF		
Street Address of Vendor, l	Person or Entity Paid by Committee Worker/Consultant	City					State Zip Code		
Purpose of Expenditure (by code)	Description		Ever	nt #			Amount		
Expenditure # (if applicable)						ос о р	1 0 2023 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				ı		n Section P:	Committee Worker/Consultant Debit Card El		
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State Zip Code		
Purpose of Expenditure (by code)	Description		Eve	nt#			Amount		
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					е		\$0		
TOTAL of additional Section T Pages				s	\$	\$0			
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				S	\$0				
Type text here									