SEEC FORM 20

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

RECEIVED TOWN/CITY CLERK DEPRY, CT

2021 OCT 26 PM 1:45

		COVI	71 \ 1.7		÷	
1. NAME OF COMMITTEE				Walter of California and Con-		
DiMartino For Derby 2021						
2. TREASURER NAME						
First		MI	Last			Suffix
Ryan		D	Toffey			
3. TREASURER ADDRESS						
Street Address		Cit	•		State	Zip Code
8 1/2 B Talmadge St.		D	erby		CT	06418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete on	ly if Candidat	e Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/02/2021	Mayor					(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorator					
First		МІ	Last			Suffix
Joseph		L	DiMar	tino		
8. TYPE OF REPORT (Check One Box)						
O January 10 filing	7th day preced	ding primary	○ 7th	day preceding referendum	Initial Con	tribution or Disbursement
April 10 filing	30 days follow	ving primary	O 45	days following referendum	Amendme	
July 10 filing	7th day preced	ding election	O De	ficit	Type of Re	port:
October 10 filing	12th day prece		○ Ter	rmination		
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No					
9. PERIOD COVERED						
	Beginning Da	te		Ending Date		
	October 1, 202	1	thru	October 24, 2021		
10. CERTIFICATION						
I hereby certify and state, under posselosure Statement for the pe					nis Itemized Ca	mpaign Finance
1-17/		Ry	an Toffey	/		10/26/2021
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	PR	INT NAME	OF SIGNER	W. Mary and Control of the Control o	DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Page 1 of 17

221 01 125 m 146

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	4,671.40	
13. Contributions Received from Individuals (Sections A and B)	975.00	11,580.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	975.00	11,580.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5,646.40	11,580.00
19. Expenses Paid by Committee (Section P)	2,258.02	8,191.62
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3,388.38	3,388.38
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	n la facilità	2.2	TYPE OF REPORT	na Piper		
DiMartino For Derby 2021		· ·		7th day preceding election			
A. Total Contributions from Sm (See instructions for definition of Small Co			Period ONLY TAL SECTION A	\$			
	B. Itemized Co		ions from Indivi	duals			
Last Name Heller		First Bet	h			MI	
Residential Street Address		City			State	Zip Code	
6 Hunter's Ridge		Woodb	oridge		CT	06525	
Principal Occupation		<u> </u>	Name of Employer	W. r.			
First Selectman		7	Town of Woodbrid	lge	2021 2021	199728 am 184	
or dependent child of a lobbyist? O No	contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to						
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or bra		_ No			
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	d OPayroll Deduction OMoney	/ Order	10/4/2021	100.00			
Last Name		First	-			MI	
Vicidomino		Lau	ırel 				
Residential Street Address		City			State	Zip Code	
19 Falcon Drive Principal Occupation		Seymo			СТ	06483	
Retired		- 1	Name of Employer				
			Retired				
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associat	ted with have a contract Yes No	with said municipality		ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		inch or bra	anches	te contractor? Yes O Legislative			
Method of Contribution:				Aggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card	d Payroll Deduction Money	Order	10/4/2021	100.00			
Last Name		First	-			MI	
Hoyle			ford		T =	P	
Residential Street Address		^{City} Ansoni	ia		State	Zip Code	
34 High Acres Rd. Principal Occupation		L	Vame of Employer			06401	
Attorney			Hoyle & Sponhein	ner			
or dependent child of a lobbyist? No lo	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am o	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or bra		e contractor? O Legislative			
Method of Contribution:	_		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	d OPayroll Deduction OMoney	Order '	10/7/2021	200.00			
	SUBT	ΓΟΤΑL	Section B — This	Page 300.00			
	тотаі	L of add	itional Section B I	Pages			
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line		IDUALS (Sections A on A of Summary Page				

Section B ADDITIONAL PAGE 3A of ____

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT				
DiMartino For Derby 2021			7th day preceding election			
A. Total Contributions from Sn (See instructions for definition of Small Co		ed this Period ONLY SUBTOTAL SECTION A	\$			
	B. Itemized Cor	ntributions from Indivi	duals			
Last Name Coppolo		Brian			MI	
Residential Street Address 14 Cornerstone Drive		City Derby		State CT	Zip Code 06418	
Principal Occupation Firefighter		Name of Employer City of Bridgepor	t	757	. 987 28 28	
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she	is associated with have a contract		y, Amo	ount of Contribution	
Is this contribution associated with an	valued at more than \$5,000? Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac		☐ No		100.00	
Method of Contribution: Ocash OPersonal Check Ocedit/Debit Ca		Date Received	Aggregate Contributions 100.00			
Last Name Scalettar		First Ellen		l	MI	
Residential Street Address 1265 Racebrook Rd.		City Woodbridge		State CT	Zip Code 06525	
Principal Occupation Retired		Name of Employer Retired				
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			y, A mo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?	es Is contributor a principal of a s		ate contractor?			
Method of Contribution: ○Cash ○Personal Check □ Credit/Debit Ca		Date Received	Aggregate Contributions 100.00			
Last Name Betkoski		First John		<u> </u>	MI	
Residential Street Address 118 Munson Rd		City Beacon Falls		State CT	Zip Code 06403	
Principal Occupation Utility Commissioner		Name of Employer State of Connect	icut		1	
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			y, Am 75.	ount of Contribution	
Is this contribution associated with an Y			□No			
Method of Contribution: ○ Cash ○ Personal Check □ Credit/Debit Ca		Date Received	Aggregate Contributions 75.00			
	SUBT	OTAL Section B — This	Page 225.00	<u> </u>		
	TOTAL	of additional Section B	Pages 300.00			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Sections 13, Column A of Summary Page				

Section B ADDITIONAL PAGE 3B of ____

NAME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repository)			TYPE	OF REPORT	W. W.		in the state of th
DiMartino For Derby 2021				7th d	7th day preceding election			
A. Total Contributions from Small (See instructions for definition of Small Contri			his Period ONLY OTAL SECTION A	\$				
	B. Itemized Cor		outions from Indivi	duals		÷ ;		
Last Name Fusco			_{irst} Linda					MI
Residential Street Address 10 Platt Street		City Der	by			State CT	Zip (1 Code 418
Principal Occupation Retired			Name of Employer Retired				100	The second secon
or dependent child of a lobbyist?	ontribution is in excess of \$400 to contributor or business he/she are at more than \$5,000?					Amount of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	ontractor or prospective state branches	e contrac	☐ No			
Method of Contribution:	Downell Deduction (Manual	01	Date Received . 10/10/2021	Aggrega 375.	e Contributions			
Cash	Payroll Deduction OMoney		irst	070.				МІ
Ciarleglio			Stephanie					1011
Residential Street Address 166 Center Rd.		City Woo	odbridge			State CT	Zip (Code 525
Principal Occupation Town Clerk			Name of Employer Town of Woodbrid	dge			.l	
or dependent child of a lobbyist?	ontribution is in excess of \$400 ts contributor or business he/she is ed at more than \$5,000?					Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which brar of government the contract	nch or	branches	te contra	Ŭ No			
Method of Contribution: Cash ○Personal Check □ Credit/Debit Card ○	Payroll Deduction Money	Order	Date Received 10/12/2021	Aggregat 50.0	e Contributions O			
Last Name Gentile		1	irst Linda					MI
Residential Street Address 158 Hodge Ave.		City Ans	sonia			State CT	1 -	Code 6401
Principal Occupation Retired			Name of Employer Retired				. 1	
or dependent child of a lobbyist?	ontribution is in excess of \$400 ts contributor or business he/she and at more than \$5,000?					, Am o 50.		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or	branches	e contrac	ŬNo			
Method of Contribution: ○ Cash ○ Personal Check □ Credit/Debit Card ○	Payroll Deduction OMoney	Order	Date Received 10/19/2021	Aggrega 50.00	te Contributions)			
	SUBT	OTA	AL Section B — This	Page	200.00			
megerary and a second s	TOTAL	of a	ıdditional Section B I	Pages	525.00			
TOTAL OF ALL O	CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A		725.00			

Section B ADDITIONAL PAGE 3C of ____

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	t strik	12787A (1.11) K F (1	TYPE	OF REPORT	- Mag	1.414	
DiMartino For Derby 2021				7th day preceding election				
A. Total Contributions from Sn (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$				
Last Name LaJeunesse	B. Itemized Con	Firs	utions from Individual st larcel	duals				MI
Residential Street Address 52 Old Sentinel Hill Rd.	C.I.)					State CT	Zip 0	Code 418
Principal Occupation Police			Name of Employer City of Derby			24.25 E. S.	u Lūj	128 pg 12
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount of	Contribution
	Yes Is contributor a principal of a s If yes, indicate which brar of government the contract The Payroll Deduction Money	nch or b	ranches	OLeg	islative No			
Last Name DiLullo		Firs	l eronica	<u> </u>		_l		MI
Residential Street Address 120 Park Ave. Apt A		City Derb	у			State CT	Zip (I Code 418
Principal Occupation Teacher			Name of Employer Norwalk Public So	chool	L			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					Amo		Contribution
Is this contribution associated with an event reported in Section L1?		nch or b	oranches	_	Ŭ No			
Method of Contribution: OCash OPersonal Check □ Credit/Debit Car	rd Payroll Deduction Money	Order	Date Received 10/22/2021	Aggrega 50.0	te Contributions O			
Last Name Hoyle		Firs	st Clifford					MI
Residential Street Address 34 High Acres Rd.		City Anso	onia			State CT	Zip 0	Code 401
Principal Occupation Attorney			Name of Employer Hoyle & sponhein	ner			L	
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? N If yes, list Event #		nch or b	ranches	e contrac	Ŭ No			
Method of Contribution: ○ Cash ○ Personal Check □ Credit/Debit Car	rd OPayroll Deduction OMoney	Order	Date Received 10/24/2021	Aggrega 250.0	te Contributions 00			
	SUBT	ГОТА	L Section B — This	Page	200.00	,		
	TOTAL	of ad	lditional Section B I	Pages	725.00			_
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A		925.00			

Section B ADDITIONAL PAGE 3D of _____

	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					
DiMartino For Derby 2021				7th day precedin	g electi	on
A. Total Contributions from Small (See instructions for definition of Small Contrib			s Period ONLY OTAL SECTION A	\$		
	R Itemized Cor	ntrihu	itions from Indivi	dnals		
Last Name	D. Hemizea Con	Firs		uuais		MI
DiMartino		K	arissa			
Residential Street Address 12 Finney Street Extension		City Anso	nia		State CT	Zip Code 06410
Principal Occupation Bookkeeper			Name of Employer Shoprite		- - - - -	
or dependent child of a lobbyist?	ntribution is in excess of \$400 the contributor or business he/she at more than \$5,000?				y, Am o	ount of Contribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or b	tractor or prospective stat	e contractor? Yes		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check □Credit/Debit Card O	Payroll Deduction OMoney	Order	10/24/2021	250.00		
Last Name		Firs	t			MI
Residential Street Address		City			State	Zip Code
Principal Occupation			Name of Employer			
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 t contributor or business he/she id at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No No If yes, list Event #	Is contributor a principal of a s If yes, indicate which brain of government the contract	nch or b	ranches	te contractor? O Legislative	S	
Method of Contribution:	or government the contract	ot 15 Will	Date Received	Aggregate Contributions		
OCash OPersonal Check Ocredit/Debit Card C	Payroll Deduction	Order				
Last Name		Firs	st	I		MI
Residential Street Address		City			State	Zip Code
Principal Occupation			Name of Employer			. L
or dependent child of a lobbyist? O No does	ntribution is in excess of \$400 t contributor or business he/she d at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No Myes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or b	ranches	te contractor? OLegislative		
Method of Contribution:			Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney	Order				
	SUBT	OTA	L Section B — This	Page 50.00		
	TOTAL	ر of ad	ditional Section B l	Pages 925.00		
TOTAL OF ALL C	CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections Aumn A of Summary Page			

		lete Name as Registered	with Filing Repos	nory	that is the first district the second to the	TYPE OF REPORT		
Name of Committee		C1. (Contributio	ons from (Other Col			
Name of Committee					Name of 1	leasulei		
Address				Is this con event repo	Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #			Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee			,	<u> </u>	Name of T	reasurer		
Address				Is this con event repo	rted in Section	ciated with an Yes No n L1? 2s, list Event #	Amount of	Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee					Name of T	reasurer		
Address				Is this con event repo	rted in Section	ciated with an Yes No n L1? zs, list Event #	Amount of	Contribution
City		State	Zip Code	Date Re		Aggregate Contributions		
	Ca	n : 1		1				
		Keimbursemen	its or Surp	lus Distril		om other Committees		
Name of Committee		Reimbursemen	its or Surp	lus Distril	Name of T	2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		Keimbursemen	its or Surp	lus Distril		2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State	Zip Code
Address		Payment Type	nent for shared	City		reasurer		Zip Code of Receipt
Name of Committee Address Date Received Description	Expenditure #	Payment Type		City	Name of T	reasurer		
Address Date Received Description	Expenditure # (if applicable)	Payment Type		City	Name of T	ribution		
Address Date Received	Expenditure # (if applicable)	Payment Type		City	Name of T	ribution		
Address Date Received Description Name of Committee	Expenditure # (if applicable)	Payment Type OReimbursen Payment Type	nent for shared	expense C	Name of T	ibution	Amount	of Receipt
Address Date Received Description Name of Committee Address Date Received	Expenditure # (if applicable)	Payment Type OReimbursen Payment Type	nent for shared	expense C	Name of T	ibution	Amount	of Receipt
Address Date Received Description Name of Committee Address Date Received	Expenditure # (if applicable)	Payment Type OReimbursen Payment Type	nent for shared	expense C	Name of T	ribution	Amount	of Receipt
Address Date Received Description Name of Committee	Expenditure # (if applicable)	Payment Type OReimbursen Payment Type	nent for shared	City expense C City	Name of T Surplus Distr Name of T	reasurer reasurer reasurer stribution	Amount	of Receipt

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)		TYPE OF	REPORT	
Name of Lender	D. Loans Rec	ceived this Period			Date of Receipt
		1	ndidate 🔘 Individua		bute of receipt
Street Address	City	l	State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				1	Amount Received
Street Address	City		State	Zip Code	2821 95 25 25 25
Name of Lender		Source of Loan: Bank Can	ndidate () Individua	1 Other	Date of Receipt
Street Address	City	I	State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u> </u>			1	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Can	ndidate 🔘 Individua	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				- !	Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECT	TION D		
	ties other than Individu	als or Other Com	ımittees (Referer	idum Committe	es ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	State	e Zip Code	Aggregate Contril	outions	
Name of Entity	I				
Street Address			Date Received		Amount Received
City	State	e Zip Code	Aggregate Contril	outions	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	e Zip Code	Aggregate Contri	butions	
		TOTAL SEC			

NAME OF COMMITTE	EE (Provide Complete Name as Regist	ered with Filing Repository)		TYPE OF REPO	ORT		
Ī	F. Amount Transferred	from Affiliated Busin	ness Treasury (Busin	ness Entity Comn	nittees ONLY)		
Date of Receipt	Is this transaction assoc event reported in Sectio		fyes, list Event #		Amount		
Date of Receipt	Is this transaction assoc event reported in Sectio	2 Tos 1/ yes, list Evolte //			Amount		
Date of Receipt	Is this transaction assoc event reported in Sectio	103 1/	<i>f yes</i> , list Event #		Amount		
Date of Receipt	Is this transaction assoc event reported in Sectio	9 103 1)	yes, list Event#		Amount		
			TOTAL SECTIO	NF			
					2021 OCT 26 pm 1		
G. Amount T	ransferred from Affilia	ted Labor Union or (Treasury (Or	ganization Committees ONLY)		
Date of Receipt		Date of Receipt		Date of Receipt			
	Amount	Amo	unt		Amount		
			TOTAL SECTION	G			
	H. Personal Funds of	the Candidate Receiv	ved this Period (Ca.	ndidate Committe	ees ONLY)		
Date of Receipt	Method of payment:				Amount		
	O Cash	Personal Check	Credit/Debit	Card			
Date of Receipt	Method of payment:	Personal Check	Credit/Debit	Card	Amount		
Date of Receipt	Method of payment:			· .	Amount		
	O Cash	Personal Check	Credit/Debit	Card			
Date of Receipt	Method of payment:				Amount		
	OCash	Personal Check	Credit/Debit	Card			
			TOTAL SECTION	ON H			
SECULAR CONTRACTOR OF THE PART	ENVINEEN PROPERTY ENGINEER PROPERTY ENGINEER PROPERTY AND A STATE OF THE PROPERTY OF THE PROPE	ASSECTION IN THE EXPENSION ASSECTION OF A SECTION OF A SE					
		I. Anonymous (Contributions				

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS	(Sections A—K)		Page 7 of 17
NAME OF COMMITTEE (Provide Comple		ta in tale and the second of the second of	F REPORT	
			125 A 7 1 7 2 12 1 A 1 1 2 2 5 5 4 2 2	
	J. Interest from Deposits in Author	rized Accounts		
Name of Institution		Date Rec	eeived	Amount
Street Address	City	State	Zip Code	
Name of Institution	1	Date Rec	eived	Amount
Street Address	City	State	Zip Code	
	TOT	AL SECTION J		
K	Miscellaneous Monetary Receipts not Co	onsidered Contribu	tions	
Name		nnese, kundunggan sakut ga en dang sangda sakut	te of Transaction	Amount Received
			Ta: 0.1	
Street Address	City	State	Zip Code	
Description				
				COCTANT TO NU TER
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		l		
		I.D.	A - CT	
Name		De	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Sescription				
	TOTALS	SECTION K		
SUMM	ARY OF OTHER MONETARY RECEI	PTS (Sections D th	rough K)	
Total Loans Received this Period (S	Section D)			
Γotal Receipts from Entities other t	han Individuals or Other Committees (Section E)	+		
Γotal Amount Transferred from Af	filiated Business Treasury (Section F)	+		
Total Amount Transferred from Af	filiated Labor Union or Other Organization Treas	sury (Section G) +		
	the Candidate Received this Period (Section H)	+		
Fotal Amount of Interest from Depo	osits in Authorized Accounts (Section J)	+		
	eipts not Considered Contributions (Section K)	+		
•	- \		1	

Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	·	t Information			
Event # Date of Event Letter	Description			Was this a fu OYes	ndraising event? O No
Location: Street Address	<u> </u>	City	-	State	Zip Code
Subpart 1: (All Committee Was this event hosted at	•	OYes (If yes, go to Section L5 Associated with a Hou purchases made by host No	se Party and complete	e required info	rmation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 and complete required in No			Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rece	ipts here.)	\$	TASCOPII DA
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commandvertising space in a program book or on a fundraiser?	mittees other than Exploratory of Oyes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti		ı Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	cipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fu	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a	•	OYes (If yes, go to Section L5 Associated with a Houpurchases made by host	se Party and complete	e required info	rmation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section La and complete required i		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Comm. Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory of Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti		ı Program Book
	nittees ONLY) Tood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rece	ipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — '	This Page		
		ion L1—Subpart 3 <i>(Town Committe</i> ipts from Food Purchases — 7			
		TOTAL of additional Section	L1 Pages		
	TOTAL OF ALL RECE	IPTS FROM SMALL PUR	RCHASES		

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*

	L3. P	urchases of Advertis	sing in a Prog	ram Book or on a Sign			
e of Purchaser			-		Purchas	e Made By:	
					OBus	siness Entity	Other
					OInd	ividual/Sole	Proprietorship
t Address			City			State	Zip Code
Received	Event #	Aggregate Purchas	an for All Events	LA (CD ALD. I.		4	<u> </u>
Received	Event #	Aggregate Furchas	ses for All Events	Amount of Program Ad Purcha	ase A		ign Purchase
	·)
e of Purchaser				•		e Made By:	^
					I I	siness Entity	_
					O Ind	I	Proprietorship
t Address			City			State	Zip Code
Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purcha	ise A	Amount of S	 ign Purchase
e of Purchaser					Purchase	e Made By:	
-					OBus	siness Entity	Other
					OInd	ividual/Sole	Proprietorship
t Address			City			State	Zip Code
Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purcha	ase A	Amount of S	ign Purchase
e of Purchaser					l	e Made By:	~ ~ .
					-	siness Entity	_
t Address		<u></u>	To:		Ulnd		Proprietorship
t Address			City			State	Zip Code
Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purcha	ase A	Amount of S	 ign Purchase
e of Purchaser					Purchase	e Made By:	
					=	siness Entity	Other
t Address			City		Oma	State	Proprietorship Zip Code
						State	
Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purcha	ase z	 Amount of S	ign Purchase
	SUBTOTAL Sec	tion L3 Total Purchases	of Advertising in	Program Book — This Page			
				tising on a Sign — This Page			
	SUBTO	IAL SECTION LO TOTAL FU	i chases of Auver	using on a sign — I this I age			

Name of Donor	L4	. In-Kind Donation	ons Not Cons	dered Contributions					
Name of Donor									
Street Address			City		S	state	Zip Code		
Donation Given By: Business Entity	Description of Donation				Fair Ma	rket Va	 alue of Donation		
◯ Individual ◯ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event					
Jame of Donor		•			:	2021 (
Street Address			City		S	state	Zip Code		
Donation Given By: Business Entity	Description of Donation	······································	<u> </u>		Fair Ma	rket Va	l alue of Donation		
○Individual ○Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event					
Name of Donor					I				
Street Address			City		S	State	Zip Code		
Oonation Given By: Business Entity	Description of Donation				Fair Ma	ırket Va	alue of Donation		
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event					
Jame of Donor					<u> </u>				
Street Address			City		S	State	Zip Code		
Oonation Given By: Business Entity	Description of Donation		I				Fair Market Value of Donation		
Individual Sole Proprietorship	Date Received	Event #		Aggregate value for this Event					
		S	UBTOTAL Sec	ion L4— This Page					
		TO	OTAL of additio	nal Section L4 Pages					
ТОЛ	'AL OF ALL IN-KINI			CONTRIBUTIONS Jummary Page Totals)					
				and the second s					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing R	epository)		TYPE OF RE	EPORT	
			1			
	L5. In-Kind Donations Not Consideration	lered Contributions As	sociated with a H	Iouse Par	ty	
Name of Host			committee?	OYes ON	lo	one candidate or
Street Address		Cite	If yes, co	mplete Itemiz		
Airect Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—this host/candidate	_		
					2021 O	
Name of Host			committee?	OYes ON	lo	one candidate or
			If yes, co	mplete Itemiz		
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—this host/candidate			
Name of Host			Is this event s	L supporting m OYes ON	ore than o	one candidate o
			If yes, co	mplete Itemiz	ation in A	ldendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
				}		
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—this host/candidate			
Name of Host			Is this event s	supporting m	ore than o	one candidate of
			1	mplete Itemiz		ldendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events-	—this host/candidate			
		SUBTOTAL Section L	.5 — This Page			
		TOTAL of additional Se	ection L5 Pages			
	AL OF ALL IN-KIND DONATIONS N ITH A HOUSE PARTY (Enter total o.	NOT CONSIDERED CON n Line 22, Column A of Sum	有数据的复数形式 医抗性性 医动物 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基			

III. NONMONETARY RECEIPTS (Sections M—O)

	gisierea wiin	Filing Repository)			TYPE	OF REPORT		
		M. In-Kind	Cont	ributions				
			C	ity			State	Zip Code
T								
does con	ntributor or l	business he/she is as						Aarket Value Contribution
8 Yes No	If yes,	indicate which bran	ich or b	ranches		ŎNo		
							9091 AA	To the second of
			C	ity			State	Zip Code
Date Recei	ved	Aggregate Contribution	ons	Description of In-Kind	Contributi	on		
does co	ontributor or	business he/she is a						Market Value Contribution
8 Yes No	If yes,	indicate which bran	ch or b	ranches	_	ŎNo		
			Ic	ity			State	Zip Code
	•			пу			State	Zip Code
Date Recei	ved	Aggregate Contribution	ons	Description of In-Kind	Contributi	on		
does co	ntributor or	business he/she is a						Market Value Contribution
8 Yes No	If yes,	indicate which bran	ch or b	ranches	_	QNo		
		SUBTO	ΓAL S	ection M — This Pa	ge			
		TOTAL of	faddit	ional Section M Pag	es			
TRIBU'	ΓΙΟΝS (E	inter total on Line 23	, Colum	n A of Summary Page T	otals)			
N.	Refund	lable Deposit	to Te	lephone Compai	ny			
		First		alic 🎩 : XXXXI valing i i i i i i i i i i i i i i i i i i		MI	Date Deposi	t Made
		City			State	Zip Code		Amount of Deposit
								- F. awar
							ŀ	
	Date Recei If contri does corvalued a Preservative of the control of the contro	If contribution is in does contributor or valued at more than Yes No Is contribution is in does contribution or valued at more than Pres No Is contribution or valued at more than Sream No Is contribution or valued at more than Date Received If contribution is in does contributor or valued at more than If contribution is in does contributor or valued at more than Sream No Is contribution or valued at more than Sream No Is contribution of gove	Date Received	Date Received	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 walued at more than \$5,000? Yes No Is contributor a principal of a state contractor or prospective s If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Description of In-Kind does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No Is contributor a principal of a state contractor or prospective st If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Description of In-Kind City Date Received Aggregate Contributions Description of In-Kind City Date Received Aggregate Contributions Description of In-Kind Section Manager of the Security of Security Securi	Date Received Aggregate Contributions Description of In-Kind Contribution of the c	Date Received	Date Received Aggregate Contributions Description of In-Kind Contribution

Page	13	of	1

Minuteman Press Street Address City Shelton City Operation Shire Sheeked) None of the below Coordinated with reimbursement sought (jeint expenditure) Correct Corr	E OF REPORT		TEE (Provide Complete Name as Registered with Filing Repository)	NAME OF COMMIT	
Name of Payee Description	day preceding election		erby 2021	DiMartino For De	
Minuteman Press 10/8/2021 Check at 2 City Shelton CT O64 Shelton CT O64 CT O65 CT O64 CT O65 CT O64 CT O65 CT O64 CT O65 CT O6		Paid by Committee	P. Expenses		
Specific Carl Specific Car	of Payment Method of Payment:	STATE OF THE STATE		Name of Payee	
Street Address City Shelton CT 064 Propose of Expenditure PRNT Walking Cards Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (ionic expenditure) City City Coordinated without reimbursement sought (ionic expenditure) City City Coordinated without reimbursement sought (ionic expenditure) City City	0// 0// 1		S	Minuteman Pres	
Amount A		City		Street Address	
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Expenditure # 17/9 optionably Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) 2021 OCT 2 2021 O	107.63		Walking Cards	PRNT	
Comcast Street Address 370 Whalley Ave New Haven	2621 OCT 26 PM 1	e) Independent	None of the below Coordinated with reimbursement sought (joint expenditure)	Expenditure #	
Debit Card State Zap C	1 -			Name of Payee	
State Address Ory New Haven City New Haven City New Haven City Overlow Overlow (Expenditure by code) Overlow of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (in-kind contribution) Name of Payee Organization None of the below City Prancis St. Description Mailer Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Organization Organizat			cast		
New Haven New Haven Street Address Description Description Wiff for Headquarters (set up and first month) 190.52		City		Street Address	
Purpose of Expenditure by code) OVHD Wiff for Headquarters (set up and first month) Expenditure # If applicable/ None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (in-kind contribution) Name of Payee Valley Publishing Street Address PRNT Street Address None of Expenditure # If applicable/ None of Expenditure # If applicable/ PRNT Street Address City Description Mailer Type of Expenditure # If applicable/ None of the below Coordinated without reimbursement sought (in-kind contribution) Description Mailer Type of Expenditure # If applicable/ One of Expenditure #	'			370 Whalley Ave	
Description	C1 06511				
OVHD Wiff for Headquarters (set up and first month) Sexpenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Organization Or	Amount	Ever	Description	by code)	
None of the below Coordinated with reimbursement sought (ioint expenditure) Organization A B C D D Date of Payment 10/14/2021 Description Mailer Type of Expenditure # (Itemization in Addendum P Required unless "None of the below" is checked) Name of Payee Date of Payment Description Des	190.52	th)	Wifl for Headquarters (set up and first mont	OVHD	
Name of Payee Valley Publishing Street Address Variety PRNT Payose of Expenditure by code) None of the below Coordinated without reimbursement sought (in-kind contribution) Name of Payee UI Street Address City Derby City Derby City Derby CT O64 A mou 1939.89 Method of Payment City Derby CT O64 Amou 1939.89 Method of Payment City Derby Independent Organization A B C D D Method of Payment Occardinated without reimbursement sought (in-kind contribution) Name of Payee UI Street Address City Drange City Orange Date of Payment 10/20/2021 Method of Payment Occardinated without reimbursement sought (in-kind contribution) Date of Payment 10/20/2021 Method of Payment 10/20/2021 Method of Payment 10/20/2021 Occardinated without reimbursement sought (in-kind contribution) Organization A B C D D Amou 19.98)в Ос Ор	e) Independent	None of the below Coordinated with reimbursement sought (joint expenditure		
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		e)	None of the below Coordinated with reimbursement sought (joint expenditure)	Expenditure # if applicable)	
TOTAL of additional Section P Pages		TAL of additional Section P	ТО		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) 2258.52					

Revised January 2015		i (DII CIED) (occions i	-)		6
NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	,	
	Q. Campai	gn Expenses Paid	by Candidate			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reim	bursement claimed?
						Yes 🔘 No
Street Address		City			State	Zip Code
bireet Hadress		City			State	Zip Code
Purpose of Expenditure (by code)	Description	-	Event	#		Amount
(by code)						
Name of Pavee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	I Is raim	bursement claimed?
	· ······, - ···········, · ··········			2 and of 1 aj mont		_
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(by code)	·				ಿನಿಗಿತ :	
					4941	90726 pm 12
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is rein	ibursement claimed?
					0	Yes 🔘 No
Street Address		City			State	Zip Code
			In .			
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		<u></u>	Date of Payment	Is rein	bursement claimed?
						Yes No
Street Address		City		<u> </u>	State	Zip Code
Street Fiduless		City			State	Zip Code
Purpose of Expenditure	Description		Event	#		Amount
(by code)						
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	To roins	abursement claimed?
rume of Layee (Fume by	remon, resum or Emaly who communic plan uncerty)			Date of Fayment		
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Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event	#		Amount
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Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is rein	bursement claimed?
						Yes 🔘 No
Street Address		City		<u></u>	State	Zip Code
D 07 1	To it.		The state of	и		
Purpose of Expenditure (by code)	Description		Event	#		Amount
		CALL THE WAY OF THE STATE OF TH				
		SUBTOTALS	ection Q — Thi	s rage		
		TOTAL COLUMN		S		
		TOTAL of additi	ional Section Q	rages	•	
	TOTAL OF AL	L EXPENSES PAI	D BY CANDII	DATE		
		tal on Line 26. Column A				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Rep	pository)		TYPE OF RE	PORT		
	R. Expenses Inc	curred on Com	mittee Credi	t Card			
Name of Issuing Inst	itution	Type of Cree Visa	dit Card: Master Card	Discover (American	Express	Other:
Name of Vendor, Person	or Entity					Date of T	ransaction
Street Address		City		-		State	Zip Code
Purpose of Expenditure (by code)	Description		E	vent#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure)	Independent		Эс Ор	202	
Name of Vendor, Person	or Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure by code)	Description	L	E	vent#		***************************************	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Re	expenditure)	Independent	•	Эс Ор		
Name of Vendor, Person	or Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure by code)	Description	L	E	vent #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Re	expenditure)	Independent	·	Ос Ор		
		SUBTOTAL S	Section R — Th	is Page			
		TOTAL of addit	tional Section R	Pages			
TO	TAL OF ALL EXPENSES INCURRED (Enter total)	ON COMMIT on Line 27, Column					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPOR	T	
	S. Evnansas Incurr	ed by Committee but Not	Paid During this Pariod		
Name of Creditor	S. Expenses mean	eu by Committee but 1800	1 ald During this 1 eriod	Date Incur	теd
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	I	Event#		nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendation None of the below Coordinated with reimbursement sous Coordinated without reimbursement s	ght (joint expenditure)			and the state of t
Name of Creditor			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date Incur	тed
Street Address	•	City		State	Zip Code
Purpose of Expenditure (by code)	Description	I	Event #		nount Incurred timate or Actual)
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Street Address		City		State	Zip Code
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		SUBTOTAL S	Section S-This Page		
		TOTAL of addition	onal Section S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMI	ITTEE DURING THIS PERIO Enter total on Line 28, Column A o		i	
	Previously	reported Expenses Unpaid and	l still Outstanding		
		S INCURRED BY COMMITT inter total on Line 28a, Column A o			

NAME OF COMMITTE	$ ilde{\mathbb{E}}$ (Provide Complete Name as Registered with Filing Reposite	ory)		TY	PE OF R	EPORT			
	T. Itemization of Reim	bursements	s and Second	lary Pa	yees				
Last Name of Worker/Cons	ultant	First				MI		Payment to Vendor Entity	dor,
Name of Vendor, Person or	. 1				in Section P:		Worker/Consulta		
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditured) Coordinated with reimbursement sought (in-kirement sought)	enditure)	Indeper	ndent O	O B	O O	2021 (hands 9 m
Last Name of Worker/Cons	ultant	First				MI		Payment to Vend or Entity	dor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					in Section P:		Worker/Consulta	ant as EFT
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City			Amazon Posicione		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			-	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expectation) Coordinated without reimbursement sought (in-kin	penditure)	Independence	ndent O	О • В	O O O			
Last Name of Worker/Cons	ultant	First				MI		Payment to Vendor Entity	dor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					l in Section P:		Worker/Consulta	ant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description	1		Event #				Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured without reimbursement sought (in-kin)	penditure)	O Indepe	ndent O	O B	O O O			
		SUBTOTA	AL Section T –	– This Pa	ge			-	
		TOTAL of a	additional Sect	ion T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONS	ULTAN	TS				