#### **SEEC FORM 20**

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

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

2021 OCT 12 AM 8: 52

Do Not Mark in This Space For Official Use Only

## COVER PAGE Law & . Levolato

		CU				GENTALISM MARK CHARLENTS			
1. NAME OF COMMITTEE				MARC J. GARC	)FALO, MPA				
DiMartino for Derby 2021									
2. TREASURER NAME		i de la companya de l							
First	MI Last								
Ryan D Toffey									
3. TREASURER ADDRESS									
Street Address			City			State	Zip Co		
8 1/2 B Talmadge St.			Derby			СТ	064	18	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	e only if Candida	te Committee)				RICT NUMBER	
(mm/dd/yyyy) 11/02/2021	Mayor						(if applicable	)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)							
First		MI	Last					Suffix	
Joseph		L	DiMa	rtino					
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ling primary	y <b>O</b> 7t	h day preceding referendu		nitial Cor PACs ONL		r Disbursement	
April 10 filing	30 days follow	O30 days following primary O45 days following referendum			ıım _	mendme		-	
July 10 filing	O7th day preced	ling election	ction			ype of Re	eport:		
October 10 filing	12th day prece (State Central Co			Termination				******************************	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		n						
9. PERIOD COVERED									
	Beginning Da	te		Ending Date					
	July 1, 2021		thru	September 30, 20	21				
			PRIAME OF THE PR						
10. CERTIFICATION									
I hereby certify and state, under policioure Statement for the policious of the policious o					on this Item	nized C	ampaign F	inance	
- / //			Λ				1	1	
1 -11			1.1.5	Toffey			(2)	2 2 2 2 1	
In Iller		-	nyan				10/	16 15051	
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)		PRINT NAMI	E OF SIGNER '			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.

2021 OCT 12 AM 8:53

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
DiMartino For Derby 2021	October 10 Filing					
	COLUMN A This Period	COLUMN B Aggregate				
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00				
12. Balance on hand at the beginning of Reporting Period	4,061.84					
13. Contributions Received from Individuals (Sections A and B)	4,800.00	10,605.00				
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)	4,800.00	10,605.00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	8,861.84	10,605.00				
19. Expenses Paid by Committee (Section P)	4,190.44	5,933.60				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4,671.40	4,671.40				
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					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
DiMartino For Derby 2021			October 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY AL SECTION A	\$ 0.00		er kanalar ny paramama jamiana ny paonin-may ao ata-may and paha-haki 1966 (1966 (1966 (1966 (1966 (1966 (1966 1966 (196		
				TTO MANAGEMENT WAS	ГИСТИНА МИТОТ В ВОГОТИТЕ В ВОГОТИ		
		ions from Individ	luals				
Last Name Barbagiovanni	First Sant	0			MI		
Residential Street Address 280 Park St	City West I	laven		State CT	Zip Code 06516		
Principal Occupation City of Derby WPCA Shift collections operator		lame of Employer City of Derby		1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of a If yes, indicate which bra	to a candide is associated state contra	late for a chief executive ed with have a contract Oyes ONo actor or prospective state	with said municipality	50.	ount of Contribution		
If yes, list Event # of government the contract  Method of Contribution:	ct is with:		OLegislative Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	7/1/2021	50.00				
Last Name Oakley	First Patri	cia			MI		
Residential Street Address 12 Sycamore Lane	City Oxford			State CT	Zip Code 06478		
Principal Occupation Insurance Auditor		lame of Employer Patricia Oakley			. <del>L., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which bra of government the contra	anch or bra	ınches	e contractor? Yes				
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney	i -		Aggregate Contributions 50.00				
Last Name	First				MI		
Sill	Ro	n					
Residential Street Address 73 Grove St	City Derby	**************************************		State CT	Zip Code 06418		
Principal Occupation Retired	1	Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contra	anch or bra		<b>⊙</b> No	5			
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Money		Date Received 8/17/2021	Aggregate Contributions 125.00				
SUB	TOTAL	Section B — This	Page 150.00	ann de anno airean	manitary di approvo di perminangan di sebuara peperberanga mina sepulu pelepulua di didaksi di didaksi di dida		
TOTA	L of add	itional Section B l	Pages	202	iorizan B		
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIV	IDUALS (Sections A an A of Summary Page	A + B) Totals) 150.00		TO A CONTROL OF THE C		

# Section B ADDITIONAL PAGE 3A of 3P

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT 2021 UC   12 AM 88					
DiMartino For Derby 2021				October 10 Filing						
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$ 0.0						
	B. Itemized	Contrib	utions from Indivi	iduals						
Last Name George		1	rst Kurtyka					MI		
Residential Street Address 46 Mohawk Avenue	City <b>Derl</b>	by			State CT	Zip C 06	ode 418			
Principal Occupation Senior Investigator			Name of Employer Yale New Haven	Health						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?						Amount of Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No Is contributor a principal of If yes, indicate which of government the co	branch or	branches	_	No					
Method of Contribution:  Cash Personal Check Credit/Debit Contribution:	Card OPayroll Deduction OM	loney Order	Date Received 8/21/2021	Aggregat 175.0	e Contributions					
Last Name Di <b>Mart</b> ino	g kilondika uch kandist kilondistrische Stein und nicht und der Herzil aus nach von zum erzein ein auf	1	rst Ioe					MI		
Residential Street Address 8 1/2 Talmadge St.		City Dert	by			State CT	Zip C	Code 418		
Principal Occupation Public Works			Name of Employer City of Derby			Luciani				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?						ount of 0.00	Contribution		
<b>&gt;4</b>	Yes Is contributor a principal If yes, indicate which of government the co	n branch or		_	<b>⊙</b> No					
Method of Contribution:  Cash Personal Check Credit/Debit C	Card OPayroll Deduction OM	loney Order	Date Received 8/23/2021	Aggregat 500.	e Contributions					
Last Name Mongillo	na kepinangan dalam sengan dalam sebagai sebagai dalam s	<b>I</b>	rist Melissa	adreau es satura				MI		
Residential Street Address 8 Lombardi Drive		City Der	by			State CT	Zip (	Code 418		
Principal Occupation Buisness Owner			Name of Employer Recruting In Mot	tion		<u> </u>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?						ount of	f Contribution		
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 09282021B  Yes  Is contributor a principal of a state contractor or prospective state contractor?  One of government the contract is with:  Executive Clegislative										
Method of Contribution:  Cash Personal Check Credit/Debit (			Date Received		te Contributions					
	SI	UBTOTA	AL Section B — Thi	s Page	700.00					
	то	TAL of a	dditional Section B	Pages	150.00					
TOTAL OF	ALL CONTRIBUTIONS FI		DIVIDUALS (Sections lumn A of Summary Page		850.00					

# Section B ADDITIONAL PAGE 3B of 3P

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
DiMartino For Derby 2021				October 10 Filing				
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$ 0.0	0			
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B. Ite	emized Con	tribu	tions from Indivi	duals			والمراجع والمراجع المراجع المر	ing all regards to the state of
Last Name Mastrony		Firs	enine					MI
Residential Street Address 10 Jenyfer Court	1						Zip Co 064	
Principal Occupation Salon Owner	<del></del>		Name of Employer Panache Hair De	sign		<b></b>	- <del> </del>	
	business he/she is		lidate for a chief executive iated with have a contract  Oyes  No			, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a lf yes, indicated with an event reported in Section L1?	<del> </del>	ch or b	tractor or prospective stat	_	No			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduc			Date Received 9/21/2021		e Contributions			
Last Name Nettle	che construction that with a spheric in the wife in the desired	Firs D	ana					MI
Residential Street Address 20 Far Mill Street	1 =				State CT	Zip Co 064		
Principal Occupation Hairdresser			Name of Employer Panache Hair De	sign				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than	business he/she is	o a cano s assoc	didate for a chief executive iated with have a contract Yes No	e officer with said	of a municipality I municipality	/, <b>Am</b> o		Contribution
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Last Name Eannotti		Fir.	isa	element de la constant de la constan	i deligio periodo qual de glaborariga de mise miser qual de la			MI
Residential Street Address 15 Biltmore Road		City Shel	ton			State CT	Zip C 064	ode 484
Principal Occupation Receptionist	·····		Name of Employer Panache Hair De	esign				
	business he/she i		didate for a chief executive interest with have a contract Yes No			y, Am		Contribution
Is this contribution associated with an event reported in Section L1?  Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09282021B  Yes  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative								
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	ction OMoney	Order	Date Received 9/23/2021	Aggrega 50.00	te Contributions			
	SUBT	ΌΤΑ	L Section B — This	s Page	300.00			
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TOTAL OF ALL CONTRIBUT			IVIDUALS (Sections umn A of Summary Page		1,150.00			-

# Section B ADDITIONAL PAGE 3C

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Repository)	***********		TYPE OF REPORT					
DiMartino For Derby 2021		,		Octob	per 10 Filing				
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ O.C	00				
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	mized Cor	سجموسم	utions from Indivi	duals					
Last Name Mignone			First Amy				MI		
Residential Street Address 20 Andrew Drive	C	City <b>Shel</b> t	ton			State CT	Zip C 064		
Principal Occupation Hairdresser			Name of Employer Panache Hair De	sign			<del>!</del>	on organization to a mention consens	
	usiness he/she		didate for a chief executive stated with have a contract  OYes  ONo			1	Amount of Contributio		
event reported in Section L1? No If yes, indic	principal of a s cate which bran ent the contrac	ch or b		_	No				
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	tion OMoney	Order	Date Received 9/23/2021	Aggregat 100.0	e Contributions 00				
Last Name Sherwinsky		Firs S	st Susan					MI	
Residential Street Address 5 Brookwood Lane	ļ	City Shelt	ton			State CT	Zip C 064	ode 184	
Principal Occupation Hairdresser			Name of Employer Panache Hair De	sign	·				
	usiness he/she i		didate for a chief executive ciated with have a contract Yes No			, Amo		Contribution	
event reported in Section L1?	principal of a scate which bran	nch or l		_	<b>⊙</b> No				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduct	tion Money	Order	Date Received 9/23/2021	Aggregat 50.0	e Contributions O				
Last Name Fusco		Fir.	st .inda	A L DECESTOR NAME OF	kayan sahapi ang sapasah jirang may naping shiring antamah da pabi	<del>manata mana</del>	ecentral de la constante de la	MI	
Residential Street Address 10 Platt Street		City Derb	ру		· · · · · · · · · · · · · · · · · · ·	State CT	Zip C 06	L Code 418	
Principal Occupation Retired			Name of Employer Retired	umane kieruna luurakee					
	ousiness he/she		didate for a chief executive ciated with have a contract Yes No			1	ount of 0.00	Contribution	
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Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduct	tion OMoney	Order	Date Received 9/24/2021	Aggrega <b>275</b> .0	te Contributions				
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TOTAL OF ALL CONTRIBUT (Enter			IVIDUALS (Sections umn A of Summary Page		1,350.00				

## Section B ADDITIONAL PAGE <sup>3D</sup>

of <sup>3P</sup>

NAME OF COMMITTEE (Provide Complete Name as Registerea	d with Filing Repository)		TYPE OF REPORT	oliganischen von President in	ere konstruit general ere ere ere ere ere ere ere ere ere er		
DiMartino For Derby 2021			October 10 Filing				
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ 0.00				
	B. Itemized Contribu		duals				
Last Name Pelaggi	First   Ri				MI		
Residential Street Address 45 Grandview Blvd	City <b>Derb</b> y	y		State CT	Zip Code 06418		
Principal Occupation Retired		Name of Employer Retired			<del></del>		
or dependent child of a lobbyist?   No does contrib	ion is in excess of \$400 to a cand butor or business he/she is associ ore than \$5,000?			, Amo	unt of Contribution		
event reported in Section L1? No If J	tributor a principal of a state con yes, indicate which branch or br government the contract is with	ranches	No No				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payro	oll Deduction OMoney Order	Date Received 9/26/2021	Aggregate Contributions 100.00				
Last Name Defala	First Ar	t nthony		estande de la companie de la compani	MI		
Residential Street Address 214 Hawthorne Avenue	City	y		State CT	Zip Code 06418		
Principal Occupation Sales		Name of Employer CDW	and the second s	· · · · · · · · · · · · · · · · · · ·			
or dependent child of a lobbyist? ONO does contrib	ion is in excess of \$400 to a cand butor or business he/she is associ fore than \$5,000?			/, Amo	unt of Contribution		
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Method of Contribution:  Cash Personal Check Credit/Debit Card Payro		Date Received 9/27/2021	Aggregate Contributions 150.00				
Last Name Gabianelli	Firs R	ichard	den de la crista de la decida de la constanta de la composição de la compo		MI		
Residential Street Address 148 Dirienzo Heights	City Derb	у	<del></del>	State CT	Zip Code 06418		
Principal Occupation Painter	a anguna paga paga ng pana an anna na paga na pata a an an an an <mark>d</mark> antana pananan	Name of Employer Gabbys Autobod	y	I			
or dependent child of a lobbyist?   No does contril	tion is in excess of \$400 to a canobutor or business he/she is associate than \$5,000?				ount of Contribution		
event reported in Section L1? O No If	tributor a principal of a state con yes, indicate which branch or b f government the contract is with	ranches	<b>⊙</b> No				
Method of Contribution:  Cash Personal Check OCredit/Debit Card Payro	oll Deduction OMoney Order	Date Received 9/27/2021	Aggregate Contributions 175.00				
	SUBTOTA	L Section B — This	Page 250.00				
	TOTAL of ad	ditional Section B	Pages 1,350.00	28.	100712 an 1		
TOTAL OF ALL CONT	TRIBUTIONS FROM INDI (Enter total on Line 13, Colu						

## Section B ADDITIONAL PAGE 3E of 3P

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
DiMartino For Derby 2021				October 10 Filing						
A. Total Contributions from S (See instructions for definition of Small				nis Period ONLY OTAL SECTION A	\$ 0.0	00				
		B. Itemized Con	trib	utions from Indivi	duals	a taran niyada da da ayaa da niyaa da da ha ayaa da da haa ayaa da da da ayaa da				
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Chevarella				Dave						
Residential Street Address		[	City	hv.			State CT	Zip C	ode 418	
19 Jeanetti Drive			Derl					00	410	
Principal Occupation				Name of Employer Board of Education	<b>0 D</b>					
Teacher										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	tribution is in excess of \$400 t contributor or business he/she i d at more than \$5,000?					l	Amount of Contribution 50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09282021B	Yes 1 No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or	branches		No				
Method of Contribution:		<u>.,, 44,, ,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Date Received	1	e Contributions				
OCash OPersonal Check OCredit/Debit C	Card 🔘	Payroll Deduction OMoney	Order	9/27/2021	125.0	00				
Last Name Santiago			- 1	irst David	-1			andrai varnumudass	MI	
Residential Street Address 2 Gracie Lane			City Ans	onia			State CT	Zip C	1 Code 401	
Principal Occupation Police Officer	<del>ylogustus avas m</del>	<u> </u>		Name of Employer City of Danbury			<b>.</b>	<u> </u>		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ntribution is in excess of \$400 to contributor or business he/she id at more than \$5,000?						ount of	f Contribution	
s this contribution associated with an event reported in Section L1?  If yes, list Event # 09282021B	Yes No	Is contributor a principal of a s  If yes, indicate which brain of government the contract	nch or	branches	_	<b>⊚</b> No				
Method of Contribution:				Date Received		te Contributions	7			
OCash OPersonal Check OCredit/Debit C	Card C	Payroll Deduction Money	Order	9/27/2021	200.	00				
Last Name DiMartino		aran en processor en maniera (e vez plan en transpersor hadren en vez paste finan le este el Albert	1	irst Karissa		perangkangkangkangkan kilologia kanada kanada kilologia kalan da kilologia kalan da kilologia kalan da kilolog			MI	
Residential Street Address 12 Finney Street Extension			City Ans	sonia			State CT	1 7	Code 6401	
Principal Occupation Bookkeeper		***************************************		Name of Employer Shoprite						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?					1	ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09282021B	Yes No	Is contributor a principal of a s  If yes, indicate which brain of government the contract	nch or	branches	_	<b>⊙</b> No				
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			es do probablica	additional Section B		1,600.00	202	100	Tilan B	
TOTAL OF	ALL C	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections olumn A of Summary Page		1,950.00				

## Section B ADDITIONAL PAGE 3F of 3P

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
DiMartino For Derby 2021				October 10 Filing					
A. Total Contributions from Small Co (See instructions for definition of Small Contributo			is Period ONLY OTAL SECTION A	\$ O.O	00				
	B. Itemized Cor	atrib	utions from Indivi	duals					
Last Name O'Connor		Fir	st im					MI	
Residential Street Address 505 Stonehouse Road							Zip C 06		
Principal Occupation  Manager of Mobile Computing			Name of Employer Sacred Heart University	versity			<u></u>		
or dependent child of a lobbyist?   No does con	bution is in excess of \$400 thributor or business he/she throre than \$5,000?						Amount of Contrib		
	contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches	e contrac	No				
Method of Contribution:			Date Received	1	e Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPa	yroll Deduction OMoney	Order	9/28/2021	175.0	JU				
Last Name DiMartino		Fin J	st O <b>C</b>					MI	
Residential Street Address 8 1/2 Talmadge St		City Derb	ру			State CT	Zip C 06	ode 418	
Principal Occupation Public Works			Name of Employer City of Derby				<del></del>		
or dependent child of a lobbyist?   No does con	bution is in excess of \$400 thributor or business he/she throre than \$5,000?					1	ount of 0.00	Contribution	
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# Section B ADDITIONAL PAGE 3G

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	TYPE OF REPORT				
DiMartino For Derby 2021	October 10 Filing				
A. Total Contributions from Small Contributors-Reco	\$ 0.00				
B. Itemized C	Contributions from Indiv	riduals			
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Last Name Garofalo	First Marc			MI J	
Residential Street Address 95 Academy Hill Rd.	City		State CT	Zip Code 06418	
Principal Occupation Town/ City Clerk	Name of Employer City of Derby				
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Last Name Bodo	First Alexander	n de grande de la contraction		MI J	
Residential Street Address 108 Towering Pine Dr.	City Landson		State SC	Zip Code 29456	
Principal Occupation Retired	Name of Employer Retired				
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Last Name DeGennaro	First Ba	rbara				L ·
Residential Street Address 51 Paugassett Rd.	City Derby				State CT	Zip Code 06418
Principal Occupation Attorney	1	Name of Employer Self Employed				
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Residential Street Address 46 Amherst Dr.	City Chesh	nire			State CT	Zip Code 06410
Principal Occupation  Marketing Director		Name of Employer Quinnipiac Unive	rsity			
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?					1	ount of Contribution
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Residential Street Address 72 Benz St	City Ansor	nia	····		State CT	Zip Code 06401
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# Section B ADDITIONAL PAGE 31 of 3P

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Residential Street Address 95 Academy Hill Rd.		City Derby	/			State CT	Zip C 064	ode 418
Principal Occupation  QA Officer			Name of Employer York Analytical La	aborato	ories	L	.1	
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Residential Street Address 41 Lakeview Terr.		City Derby	y			State CT	Zip C 06	L
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# Section B ADDITIONAL PAGE 3J of 3P of 3P

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NAME OF COMMITTEE (Provide Complete Name as Regi	istered with Filing Repository)		TYPE OF REPORT		
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	B. Itemized Con	itributions from Indi	viduals		
Last Name Pelham	First Kevin				MI
Residential Street Address 8 Lakeview Terr.	1 "			State CT	Zip Code 06418
Principal Occupation Firefighter		Name of Employer Sikorsky		<u> </u>	<u> </u>
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Residential Street Address 46 Mohawk Ave.		City Derby		State CT	Zip Code 06418
Principal Occupation Senior Investigator		Name of Employer Yale New Have	n Hospital	<u></u>	<u></u>
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Residential Street Address 69 Elizabeth Street		City Derby		State CT	Zip Code 06418
Principal Occupation Self		Name of Employer Sunflower Den	tal Care		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
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Last Name Tsyrulnik	Daniel			MI	
Residential Street Address 4923 Madison Ave	City Trumbull		State CT	Zip Code 06611	
Principal Occupation Account Executive	Name of Employer S & P Global			*	
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Residential Street Address 283 Elizabeth St.				Zip Code 06418	
Principal Occupation	Name of Employer Yale Univers	ity	***************************************		
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Residential Street Address 162 Park Ave	City Derby		State CT	Zip Code 06418	
Principal Occupation Retired	Name of Employer Retired				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
DiMartino For Derby 2021			October 10 Filing	]	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0.00		de d
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Last Name	Contr	First	<u>uuxis</u>		IMI
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Residential Street Address 149 mt rd	City Se	eymour		State CT	Zip Code 06483
Principal Occupation N/A		Name of Employer N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				y, Amo	ount of Contribution
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Last Name		First			MI
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Residential Street Address 105 Sunset Dr	City De	erby		State CT	Zip Code 06418
Principal Occupation Communications		Name of Employer Newman;s Own F	oundation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?					ount of Contribution
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Last Name Matto		First Mark			MI
Residential Street Address 308 Prospect St.	City N	augatuck		State CT	Zip Code 06770
Principal Occupation  Mechanic		Name of Employer City of Derby			
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Last Name Bussell			1	rst Laurie				MI		
Residential Street Address 152 Shagbark DR			City Derb	ру			State CT	Zip Code 06418		
Principal Occupation Retired				Name of Employer Retired			-	<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes							y, Amount of Contribution			
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Residential Street Address 19 Old Far Rd.			City Oxford			State CT	Zip Code 06478			
Principal Occupation Head Cashier				Name of Employer Shoprite			L	<u></u>		
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NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Repository)		TYPE OF REPORT			
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Principal Occupation  Manager		Name of Employer Shoprite				
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Last Name Geer		First Rosanne			MI	
Residential Street Address 129 Bradley Terr.		City Derby		State CT	Zip Code 06418	
Principal Occupation N/A	<del></del>	Name of Employer N/A		L	<u></u>	
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Last Name Santos		First Roberto	antan da atau kangan sa atau atau atau atau atau atau atau a		MI	
Residential Street Address 3 Cedric Ave		City Derby		State CT	Zip Code 06418	
Principal Occupation Counselor		Name of Employer U.S. Dept. of VA		<u></u>		
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	тотаі	L of additional Section B	Pages 4,150.00	202	10CT12 am S	
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections 13, Column A of Summary Pag	(A + B) 4,350.00			

# Section B ADDITIONAL PAGE 30 of 3P

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
DiMartino For Derby 2021		October 10 Filing	October 10 Filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONI SUBTOTAL SECTION	1 2 0.00				
			nameninam esseranteres	essentiano de la constitución de l		
	ontributions from In	ıdividuals		olegadessenlindsskylderskrypolisikssendelederen Feld Albertuskrytor		
Last Name Bodo	Robert			MI		
Residential Street Address 118 Massachusetts Ave	City Fairfield		State CT	Zip Code 06824		
Principal Occupation Retired	Name of Employer Retired		<u></u>	<del></del>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	e is associated with have a co		y, <b>Amo</b>	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09282021B  Yes   Is contributor a principal of a lf yes, indicate which broof government the contributor approximation of government the government of gov	anch or branches act is with:  OExec	No No				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received 9/28/2021	Aggregate Contributions 100.00				
Last Name Pelaccia	First Frank			MI		
Residential Street Address 92 Oak Ave	City Shelton		State CT	Zip Code 06484		
Principal Occupation  Driver	Name of Employer City of Derby	······	ł			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	e is associated with have a co		y, <b>Amo</b>	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09282021B  Yes No If yes, indicate which be of government the contributor a principal of liftyes, indicate which be of government the contributor.		ive state contractor?  Cutive O Legislative				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received 9/28/2021	Aggregate Contributions 100.00				
Last Name Monaco	First Richard		<del>, a la contraction</del>	MI		
Residential Street Address 131A High Street	City Derby		State CT	Zip Code 06418		
Principal Occupation Police Officer	Name of Employer Town of Woo	odbridge	<u></u>	<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lace the does contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	ne is associated with have a c		ty, <b>Amo</b>	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 09282021B  Yes No If yes, indicate which be of government the contributor of government the contributor a principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the contributor as principal of the section of government the section of government the section of th	ranch or branches ract is with:	cutive OLegislative	S )			
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TOTA	AL of additional Section	on B Pages 4,350.00	202	The state of the s		
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sec e 13, Column A of Summar			in the second contract of the second		

## Section B ADDITIONAL PAGE 3P of 3P

NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repository)	TYPE OF REPORT	<del>ny tina mandra pina tah</del>	iritikalariariaria (hakarandaria) alikularia (hakarandaria) alikularia (hakarandaria) alikularia (hakarandari
DiMartino For Derby 2021		October 10 Filing		
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)	butors-Received this Period ONLY SUBTOTAL SECTION A	\$ O.OO		
	. Itemized Contributions from Indi	viduals		
Last Name Hoyle	First			MI
Residential Street Address  34 High Acres Rd.	City Ansonia		State CT	Zip Code 06401
Principal Occupation Attorney	Name of Employer Hoyle & Spouhe	eimen		**************************************
	is in excess of \$400 to a candidate for a chief executor or business he/she is associated with have a contratthan \$5,000?	ct with said municipality	50.0	unt of Contribution
event reported in Section L1? No If yes,	utor a principal of a state contractor or prospective s, indicate which branch or branches vernment the contract is with:	No		·
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll Debit Card Payroll Debit Card D	Date Received 9/28/2021	Aggregate Contributions 100.00		
Last Name Sill	First Ronald	andra mydiangaeth e cagair mogalan ann am phanth an d'an stàinn bhairt air dhift ann ait bhit dh'an bhit an d		MI
Residential Street Address 73 Grove Ave	City Derby		State CT	Zip Code 06418
Principal Occupation Retired	Name of Employer Retired			······································
	is in excess of \$400 to a candidate for a chief executor or business he/she is associated with have a contratthan \$5,000?	ct with said municipality	1	unt of Contributio
event reported in Section L1? O No If yes	outor a principal of a state contractor or prospective so, indicate which branch or branches overnment the contract is with:	ve () Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll Debit Card Payroll Debit Card	Date Received 9/28/2021	Aggregate Contributions 225.00		
Last Name Ross	First Patricia			MI
Residential Street Address 293 Wakelee Ave	City Stratford		State CT	Zip Code 06614
Principal Occupation Retired	Name of Employer Retired			en Benang sampungkan kemangkan pangkan dan pengah
	is in excess of \$400 to a candidate for a chief executor or business he/she is associated with have a contract than \$5,000? Yes N	act with said municipality		ount of Contribution
event reported in Section L1? O No If yes	outor a principal of a state contractor or prospective state, indicate which branch or branches overnment the contract is with:	_ <b>O</b> No		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll Debit Card Payroll Debit Card Debit Card Payroll Debit Card Payroll Debit Card Debit Card Payroll Debit Card Debit Card Debit Card	Date Received 9/28/2021	Aggregate Contributions 100.00		
	SUBTOTAL Section B — Th	is Page 250.00	- ŭ	
	TOTAL of additional Section I	Pages 4,600.00	Z0Z	1991 12 An
	BUTIONS FROM INDIVIDUALS (Section			о можения в Можения (1995 году в 1995 год

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

			TOTAL	of additional Secti	on C Pages		
			SUBT	OTAL Section C —	- This Page	2021 <b>O</b> (	Town 12
Description							
Date Received	te Received Expenditure # (if applicable) Payment Type  Reimbursement for share			ed expense Surplus	Amoun	Amount of Receipt	
Address		**************************************	<del>,, , , , , , , , , , , , , , , , , , ,</del>	City		State	Zip Code
Name of Committee	eg sa yanka shara shinti qib shara ishintari qiba cash qarasin shara (ili shara shara shara shara shara shara sh		arasyon, kun kun ang mahaping mata da Africa da mata da da da da gang papa mara A	Name	of Treasurer		
Description							
Date Received	(if applicable)		ment for shared	expense OSurplus D	vistribution	Amoun	t of Receipt
Data Bassinal	Expenditure #	Payment Type					4. SP. st. d
Vame of Committee				City	of Treasurer	State	Zip Code
	<b>C</b> 2.	 Reimburseme	nts or Surp		from other Committe	es	
ity		State	Zip Code	Date Received	Aggregate Contributions		
ddress	SS			Is this contribution as event reported in Sec		f Contributio	
ame of Committee				Name	of Treasurer		
	Little tige 1 timb 2 min little til species som vær plansk savet skap se sta sta sta sta sta sta sta sta sta s						
ity	<del></del>	State	Zip Code	Date Received	fyes, list Event # Aggregate Contributions		
ddress				Is this contribution as	ssociated with an Yes ON	To Amount o	f Contributio
lame of Committee				Name o	of Treasurer		
aty .		State	Zip Code	Date Received	riggivgate comments		
ddress	State Zip Code			event reported in Sec	ssociated with an OYes ON tion L1?  fyes, list Event #  Aggregate Contributions	-	f Contributio
		· · · · · · · · · · · · · · · · · · ·					
ame of Committee				Name o	of Treasurer		
		C1. (	Contributio	ons from Other C	ommittees		

		CEIP 13 (Secti			
NAME OF COMMITTEE (Provide Complete Name as Registe	red with Filing Repository)		TYPE OF	REPORT	· · · · · · · · · · · · · · · · · · ·
				anny ny faritry y siny cycle any languaisme in the Side and All Spirit All	
Name of Lender	D. Loans Rece	Source of Loan:			Date of Receipt
vame of Lender			OBank O Candidate O Individual Other Committee		
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Cand	idate 🔘 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)	<del>, , , , , , , , , , , , , , , , , , , </del>			3	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: OBank Cand	lidate O Individua	Other Committee	Date of Receipt
treet 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 SECTI	OND		
E. Receipts from Entities of	her than Individual	s or Other Comm	nittees <i>(Refere</i> r	ıdum Committe	es ONLY)
lame of Entity					
treet Address			Date Received		Amount Received
Sity	State	Zip Code	Aggregate Contri	butions	
ame of Entity					
treet Address		***************************************	Date Received		Amount Received
lity	State	Zip Code	Aggregate Contri	butions	
Name of Entity .					
Street Address			Date Received		Amount Received S
<b>Sity</b>	State	Zip Code	Aggregate Contri	butions	
	i	ı	1		1

Page	6	of	1	7

Market Market Strate Control Strate	F. Amount Transferred fi	om Annau	eu Dusmes	s rreasury (Bu	siness Entity Com	
e of Receipt	Is this transaction associate event reported in Section I		Yes <i>If yes</i> . No	list Event #		Amount
e of Receipt	Is this transaction associate event reported in Section I		Yes If yes. No	list Event #		Amount
e of Receipt	Is this transaction associate event reported in Section I	No.	Yes If yes	list Event#		Amount
e of Receipt	Is this transaction associate event reported in Section I	9	Yes <i>If yes</i> No	list Event#	dennie alektrologische Alektro	Amount
				FOTAL SECTI	ON F	
			•			
G. Amount I	Transferred from Affiliate	d Labor Un	iion or Oth	er Organizati	on Treasury (0	rganization Committees ONLY)
of Receipt	D	Pate of Receipt			Date of Receipt	
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	Amount		Amount			Amount
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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.

# + Total Amount of Personal Funds of the Candidate Received this Period (Section H) Total Amount of Interest from Deposits in Authorized Accounts (Section J) 4 Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) **Total of Other Monetary Receipts**

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

Revised January 2015							
NAME OF COMMIT	TEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	ľ		
DiMartino For D	erby	2021		October 10 Fi	ling		
		L1. Even	t Information				
	etter B	Description Twisted Vine Fundraiser			Was	this a fu	ndraising event?
Location: Street Addres	s	4	City			State	Zip Code
285 Main Street	ţ		Derby			СТ	06418
Subpart 1: (All Co. Was this event host		a personal residence?		L5 In-Kind Donations ouse Party and complest(s) for food, beverage	lete requ	ired info	rmation for any
		de goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section and complete require		s not Co	nsidered	Contributions
Was this fundraiser	a tao	sale, auction, or other sale of donated items	OYes (If yes, enter Total Re	ceints here			
	vith purchases from an individual of up to \$100?				\$		
Were there purchas sign associated with	es of 1 this		Yes (If yes, go to Section				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 (If yes, enter Total Receipts here.)  ONo			\$		
			<b>O</b> 110				
Event # Date of Event L	.etter	Description			Was	this a fu	ndraising event
Location: Street Address	SS		City			State	Zip Code
Subpart 1: (All Co	mmit	(pps)			<del>-, -, -,, -,-,-</del>	L	<u> </u>
-		a personal residence?		L5 In-Kind Donation ouse Party and complost(s) for food, beverage	lete requ	ired info	rmation for any
		de goods or services donated by a business entity onated by an individual of up to \$100?	O Yes (If yes, go to Section and complete require No		is not C	onsidered	Contributions
		sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total R	eceipts here.)	<b>→</b> [\$		
	es of	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section	ry Committees) L3 Purchases of Advenue of Ad	-	_	a Program Book
	e sell	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total R	eceipts here.)	→ \$		
SUBTOTAL	Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items –	— This Page			
			ion L1—Subpart 3 <i>(Town Conu</i> ipts from Food Purchases —			20210	CT 12 AM 8
			TOTAL of additional Secti	on L1 Pages	i kaja selbera (roset se		
			CIPTS FROM SMALL PU In Line 16a, Column A of Summe				

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 COMMIT	ITEE (Provide Complete Name	e as Registered with Filing Repos	itory)	TYPE OF REPO	RT		
	L3, Pı	urchases of Advertis	ing in a Progr	ram Book or on a Sign			
ame of Purchaser		producer entre entre entre entre de la completa de	MANAGER PERSONAL SERVICE SERVI	die der eine der der der eine der Verheiten der	Purcha	se Made By:	
					_	usiness Entity	Other
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reet Address			City			State	Zip Code
ate Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purch	ase	Amount of S	ign Purchase
ame of Purchaser					Purcha	se Made By:	
and of themaser					I _	usiness Entity	Other
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anat Addana	<u></u>		To:		O III	State	Zip Code
reet Address			City			State	Zip Code
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ame of Furchasei					1	usiness Entity	Other
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ate Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purch	ase	Amount of S	ign Purchase
ame of Purchaser					Purcha	ase Made By:	
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treet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purcha	ses for All Events	Amount of Program Ad Purch	iase	Amount of S	Sign Purchase
	SUBTOTAL Sec	ction L3 Total Purchases	of Advertising in	Program Book — This Page			i minerita kitaka kita yangan mengili nerbiya ma
	SUBTO	FAL Section L3 Total Pu	rchases of Adver	tising on a Sign — This Page		១០១៖ ក	otion I
			TOTAL o	f additional Section L3 Pages		100 to 100 to 100	
1	OTAL OF ALL PURC			GRAM BOOK or ON A SIGN nn A of Summary Page Totals)			

NAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Repo	ository)		TYPE OF R	EPORT			
	L4	. In-Kind Donatio	ons N	ot Consid	ered Contributions				
Name of Donor	udeligen var vidragensk gjepansk med seksta programfinstyrer inspentialiste et de 1991 ing		e de la composition	mpino <sub>n</sub> tony trony is the pype i metrodoj modini do		o de mario de la compansión de la compan		arazina grama solik ema pentunggan kradi sekap mina kritik di kritik di Makhadi	
Street Address				City	-		State	Zip Code	
Donation Given By:  Business Entity	Description of Donation		<u> </u>			Fair	Fair Market Value of Donat		
O Individual O Sole Proprietorship	Date Received	Event #	<u> </u>		Aggregate Value for this Event				
Name of Donor						eseren er		oomaanse en in kaljuurine ommerikas võikekelikselikselikselikselikselikselikse	
Street Address				City			State	Zip Code	
Donation Given By:  Business Entity	Description of Donation						Market V	alue of Donation	
Olndividual OSole Proprietorship	Date Received	Event #			Aggregate Value for this Event				
Name of Donor		and the second section of the			anning die verbereit in der den der dem kenne begreiten der der der der der dem den dem sen werden belatet de				
Street Address			<del></del>	City			State	Zip Code	
Donation Given By: Business Entity	Description of Donation					Fair	Market V	alue of Donation	
OIndividual OSole Proprietorship	Date Received	Event #			Aggregate Value for this Event				
Name of Donor									
Street Address				City	<u>, , , , , , , , , , , , , , , , , , , </u>	energevialische Herberge	State	Zip Code	
Donation Given By:  Business Entity	Description of Donation					Fair	Market V	alue of Donation	
O Individual O Sole Proprietorship	Date Received	Event #		<del> </del>	Aggregate value for this Event				
			SUBT	OTAL Section	on 1.4 — This Page				
		Ť	OTAL	of addition	al Section L4 Pages				
TO	TAL OF ALL IN-KIN	D DONATIONS NOT (Enter total on Line							

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Re	epository)			TYPE OF RE	PORT	
							121000111.4(1.1111111.11111.11111.11111.11111.11111.1111
Name of Host	L5. In-Kind Donations Not Consid	lered C	Contributions Associa	Is this event s committee?	upporting mo	ore than or	ne candidate or
Street Address			City	IJ yes, con	inprote itemiza	State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this h	ost/candidate			
Name of Host				committee? (	OYes ON	0	ne candidate o
Street Address			City	If yes, con	mplete Itemiza	State	Zip Code
Description of Donation					Fair Mai	ket Value	of Donation
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Name of Host		·		committee?	supporting management of the M	o	ne candidate o
Street Address			City	1		State	Zip Code
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Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
Name of Host	e de la companya de companya de comp 			committee?	supporting m OYes ON omplete Itemiz	o	ne candidate o
Street Address			City			State	Zip Code
Description of Donation		· · · · · · · · · · · · · · · · · · ·	L.,,		Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this h	ost/candidate			
		SUB	TOTAL Section L5 —	This Page	and a statement consistent has the street and make the statement and make the statement and make the statement		
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	FAL OF ALL IN-KIND DONATIONS IN WITH A HOUSE PARTY (Enter total of		ONSIDERED CONTRI 22, Column A of Summary				
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#### III NONMONETADV DECEIDTS (Section

Page 12 of 17

		NETARY REC	EIP 13 (Section		rage 12 01 17
NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	TYPE OF REPORT	
	angan mengan menjanik sami angan pengangan pengan ang Sorator at Malaba	M. In-Kind Con	tributions		райотора по реголителения по предоставления по п
Name	***************************************				
Street Address			City		State Zip Code
Type of contributor:  Committee	Date Received	Aggregate Contributions	Description of In-Kind	1 Contribution	
Individual / Sole Proprietorship Oother		,			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		excess of \$400 to a candid business he/she is associat			Fair Market Value
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contribu	ator a principal of a state or indicate which branch or imment the contract is with	ontractor or prospective s branches	state contractor? Yes  No  Legislative	1
Name					
Street Address	w-141		City		State Zip Code
neot Audios			City		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	1 Contribution	
Individual / Sole Proprietorship Oother					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		business he/she is associa		e officer of a municipality, with said municipality	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contribu No If yes,	tor a principal of a state or indicate which branch or rnment the contract is with	branches	otate contractor? Yes No OLegislative	
Name	ati manana kananta pina nyamana dia nyama pinaisiki pilambilahisi kisam				. The second process and consistent
					17: 0
street Address			City		State Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	d Contribution	
Individual / Sole Proprietorship Other		a evaces of \$400 to a condi	data for a chief evenutive	e officer of a municipality,	Foir Morket Volus
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does contributor or valued at more than	business he/she is associan \$5,000?	tted with have a contract Yes No	with said municipality	Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	No If yes,	ator a principal of a state or indicate which branch or imment the contract is with	branches	State contractor? Yes No Legislative	
		SUBTOTAL	Section M — This P	age	
		TOTAL of add	itional Section M Pa	ges	
TOTAL OF ALL IN-KIND CON	TRIBUTIONS a	Enter total on Line 23, Colu	mn A of Summary Page	Totals)	
	N. Refun	dable Deposit to T	elephone Compa	iny	
ast Name of Individual	ppine coloning in square, uppgg an processor green consequent of the subsequence gate rela	First		MI	Date Deposit Made
Residential Street Address		City	<u> </u>	State Zip Code	Amount of
		·			Deposit
Name of Telephone Company					2021 OCT 12 AN 8
Street Address		City		State Zip Code	
TOTAL	ECTION N.	stated on Fig. 24 Cell	A of Comments	ntafa)	
WALE IVIALS	ECTION IN (Enter	total on Line 24, Column	A oj Summary Page To	nuis)	

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

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Revises Jamany 2015		a data (additional	~ ~	· /		
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
DiMartino For D	erby 2021			October 10 Filir	ıg	
	P. Expenses	Paid by Committee	e			
Name of Payee	and the second section of the second			Date of Payment	Method of	Payment:
Webster Bank			1	9/30/2021	O Check	c#
					O Debit	Card
Street Address		City			State	Zip Code
500 New Haven	Ave.	Derby			CT	06418
n er li	I Donald Comment	<u> </u>	Event #			
Purpose of Expenditure (by code) BNK	Description Convince Charge		Even #			Amount
DIVIN	Service Charge		l		25.00	)
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	is checked	)	_	
(if applicable)	O None of the below			•		
	Coordinated with reimbursement sought (joint expenditur	re) Indeper	ndent			
	Coordinated without reimbursement sought (in-kind contr			ОвОсО г	,	
Name of Payee				Date of Payment	Method of	
Twisted Vine Re	sturant			9/28/2021	O Check	
G		Tor			O Debit	
Street Address		City			State	Zip Code
285 Main Street Derby					CT	06418
Purpose of Expenditure	Description	1	Event #		1	Amount
by code) FNDR	Fundraiser at Twisted VIne (Food and Roo	om Rental)	0928	2021B	4 075	
	Tanarator at twisted this (t ood and the	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	10020		1,275	.00
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checked,	)		
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expenditur	<u> </u>		_		
	Coordinated without reimbursement sought (in-kind contr	ribution) Organiz		. Ов Ос Оп		
Name of Payee			1	Date of Payment	Method of	-
MinutemanPres	<b>s</b>			9/24/2021	Check	
Street Address		City			O Debit State	Card OEFT Zip Code
42 Bridgeport Av	MA.	Shelton			CT	06484
TE Bridgeport	,,	Official			10.	00404
Purpose of Expenditure	Description	······································	Event #			Amount
(by code) PRNT	Walking Cards				107.6	
	<u>, l</u>				107.0	io .
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	unless "None of the below" i	is checke	d)		
(у иррисионе)	None of the below					
	Coordinated with reimbursement sought (joint expenditu					
	Coordinated without reimbursement sought (in-kind con	otribution) Organi	enter American committee and Angel	<u>a O b O c O</u>	and the second s	
Name of Payee				Date of Payment	Method of	Payment: k #_0093
Ever Ready Pre	?SS			9/23/2021	O Debit	
Street Address		City			State	Zip Code
78 Clifton Ave		Ansonia			СТ	06401
Purpose of Expenditure	Description		Event #			Amount
(by code) PRNT	Yard Signs		1		2,392	2 88
	<b>,</b> L					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	inless "None of the below" i	is checke	i)	000/	10CT 12 m 8
(2 -4F)	None of the below	_			2023	Fights TT 100 a
	Coordinated with reimbursement sought (joint expenditu					
	Coordinated without reimbursement sought (in-kind cont	tribution) Organiz	ization()	A OB OC O	) [	(Antique) de la fainte de la faction de la f
	!	SUBTOTAL Section P -	— This	Page 3,800.51		
	Te	OTAL of additional Sect	tion P P	1389.93		
	TOTAL OF ALL EXPI	ENSES PAID BY CO	MMIT	TEE 4,190.44		
445 4134		na 10 Column A of Summa				

## Section P. ADDITIONAL PAGE

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	of		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF RE	PORT			
DiMartino For D	erby 2021		October 1	October 10 Filing			
	P. Expenses	Paid by Committee					
Name of Payee Minuteman Pres		anna fananaga sala ah pasajahan ara para alaman ana Asar Persanan anta basik Ana	Date of Payment (/10/2021	Method of Payment: Ocheck # Obebit Card OEFT			
Street Address 42 Bridgeport A	ve	City Shelton		State Zip Code CT 06484			
Purpose of Expenditure by code) PRNT	Description Walking Cards		Event #	Amount 80.92			
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or composition of the coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the c	mmittee)	ndent				
lame of Payee <b>Nebster Bank</b>			Date of Payment 8/31/2021	Method of Payment:  Check #  Debit Card  EFT			
treet Address 500 New Haven	ı Ave	City Derby		State Zip Code CT 06418			
urpose of Expenditure by code) BNK	Description Service Charge		Event #	Amount 25.00			
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee) e) Indeper		On			
ame of Payee Minuteman Pre		O I game	Date of Paymen 8/30/2021	Method of Payment:			
treet Address 12 Bridgeport A	ve	Shelton		State Zip Code CT 06418			
urpose of Expenditure by code) PRNt	Description Walking Cards		Event #	Amount 80.92			
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the con	ommittee) ire)					
lame of Payee Facebook			Date of Paymen 9/27/2021	Check #  Debit Card OEF			
treet Address		City Menlo Park		State Zip Code CA 94024			
1 Hacker Way		1					
	Description Post Boost (Trail)	1	Event #	Amount			

### Section P. ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_

13B		13B
	of	

	TEE (Provide Complete Name as Registered with Filing Repository	<i>)</i>		TYPE OF REPORT		
DiMartino For Derby 2021 Oct				October 10 Fili	October 10 Filing	
	P. Expense	s Paid by Com	mittee			
Name of Payee <b>Minuteman Pre</b> s	SS			Date of Payment 8/6/2021	Method of Check	k# Card OEFT
Street Address 42 Bridgeport A	ve	Shelton			State CT	Zip Code 06484
Purpose of Expenditure by code) PRNT	Description Walking Cards		Event	#	80.92	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or condinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind conditions).	committee)	Independent	)A OB OC O	D	
Name of Payee Webster Bank				Date of Payment 7/30/2021	Method of Ochecl	k#
Street Address 500 New Haver	ı Ave	City Derby			State CT	Zip Code 06418
Purpose of Expenditure (by code) BNK	Description Service Charge		Event	#	25.00	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	inless "None of the b	elow" is checke	ed)		
	None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	ure)	Independent Organization	A OBOCO		
Name of Payee	Coordinated with reimbursement sought (joint expenditu	ure)		A O B O C O Date of Payment 7/1 - 9/30	Method of Chec	k# Card OEFT
Name of Payee  Anedot  Street Address	Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	ure)		Date of Payment	Method of Chec	k#
Name of Payee Anedot Street Address 1920 McKinney Purpose of Expenditure	Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con	tribution)		7/1 - 9/30	Method of Chec. O Debit State	k # Card OEFT Zip Code 75201
Name of Payee Anedot Street Address 1920 McKinney Purpose of Expenditure by code) BNK Expenditure #	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con Ave	committee) iture)	Organization C	Date of Payment 7/1 - 9/30 #	Method of Chec Debit State TX	k # Card OEFT Zip Code 75201
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Name of Payee Anedot Street Address 1920 McKinney Purpose of Expenditure by code) BNK Expenditure # if applicable) Name of Payee	Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (in-kind con Coordinated without reimbursement sought (joint expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure (joint expenditure)	City Dallas  Unless "None of the committee) iture) ontribution)	Event below" is check Independent	#  Hand Carlot of Payment  #  A OB OC C  Date of Payment	Method of Chec Debit State TX  96.0  Method of Chec Debit Chec Debit Chec	k #

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

NAME OF COMMIT	TEE (Provide Complete Name as	Registered with Filing Repository)	TYPE OF REPOR	ıτ
		Q. Campaign Expenses Paid by	Candidate	
Name of Payee (Name of	Vendor, Person or Entity who candi	idate 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	Vendor, Person or Entity who cand	idate paid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City	en kan di kapan di kan saman sa manan di kapan di Amerikan dan kan kahan di kapan di kan di mendenda di kan di	State Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who cand	idate paid directly)	Date of Payment	Is reimbursement claimed?  Yes No
Street Address		City	<del></del>	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who cand	idate paid directly)	Date of Payment	Is reimbursement claimed?  Yes No
Street Address	<del>1001-010-010-01-0-0-0-0-0-0-0-0-0-0-0-0</del>	City		State Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	Amount
Name of Payee (Name of	 Vendor, Person or Entity who cand	idate 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	Vendor, Person or Entity who cand	idate paid directly)	Date of Payment	Is reimbursement claimed?  Yes No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
		SUBTOTAL Sec	tion Q — This Page	2021 OCT 12 AM
		TOTAL of addition	nal Section Q Pages	
		TOTAL OF ALL EXPENSES PAID (Enter total on Line 26, Column A oj	가게 없는 사용하다 하다 나는 나는 사람들은 사람들이 되었다. 그 그 그들은 🚪	

## IV. EXPENDITURES (Sections P—T)

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ransaction
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VAME OF COMMITT	EE (Provide Complete Name as Registered with Fil.	ing Repository)	TYPE OF REPORT		
	C Evnances Inaurwad	by Committee but Not 1	Paid During this Pariod		
Name of Creditor	5. Expenses incurred	by Committee but Not 1	and During this 1 criod	Date Incur	red
Street Address		City		State	Zip Code
'urpose of Expenditure by code)	Description		Event #		tount Incurred
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	(joint expenditure)	elow" is checked) Independent Organization: OA OB OC (	) p	
Name of Creditor				Date Incu	тed
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'urpose of Expenditure by code)	Description	and the second s	Event #		nount Incurred timate or Actual)
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		SUBTOTAL S	ection S-This Page		
		TOTAL of addition	nal Section S Pages		
FOTAL OF ALL I	EXPENSES INCURRED BY COMMIT (Er	TEE DURING THIS PERIO ter total on Line 28, Column A of			
	Previously re	eported Expenses Unpaid and	still Outstanding		
	TOTAL OF ALL EXPENSES I (Ent	INCURRED BY COMMITTI er total on Line 28a, Column A of			

	n 7200 - 72		and Considerable			
	T. Itemization of Rei		and Secondary Pa		- ID-4-	-EDthe Vando-
ast Name of Worker/Cor	nsultant	First		M		of Payment to Vendor, on or Entity
lame of Vendor, Person of	or Entity Paid by Committee Worker/Consultant			Payment to Rereported in Se	ection P:	ee Worker/Consultant as
Street Address of Vendor,	, Person or Entity Paid by Committee Worker/Consultant	City		TO emean	State	Zip Code
urpose of Expenditure by code)	Description		Event #	•		Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum T Req.  None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	Of the below" is checked	00	O	
ast Name of Worker/Co	nsultant	First	and a state of the	M		of Payment to Vendor, on or Entity
ame of Vendor, Person of	or Entity Paid by Committee Worker/Consultant			Payment to R reported in Se	ection P:	tee Worker/Consultant a
treet Address of Vendor	, Person or Entity Paid by Committee Worker/Consultant	City			State	Zip Code
urpose of Expenditure by code)	Description		Event #			Amount
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Last Name of Worker/Co	onsultant	First		V		of Payment to Vendor, on or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant			Payment to R reported in S	ection P:	ttee Worker/Consultant a
Street Address of Vendor	r, Person or Entity Paid by Committee Worker/Consultant	City			State	Zip Code
Purpose of Expenditure by code)	Description		Event #	······································		Amount
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