SEEC FORM 20

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Page 1 of 17

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

2022 JAN 10 PM 2: 27

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COVER PAGE

1. NAME OF COMMITTEE										
DiMartino For Derby 2021										
2. TREASURER NAME							iles de la companya d			
^{First} Ryan		мі D		_{Last} Toffey					Suffix	
3. TREASURER ADDRESS										
Street Address 8 1/2 B Talmadge St			City Derb	ру			State CT	Zip Code 06418		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	GHT (Complet	te only if	f Candidate	Committee)			6. DIS	TRICT NUMBER	
(mm/dd/yyyy) 11/02/2021	Mayor							(if applica	ble)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)								
^{First} Joseph		MI L	1	_{Last} DiMart	no				Suffix	
8. TYPE OF REPORT (Check One Box)										
⊙ January 10 filing	7th day preced	ding primar	у	○ 7th	day preceding referendum		OInitial Contribution or Disburse			
April 10 filing	30 days follow	wing primar	у	45 days following referendum			Amendmen			
July 10 filing	7th day preced	ding electio	n	O Deficit			Type of Report:			
October 10 filing	12th day prec			Termination						
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	wing electio								
9. PERIOD COVERED										
	Beginning Da	ite			Ending Date					
	October 25, 20	21	_	thru	December 31, 2021					
10. CERTIFICATION										
I hereby certify and state, under p Disclosure Statement for the pe						n this Ite	mized Ca	mpaign	Finance	
The Golden			Ryar	n Toffey				Janua	ary 10, 2021	
TREASURER OR DEPOTY TREASURE	ER (SIGNATURE)		PRIN	TNAME	OF SIGNER		-	DAT	E (mm/dd/yyyy)	
A person who is					olated any provisions o mprisonment or both.	f the can	ıpaign fine	ance sta	ututes	

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

28**22 JAN 10** PM **2:28**

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	3,438.38	
13. Contributions Received from Individuals (Sections A and B)	1,685.00	13,265.00
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)	1,685.00	13
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5,123.38	
19. Expenses Paid by Committee (Section P)	3,297.18	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,826.20	1,826.20
21. In-Kind Donations not Considered Contributions Received (Section L4)	48.89	48.89
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	
23. In-Kind Contributions Received (Section M)	0.00	
24. Refundable Deposit to Telephone Company (Section N)	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	
	1	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	destre cares.	1000 talit
DiMartino For Derby 2021	A CONTROL OF THE STATE OF THE S	January 10 Filing	1994 1994	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Cor	ntributions from Indivi	duals		
Last Name Monaco	First Richard			MI
	City Derby	1	State CT	Zip Code 06418
Principal Occupation Employee	Name of Employer Town of Woodbrid	lge	h	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or Wes or dependent child of a lobbyist? Or No Ves of S400 to does contributor or business he/she is valued at more than \$5,000?			Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	state contractor or prospective state of branches at is with:	OLegislative No		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 10/25/2021	Aggregate Contributions 350.00		
Last Name Kurtyka	First Camille			MI
	^{City} Derby		State CT	Zip Code 06418
Principal Occupation Quality Coordinator	Name of Employer Infinity Homecare	1	!i	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes on dependent child of a lobbyist? Yes does contributor or business he/she is valued at more than \$5,000?			Amou 50.00	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Yes Is contributor a principal of a significant which brain of government the contract		● No		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 10/25/2021	Aggregate Contributions 100.00		
Last Name Lynch	First Elizabeth			MI
	^{City} Ansonia		State CT	Zip Code 06401
Principal Occupation Town Clerk	Name of Employer City of Ansonia			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of \$400 to \$400 t			50.00	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Yes Is contributor a principal of a s If yes, indicate which brar of government the contraction of government the contraction of section If yes, indicate which brar of government the contraction If yes, indicate which brar of government the contraction If yes, indicate which brar of government the contraction If yes, indicate which brar of government the contraction If yes, indicate which brar of government the contraction If yes, indicate which brar of government the contraction If yes, indicate which brar of government If yes, indicate which brar of g		⊙ No		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 10/25/2021	Aggregate Contributions 50.00		
SUBT	ΓΟΤΑL Section B — This	Page 200.00	-	
TOTAL	L of additional Section B	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	A INDIVIDUALS (Sections 13, Column A of Summary Page			

Section B ADDITIONAL PAGE 3A of ____

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	ory)		TYPE OF REPORT		
DiMartino For Derby 2021					
A. Total Contributions from Small Contributors-Rec		this Period ONLY TOTAL SECTION A	\$		
Last Name		butions from Indiv	iduals		
Desroches	1	_{First} Jennifer			MI
Residential Street Address 184 Seymour Ave	City Der	by		State CT	Zip Code 06418
Principal Occupation Sunflower Dental		Name of Employer Office Manager		. I	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$\mathbb{S}\$ does contributor or business he valued at more than \$5,000?	5400 to a ca c/she is asse	ociated with have a contract	ve officer of a municipalit with said municipality		ount of Contribution
	branch or	ontractor or prospective starts branches ith:	_ () No	50.	00
Method of Contribution:	****	Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Order	r 10/25/2021	50.00		
Last Name DeGennaro	1	irst Barbara		1	MI
Residential Street Address 51 Pangassett Rd	City Dert	by		State CT	Zip Code 06418
Principal Occupation Attorney	<u>-</u>	Name of Employer Self Employed		-L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/valued at more than \$5,000?	400 to a car /she is asso	ndidate for a chief executive point of the contract of the con	e officer of a municipalit with said municipality	y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Is contributor a principal of If yes, indicate which of government the contributor of government the contributor of government the contributor apprincipal of It yes, indicate which of government the contributor approach is the second of the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which of government the contributor approach is the second of It yes, indicate which	branch or	ontractor or prospective stat	_ ⊙ №	;	00
Method of Contribution:	nduot 15 WI	Date Received	Legislative Aggregate Contributions	-	
Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order	10/25/2021	200.00		
Last Name Malerba	1	Aniello			MI
Residential Street Address 41 Lakeview Terr.	City Derb	ру		State CT	Zip Code 06418
Principal Occupation Letter Carrier	-	Name of Employer USPS		.I	1
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a car she is assoc	Indidate for a chief executive ciated with have a contract Ves No	o officer of a municipality	y, Amo	ount of Contribution
	branch or l	entractor or prospective state	_ ONo		,,
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMor		Date Received	OLegislative Aggregate Contributions 225.00	1	
SU	ВТОТА	L Section B — This	Page 150.00		
TOTA	AL of ac	lditional Section B P	ages 200.00		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INDI ne 13, Coli	IVIDUALS (Sections A umn A of Summary Page T	+ B) 350.00		

GEEC FORM 20 Gerised January 2015	etion	B ADDITIONA	L PA	AGE	of_			2	222 JAN 18 PM
NAME OF COMMITTEE (Provide Complete	Vame as Re	egistered with Filing Repository)			TYPE (OF REPORT			
DiMartino For Derby 2021					Janua	ary 10			
A. Total Contributions from (See instructions for definition of Sm				is Period ONLY OTAL SECTION A	\$				
		B. Itemized Co	ntribı	utions from Individ	duals				
Last Name Ritter			Fire	st andal					MI
Residential Street Address 283 Elizabeth St			City Derby	·			State CT	Zip 0	118
Principal Occupation IT Manager				Name of Employer Yale University					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	is assoc	iated with have a contract OYes No	with said	l municipality	50.0		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive OLegislative									
Method of Contribution: Cash Personal Check Credit/Deb	t Card 🧲	Payroll Deduction Money		Date Received 10/25/2021	Aggregat	e Contributions		·	
Last Name Ritter			Firs	harlotte				_	MI
Residential Street Address 34 Belleview Dr	()					·	State CT	Zip C 064	Code 418
Principal Occupation Retired				Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A		Is contributor a principal of a If yes, indicate which bra of government the contra	nch or t	oranches	_	⊙ No			1000
Method of Contribution: Cash Personal Check Credit/Debi	t Card 🕻	Payroll Deduction Money	Order	Date Received 10/25/2021	Aggregat 50.00	e Contributions			
Last Name Rochelle			Fir	st ara					MI
Residential Street Address 40 Bassett St			^{City} Anso	pnia			State CT		Code 401
Principal Occupation Legislator				Name of Employer Connecticut Gene	eral Ass	sembly			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?					50.0		f Contribution
event reported in Section L1? If yes, list Event # 10252021A	Yes No	Is contributor a principal of a If yes, indicate which bra: of government the contra	nch or b	ranches h:	OLegi	© No slative			
Method of Contribution: Cash Personal Check Credit/Deb	t Card C	Payroll Deduction OMoney	Order	Date Received 10/25/2021	Aggregat 100.0	e Contributions 0		·	
· · · · · · · · · · · · · · · · · · ·		SUBT	ГОТА	L Section B — This	Page	150.00			
			Marian Pr	lditional Section B F		350.00		****	
TOTAL O	FALLC	ONTRIBUTIONS FROM Enter total on Line		IVIDUALS (Sections A umn A of Summary Page		500.00			

Section B ADDITIONAL PAGE ^{3C} of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
DiMartino For Derby 2021	January 10				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$				
B. Itemized Co.	ntrib	utions from Indivi	duals		
Last Name	Fir				MI
Flaherty	J	o-lynn			
	City			State	Zip Code
28 Pinecrest Ave	Ansc	onia		СТ	06401
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?				y, Ame 50.	ount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a s			e contractor? Yes		
event reported in Section L1? No If yes, indicate which brand of government the contract of government the government the government the government the government of government the government of government the government the government the government of government the government the government of gov					
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/25/2021	50.00	1	
Last Name	Fir	rst	1		MI
Tonucci	V	incent			
1	City			State	Zîp Code
26 Fairview Terr	Derb	у		СТ	06418
Principal Occupation	-	Name of Employer			- 1 , -, -, -
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021 Section L1? Yes Is contributor a principal of a lf yes, indicate which bra of government the contral	nch or	branches	te contractor? Yes		
Method of Contribution:		Date Received	Aggregate Contributions	7	
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	10/25/2021	100.00		
Last Name		rst			MI
Pelaggi	F	Rita			
Residential Street Address	City			State	Zip Code
45 Grandview Blvd.	Derb	ру		СТ	06418
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am 50.	ount of Contributio
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Yes No If yes, indicate which brain of government the contral	nch or	branches	No		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	10/25/2021	150.00		
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TOTAL	Lofa	dditional Section B l	Pages 500.00		<u> </u>
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		NVIDUALS (Sections A			

Section B ADDITIONAL PAGE 3D of ____

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
DiMartino For Derby 2021	January 10				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
B. Itemized Co	ontri	butions from Indivi	duals		
Last Name		Pirst			MI
Greer		Rosanne			
Residential Street Address 129 Bradley Terr.	City Der	by		State CT	Zip Code 06418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which brain the section L1?	anch o	r branches	e contractor? Yes No Legislative		
If yes, list Event # 10252021A of government the contra	act is w	Date Received	Aggregate Contributions	-	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	10/05/0004	100.00		
Last Name	I	First	1		MI
Lesser		Matt			l
Residential Street Address 2 Mazzolla Place	City Mid	ldletown	***************************************	State CT	Zip Code 06457
Principal Occupation		Name of Employer			<u> </u>
State Senator		State of Connection	cut		
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?				7, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which brof government the contributor of government the contributor associated with an event reported in Section L1?	ranch o	or branches	te contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions 25.00	7	
Cash Personal Check Credit/Debit Card Payroll Deduction Mone		First			MI
Bodo	1	Robert			
Residential Street Address	City			State	Zip Code
118 Massachuetts Ave	Fai	rfield		CT	06824
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess of \$40 does contributor or business he/sh 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 # 10252021A Yes No If yes, indicate which br of government the contribution of government the contribution associated with an event reported in Section L1?	ranch o	or branches	_ ONo		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omono	ev Orde	Date Received	Aggregate Contributions 150.00		
		'AL Section B — This	Page 125.00		
		additional Section B	700.00		
	10,10 at 12 at				No. 10 Control of the
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections Column A of Summary Page			

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Section B ADDITIONAL PAGE ^{3E} of ____

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2022 JAN 10 PN 2:29

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
DiMartino For Derby 2021	January 10	January 10				
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	Y \$	\$				
B. Itemized Co	ontributions from Ir	ndividuals				
Last Name Configurate	First		MI			
Confinante	Joe					
Residential Street Address 147 Myrtle Ave	City Ansonia		State Zip Code CT 06401			
Principal Occupation	Name of Employer	,				
Retired	Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is associated with have a co		50.00 Amount of Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which brown the section by the s	anch or branches	● No				
If yes, list Event # 10252021A of government the contribution of government the government of governme	Date Received	Aggregate Contributions	-			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mono	10,05,0001	150.00				
Last Name	First		MI			
Toffey	Brien					
Residential Street Address	City		State Zip Code			
108 Poplar Dr	Shelton		CT 06484			
Principal Occupation	Name of Employer					
Retired	Retired					
	r dependent child of a lobbyist? 🔞 No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Yes No Is contributor a principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which is the indicate which is th	anch or branches	ive state contractor? Yes No cutive Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received 10/25/2021	Aggregate Contributions 135.00				
	First		MI			
Last Name Garofalo	Marc		IVII			
Residential Street Address	City		State Zip Code			
95 Academy Hill Rd.	Derby		CT 06418			
Principal Occupation Town Clerk	Name of Employer City of Derby	1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	e is associated with have a c		y, Amount of Contribution 100.00			
event reported in Section L1?	The state of the s					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received 10/25/2021	Aggregate Contributions 300.00				
	BTOTAL Section B —	This Page 210.00				
	L of additional Section	007.00				
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sec	tions A + B) 1.035.00				
(Enter total on Lin	e 13, Column A of Summar	y Page Lotals)				

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE Of _____

2022 JAN 10 PM 2:29

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
DiMartino For Derby 2021				January 10				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$				
	Contr		itions from Indivi	duals				7
Last Name Welander		Firs	ary					MI
Residential Street Address 377 Dogwood Rd	City	rang	ge			State CT	1 -	Code 477
Principal Occupation State Rep.	1		Name of Employer				•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?						Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Section L1? No Yes Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which be of government the contributor apprincipal of If yes, indicate which is the indicate which is	ranch	or b	ranches		No			
Method of Contribution:	35		Date Received	Aggregate	e Contributions	1		
©Cash	ney Or		10/25/2021	150.0	0			
Last Name Foley		Firs Da	aniel					MI
Residential Street Address 69 Kings Court	City	Derby			State CT	• -	Code 418	
Principal Occupation Retired			Name of Employer Retired					:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?						, Amo		f Contribution
	branch							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mor	ney Or	der	Date Received 10/25/2021	Aggregate 50.00	e Contributions			
Last Name		Firs	st			· · · · · ·		MI
Residential Street Address	City	y y		austum -		State	Zip	Code
Principal Occupation	L		Name of Employer		··········	<u> </u>		•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?						Am	ount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10252021A Yes Is contributor a principal of If yes, indicate which to of government the contributor apprincipal of Its contr	branch	ı or b	oranches	_	⊙ No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Or	rder	Date Received 10/25/2021	Aggregat 475.0	e Contributions O			
SU	вто	TA	L Section B — This	Page	150.00			
TOT	ΆLο	of ad	dditional Section B	Pages	1,035.00			
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DiMartino For Derby 2021			January 10			
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Last Name FUSCO	l		*	MI		
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SEEC FORM 20 Revised January 2015

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	y)		TYPE OF REPORT		
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	C2.]	Reimbursemen	ts or Surp	lus Distribu	itions fr	om other Committees		
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NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Filing Repository)		TYPE OI	REPORT	
	D. Loans Rec	eived this Period			
Name of Lender		Source of Loan: OBank OCan	ndidate 🔘 Individu	nl 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	2022 JAN 16
Name of Lender		Source of Loan: Bank Can	ndidate () Individu	al 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)			<u> </u>		Amount Received
Street Address	City		State	Zip Code	
Name of Lender	1	Source of Loan: Bank Ca	ndidate () Individu	al 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	
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E. Receipts from Entities	other than Individua	ıls or Other Con	nmittees (Refere	ndum Committe	es ONLY)
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contr	ibutions	
Name of Entity	<u>. </u>				<u> </u>
Street Address			Date Received	- Johnson Lauren	Amount Received
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I. MONETARY RECEIPTS (Sections A—K)

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Revised January 2015 NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)	Care Control of the C	OF REPORT	
	J. Interest from Deposits in Authorized	Accounts		
Name of Institution		Date R	Leceived	Amount
Street Address	City	State	Zip Code	Amount Received on Amount Received on Amount Received on Amount Received ode on Amount Received
Name of Institution		Date R	Received	Amount
Street Address	City	State	Zip Code	
	TOTAL:	SECTION J		
K. N	fiscellaneous Monetary Receipts not Consid	ered Contrib	outions	
Name			Date of Transaction	Amount Received
Street Address	City	State	e Zip Code	
Description				
Name	and the second s		Date of Transaction	Amount Received
Street Address	City	State	e Zip Code	
Description		1	L	
Name			Date of Transaction	Amount Received
Street Address	City	State	e Zip Code	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Stat	e Zip Code	
Description	l			
	TOTAL SECT	TION K		
SUMMA	ARY OF OTHER MONETARY RECEIPTS	(Sections D	through K)	
Total Loans Received this Period (Se	ection D)			
Total Receipts from Entities other tha	an Individuals or Other Committees (Section E)	+		
Total Amount Transferred from Affil	liated Business Treasury (Section F)	+		
Total Amount Transferred from Affil	liated Labor Union or Other Organization Treasury ((Section G) +		
Total Amount of Personal Funds of the	he Candidate Received this Period (Section H)	+		
Total Amount of Interest from Depos	sits in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Receip	pts not Considered Contributions (Section K)	+		
	Total of Other M. d Sections D through K) (Enter total on Line 15, Column A			

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		RT		
	T. Fron	January 10 t Information			
Event#	Description Description	(MIOTHAUOI		4: 0	
Date of Event Letter 10252021A	Fundraiser Dinner at the Cannon		Was	s this a fur • Yes	ndraising event
Location: Street Address 1 Atwater Ave.		City Derby		State CT	Zip Code 06418
Subpart 1: (All Commit Was this event hosted at	•	OYes (If yes, go to Section L5 In-Kind Donatio Associated with a House Party and com purchases made by host(s) for food, bever	plete requ	uired infor	
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donation and complete required information.) No	ons not Co	onsidered	Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Receipts here.) ONo	→[\$		
	nittees, Municipal Candidates and Political Conn advertising space in a program book or on a fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Ad or on a Sign and complete required info	_	-	Program Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Receipts here.)	\$		
Event # Date of Event Letter	Description		Was	s this a fur OYes	ndraising event
Location: Street Address		City		State	Zip Code
Subpart 1: (All Commit Was this event hosted at	•	OYes (If yes, go to Section L5 In-Kind Donatio Associated with a House Party and com purchases made by host(s) for food, bever	plete req	uired infor	rmation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donation and complete required information.) No	ons not C	onsidered	Contributions
	sale, auction, or other sale of donated items individual of up to \$100?	Yes (If yes, enter Total Receipts here.)	→[\$		
	nittees, Municipal Candidates and Political Comm advertising space in a program book or on a fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Ad or on a Sign and complete required info			Program Book
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SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fi	rom Sale of Donated Items — This Page			
3164		tion L1—Subpart 3 (Town Committees ONLY) eipts from Food Purchases — This Page			
P		TOTAL of additional Section L1 Pages			
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NAME OF COMMITTEE	E. (Provide Complete Name as Rea	istered with Filino Roposite	orv)	TYPE OF REPO	RT		
2 12 14 14 14 14 14 14 14 14 14 14 14 14 14				property and the San Carlo			
	L3. Purch:	ases of Advertisi	ng in a Progi	ram Book or on a Sign			
Name of Purchaser					OBu	siness Entity	Other roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser				•	OBu	siness Entity	Other oprietorship
Street Address			City		•	State	Zip Code
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Name of Purchaser	ette kaansan aan aan aa amaa aa a				OBu	siness Entity	_
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Street Address			City		1. —	1	
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser				1	QB1	usiness Entity	•
Street Address			City			State	Zip Code
Date Received	Event #	From a committee tag sale, auction, or a sale of donated items. Section L2. removed Name at Registered with Filing Repository) Purchases of Advertising in a Program Book or on a Sign Purchases of Advertising in a Program Book or on a Sign Purchase Made By: Other Individual/Sole Proprietorship City Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Program Ad Purchase Amount of Sign Purchase Amount of Sign Purchase Amount of Program Ad Purchase Amount of Sign Purchase To Total Purchases of Advertising in Program Book — This Page TOTAL of additional Societion L3 Pages RCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN					
	SUBTOTAL Section L	3 Total Purchases of	Advertising in	Program Book — This Page		se Made By: siness Entity Other dividual/Sole Proprietorship State Zip Code Amount of Sign Purchase se Made By: siness Entity Other dividual/Sole Proprietorship State Zip Code Amount of Sign Purchase se Made By: siness Entity Other dividual/Sole Proprietorship State Zip Code Amount of Sign Purchase se Made By: siness Entity Other dividual/Sole Proprietorship State Zip Code Amount of Sign Purchase se Made By: siness Entity Other dividual/Sole Proprietorship State Zip Code Amount of Sign Purchase se Made By: siness Entity Other dividual/Sole Proprietorship State Zip Code	
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NAME OF COMMITTE	EE (Provide Complete Name a	is Registered with Filing Rep	pository)	TYPE OF RI	EPORT		
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Individual Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
2 Sole Proprietorship							
			SUBTOTAL Sect	tion L4 — This Page			
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		T	OTAL of additio	nal Section L4 Pages			
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NAME OF COMMITTEE (Provide	e Complete Name as Registered with Filing Rep	pository)		TYPE OF RE	PORT]
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LS, 111-	-Kind Donations Not Conside	erea Contributions Assoc	Is this event su committee?	pporting m	ore than c	one candidate or	
Street Address		City			State	Zip Code	-
Description of Donation				Fair Mai	rket Value	of Donation	
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escription of Donation				Fair Ma	rket Value	e of Donation	
vent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi.	s host/candidate				
		SUBTOTAL Section L5 -	— This Page				
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TOTAL OF A ASSOCIATED WITH A F	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on	OT CONSIDERED CONTI a Line 22, Column A of Summan					

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with I	Filing Repository)			TYPE C	F REPORT		
			M. In-Kind C	ontri	ibutions				
Name Linda Fusco									
Street Address				City	y			State	Zip Code
10 Platt St.				D	erby			СТ	06418
Type of contributor: Committee	Date Recei		Aggregate Contribution	ıs	Description of In-Kind of Wine & table clo				
Individual / Sole Proprietorship Other	10/25/2		48.89		<u></u>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	bution is in on atributor or l at more than	business he/she is asso	ciated v	for a chief executive o with have a contract wi Yes •No	fficer of a	municipality, unicipality		Market Value s Contribution
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Vame		<u> </u>							
						****		Jan .	OCO IALLEO -Zip Code III
Street Address				City	у			State ~	Zip code : 2 3
Type of contributor. Committee	Date Recei	wed	Aggregate Contribution	ıs	Description of In-Kind	Contributio	'n		
Individual / Sole Proprietorship Other									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does co		business he/she is ass	ociated	te for a chief executive a limit have a contract w		* * '		Market Value is Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	indicate which brancl	h or bra	ractor or prospective sta	_	O _{No}		
Name		or gove	rnment the contract is	wiui.	DEXECUTVE	Oregisi	auve		
Street Address				Cit	У			State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Contribution	IS	Description of In-Kind	Contributio	on		
Individual / Sole Proprietorship Other	16				to for a chief eventive	officer of	a mynioinality	You in	Nowhest Welve
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does co		business he/she is ass		te for a chief executive I with have a contract w Yes No			1	Market Value is Contribution
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TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS Œ	Enter total on Line 23, (Column	ı A of Summary Page To	otals)			
	N.	. Refun	dable Deposit to	o Tele	ephone Compar	ıy			
Last Name of Individual	agusta a stillio 🚓 🕏		First				МІ	Date Depo	sit Made
Residential Street Address			City			State	Zip Code	1	Amount of Deposit
Name of Telephone Company									
			I arri			Ctata	Zip Code	_	
Street Address			City			State	Z.p code	I	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section Orientoved.

SEEC FORM 20 Revised January 2015 IV. EXPENDITURES (Sections P—T) Page 13 of 17 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Jan 10 DiMartino For Derby 2021 P. Expenses Paid by Committee Method of Payment: Date of Payment Name of Payee Check # 10/25/2021 Costco Wholesale Debit Card OEFT Zip Code Street Address City CT 06460 1718 Boston Post Rd. Milford Purpose of Expenditure Description Event # Amount (by code) FNDR Drinks for Fundraiser 10252021A 77.78 Expenditure #
(if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) O OrganizationOA O B O C O D Method of Payment: Name of Payee Date of Payment Check # 10/25/2021 Costco Wholesale O Debit Card OEFT Street Address City 1718 Boston Post Rd. CT 06460 Milford Event # Purpose of Expenditure Description Amount (by code) FNDR Wine / Cookies 10252021A 55.92 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD Method of Payment:
Check #_ Date of Payment Name of Payee Big Y Debit Card OEFT Street Address Zip Code City State 06418 Derby CT 656 New Haven Ave. Purpose of Expenditure Event # Amount ^(by code)FUNDR Sandwiches for Fundraiser 10252021A 128.73 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D Date of Payment Method of Payment: Name of Payee Shoprite Check # O Debit Card OEFT Street Address Zip Code City 49 Pershing Drive Derby CT 06418 Event # Purpose of Expenditure Description Amount (by code) Sodas and Napkins / plates 10252021A 45.21 Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Expenditure # (if applicable) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization ()A Ω B Oc Ω D 307.64 SUBTOTAL Section P — This Page 2,989.54 **TOTAL of additional Section P Pages** 3,297.18 TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

Section P. ADDITIONAL PAGE

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	of	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
DiMartino For Derby 2021				January 10			
	P. Expenses	Paid by Committee					
Name of Payee Big Y				Date of Payment 11/2/2021	Method of Check	:#	
Street Address 656 New Haven	Ave	City Derby			State CT	Zip Code 06418	
Purpose of Expenditure (by code)	nditure Description Event # Food for HQ on Election Day for Volenteers				Amount 41.83		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OB OB OD						
Name of Payee Valley Publishino	3			Date of Payment 10/25/2021	Method of I Check Debit	#0097	
Street Address 7 Francis St.		City Derby	_		State CT	Zip Code 06418	
Purpose of Expenditure (by code) PRNT	Description Mailer		Event #		1,978.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	nmittee)	dent) 4 О в О с О р			
Name of Payee Webster Bank				Date of Payment 10/29/2021	Method of I Check Debit	: #	
Street Address 500 New Haven	Ave	City Derby	•		State CT	Zip Code 06418	
Purpose of Expenditure (by code)	Description Service Charge		Event #	.	25.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)	ndent	da) Da Ob Oc Od			
Name of Payee Linda Fusco				Date of Payment 10/25/2021	Method of Check	k #0098 Card O EFT	
Street Address 10 Platt St.		City Derby			State CT	Zip Code 06418	
Purpose of Expenditure (by code) FNDR	Description Hall Rental		1025	# 52021A	25.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee)	ndent				
	\$	SUBTOTAL Section P -	— This	Page 2,070.64	,		

Section P. ADDITIONAL PAGE

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Revised January 2015							
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository))		TYPE OF REPORT			
DiMartino For D	erby 2021			January 10			
	P. Expenses	Paid by Committe	æ				
Name of Payee				Date of Payment	Method o	f Payment:	
RoboCent Inc.				11/02/2021	OChec	***************************************	
Street Address		City			© Debi	it Card OEFT Zip Code	
2129 General B	ooth Blvd #103	Virginia Beach			VA	23454	
Purpose of Expenditure (by code) A-PH-BNK	Description Automated calls for election day				30.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization A B C D						
Name of Payee Italian Pavilion				Date of Payment 11/03/2021	Method of Payment: Check # Debit Card DEFT		
Street Address 90 Pershing Driv	ve	City Derby			State CT	Zip Code 06418	
Purpose of Expenditure (by code) FOOD	Description Party after Election Night		Event #	<u></u>	Amount 561.98		
Expenditure # (if applicable)							
Name of Payee				Date of Payment	1	f Payment:	
Comcast				11/4/2021	Chec Debi		
Street Address		City		.,	State	Zip Code	
300 Universal D	r N	North Haven			СТ	06473	
Purpose of Expenditure (by code) WEB	Description WIFI for HQ Monthy Bill		Event #	#	89.5	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or concommend with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind control of the control of	committee) ure) Indep	endent	ed) DA OB OC OD			
Name of Payee United Illuminati	ng			Date of Payment 11/10/2021	Method o Chec		
Street Address		City			State	Zip Code	
100 Marsh Hill F	Rd	Orange			СТ	06477	
Purpose of Expenditure (by code) OVHD	Description Electric of HQ Monthy		Event	#	33.25	Amount	
Expenditure # (if applicable)	Type of Expenditure (**None of the below" is checked**) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization* ORGANI						
		SUBTOTAL Section P	— This	Page 714.80			
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NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
DiMartino For E	Perby 2021			January 10		
	P. Expenses	s Paid by Commit	ttee			
Name of Payee Webster Bank	2			Date of Payment 11/30/2021	Method of Ochecle	s #
Street Address 500 New Haver	n Ave	City Derby			State CT	Zip Code 06418
Purpose of Expenditure (by code) BNK	Description Monthy Service Charge	· · · · · · · · · · · · · · · · · · ·	Event	#	Amount 25.00	
Expenditure # (if applicable)						
Name of Payee Anedot				Date of Payment 11/1/2021	Method of OCheck ODebit	: #
Street Address 1920 McKinney	Ave 7th floor	City Dallas			State TX	Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Entire month of October's Online donation	fees	Event #	4	Amount 42.90	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or concluded to the Coordinated with reimbursement sought (joint expenditue) Coordinated without reimbursement sought (in-kind control of the cont	ommittee)	ependent	A OBOC OD		
Name of Payee Comcast Date of Payment 12/06/2021					Method of Check	#
Street Address 300 Universal E	Dr N	City North Haven	•		State CT	Zip Code 06473
Purpose of Expenditure (by code) WEB	Description WIFI for HQ		Event :	¥	69.36	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	committee) ure)	dependent	DA OB OC OD		
Name of Payee United Illuminat	ing			Date of Payment 12/14/2021	Method of Check	k #
Street Address 100 Marsh Hill	Rd	City Orange			State CT	Zip Code 06477
Purpose of Expenditure (by code) OVHD	Description Electirc for HQ Monthly		Event	#	41.84	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	ommittee) ure)	w" is checke dependent ganization			
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1	Method of P Check Debit C		
	State CT	Zip Code 06418	
		Amount	
	25.00		
C OD	Method of P	avment:	
	O Check	#	
	O Debit C State	Card OEFT Zip Code	
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COD	Method of P		
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t	Method of P Check Debit C	#	
		Amount	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiMartino For D	erby 2021		January 10	
	P. Expenses	Paid by Committee		
Name of Payee Webster Bank	Method of Payment: OCheck #_ ODebit Card OEFT			
Street Address 500 New Haven	Ave	City Derby		State Zip Code CT 06418
Purpose of Expenditure (by code) BNK	Description Service Charge	Amount 25.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	nmittee)		
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee) Independent		
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card O EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee) re) Independ	,	
Name of Payee			Date of Payment	Method of Payment: OCheck #Obebit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required une None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	mmittee) e) Independ	ent	
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IV. EXPENDITURES (Sections P-T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPOR	T
	Q. Campa	ign Expenses Paid	by Candidate	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? Yes No
Street Address	777.774	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Street Address	0.9743 9344 9444	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	l Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? O Yes O No
Street Address	A control of the cont	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed? Yes No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	,	Event #	Amount
Name of Payee (Name of I	1 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of 1	 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	***************************************	Event #	Amount
	\	SUBTOTAL S	ection Q — This Page	
		TOTAL of addition	onal Section Q Pages	
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IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repo	sitory)	TYPE OF REPO	RT	
		irred on Committee Cr	edit Card		
Name of Issuing Insti	tution	Type of Credit Card: Visa Master	Card Discover O	American Express	s Other:
Name of Vendor, Person of	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-key)	xpenditure) O Indep	endent	OD	
Name of Vendor, Person o	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Req. None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	xpenditure)	rendent	Op	
Name of Vendor, Person o	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	xpenditure)	•	Ор	
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	y tanada ay	TOTAL of additional Sectio	n R Pages		
то	TAL OF ALL EXPENSES INCURRED (Enter total on	ON COMMITTEE CREI Line 27, Column A of Summar			

IV. EXPENDITURES (Sections P-T)

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NAME OF COMMIT	IEE (Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REPO	RT	
	S. Expenses Incurre	d by Committee but Not P	aid During this Period	1	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event #	l l	nount Incurred
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary) None of the below Coordinated with reimbursement sous Coordinated without reimbursement so	ht (joint expenditure)	elow" is checked) Independent Organization: A B C	O D	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	The second secon	Event #		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	Allow" is checked) Independent Organization: A B C	Op	
Name of Creditor				Date Incu	7ed
Street Address		City	***************************************	State	Zip Code
Purpose of Expenditure (by code)	Description	I	Event #		nount Incurred
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	clow" is checked) Independent Organization: B C	O _D	
		SUBTOTAL Sec	ction S-This Page	3.	
		TOTAL of additions	al Section S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMI (E	TTEE DURING THIS PERIOD inter total on Line 28, Column A of S	· 表示 · · · · · · · · · · · · · · · · · ·		
	Previously 1	reported Expenses Unpaid and s	till Outstanding		
		INCURRED BY COMMITTEI ter total on Line 28a, Column A of Si	化环氯基 化二氯化铁 医二氯化 医大胆 化二氯化甲基乙基化 医克里克氏病 医二氯甲基甲基		

IV. EXPENDITURES (Sections P—T)

2022 JAN 10 Page 17 of 17	PM
Date of Payment to Vendor, Person or Entity	
ommittee Worker/Consultant as	
Debit Card OEFT State Zip Code	
Amount	
Date of Payment to Vendor, Person or Entity	
ommittee Worker/Consultant as	
Debit Card DEFT State Zip Code	
Amount	
Date of Payment to Vendor,	
Person or Entity	
Committee Worker/Consultant as	
Debit Card EFT State Zip Code	
Amount	
1	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Film	g Repository)	TY	PE OF REPORT	
	T. Itemization of	Reimbursements a	nd Secondary Pa	yees	
Last Name of Worker/Con	sultant	First		МІ	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	1		Payment to Reimburse reported in Section P:	Committee Worker/Consultant as Debit Card DEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultar	nt City			State Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought	(joint expenditure)	f the below" is checked) Onganization: OA	000	
Last Name of Worker/Con	sultant	First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant			Payment to Reimburse reported in Section P:	Committee Worker/Consultant as Debit Card DEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consulta	nt City			State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought	(joint expenditure)	f the below" is checked) Independent Organization: o A	000	
Last Name of Worker/Cor	ssultant	First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	AND AND AND ASSESSMENT OF THE SECOND OF THE		Payment to Reimburse reported in Section P:	Committee Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consulta	nt City			State Zip Code
Purpose of Expenditure (by code)	Description	•	Event #	Martin Addition of the second	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sought	(joint expenditure)	f the below" is checked) Independent Organization: o A	000	
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TOTAL OF ALI	REIMBURSEMENT TO COMM	ITTEE WORKERS A	ND CONSULTAN	TS	