#### **SEEC FORM 20**

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

RECEIVED TOWN/CITY CLERK DERBY, CT

2023 JUL 10 PM 1:25

Do Not Mark in This Secret For Official Use Only

# COVER PAGE

1. NAME OF COMMITTEE				MARC J. GARUFAL	J, IV				
DiGiovanni Election Committee 2	.023								
2. TREASURER NAME									
First		MI	Las		<del></del>	Suffix			
Heidi	·	R	D	iGiovanni					
3. TREASURER ADDRESS									
Street Address		1	City			State	1 -	Code	
77 8th St	· F		Derby				CT 06418		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only if C	andidate Committee)			rant finds despitation.	TRICT NUMBER	
(mm/dd/yyyy) 11/07/2023	Mayor						(if applicab	le)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ory Committee)	,						
First		MI	Las	st			<u> </u>	Suffix	
Gene		J	D	DiGiovanni				Jr	
8. TYPE OF REPORT (Check One Box)									
O January 10 filing  O7th day preceding primary  O7th day preceding referendum  (PACS ONLY)								or Disbursement	
O April 10 filing	O30 days follow	wing primar	ry (	45 days following referendum	Amendme	•			
• July 10 filing	ding election	n (	O Deficit	_	ype of Re				
October 10 filing	O12th day prece			<b>O</b> Termination	_				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	wing election							
9. PERIOD COVERED									
	Beginning Da	.te		Ending Date					
	04/01/2023	***************************************	tl	hru 06/30/2023				,	
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe					nis <b>Iter</b>	mized Ca	ampaign l	Finance	
Hadi Di Giovan	ni		Heidi D	)iGiovanni		_	07/09	/2023	
TREASURER OR DEPUTY TREASURI	ER (SIGNATURE)		PRINT N	NAME OF SIGNER			DATE (mm/dd/yyyy)		
A person who is	found to have kn	owingly ar	nd willfi	ally violated any provisions of the	e cam	paign fir	nance stat	tutes	
	f	faces a civi	il penali	ty or imprisonment or both.					

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#### **SEEC FORM 20**

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



SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	PM 1: 25
DiGiovanni Election Committee 2023	July 10 Filing	0 0
	COLUMNIA	COLUMN B Aggregate
<ol> <li>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</li> </ol>	WHAT S. C. MA	\$0
12. Balance on hand at the beginning of Reporting Period	\$0	
13. Contributions Received from Individuals (Sections A and B)	\$2070.00	\$2070.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0	\$0
15. Other Monetary Receipts (Sections D through K)	\$0	\$0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0	\$0
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	\$0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$2070.00	\$2070.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$2070.00	\$2070.00
19. Expenses Paid by Committee (Section P)	\$694.92	\$694.92
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1375.08	\$1375.08
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0	\$0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0	\$0
23. In-Kind Contributions Received (Section M)	\$0	\$0
24. Refundable Deposit to Telephone Company (Section N)	\$0	\$0
25. Loan Balance	\$0	
25a. + Loans Received (Section D)	\$0	\$0
25b. + Interest and Penalties on Loan	\$0	\$0
25c Payments on Loan	\$0	\$0
25d. Total Outstanding Loan Amount	\$0	
26. Campaign Expenses Paid by Candidate (Section Q)	\$686.92	\$686.92
27. Expenses Incurred on Committee Credit Card (Section R)	\$0	\$0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0	

# I. MONETARY RECEIPTS (Sections A—K) TO THE COUNTY OF THE

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		William Wat In a second se	TYPE OF REPORT OF				
DiGiovanni Election Committee 2023			July 10 Fi	ling		a.c	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$1530.0	J 10 P	n 1.	Z () ^	
			97,	u ).	Swel .		
B. Itemized Cor	ntrib	utions from Individ	duals	1 GARIOF	75.0, 1		
Last Name	Fir		1511512	J. C.	·		MI
Blizman	S	teve					
Residential Street Address	City				State	Zip (	Code
941 Bakewell Ct	Lake	Mary		FL	327	746	
Principal Occupation		Name of Employer				·	
IT Security		ADP					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?						Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a s  If yes, list Event #  Yes Is contributor a principal of a s  If yes, list Event #	ich or b	oranches	contractor?	Yes No			
Method of Contribution:		Date Received	Aggregate Cor		-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	4/12/2023	\$100.00				
Last Name	Fir	st		·		***************************************	МІ
Pelaccia	С	Christie					
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·			State	Zip C	Code
92 Oak Ave	Shelt	on			СТ	064	184
Principal Occupation		Name of Employer			<u></u>		
or dependent child of a lobbyist? No does contributor or business he/she i valued at more than \$5,000?	00 to a candidate for a chief executive officer of a municipality. he is associated with have a contract with said municipality  Yes  No  Salary  \$100.00					Contribution	
event reported in Section L1?  If yes, list Event #  No  If yes, indicate which bran of government the contract	nch or l	branches	_	<ul><li>No</li></ul>			
Method of Contribution:		Date Received	Aggregate Cor				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	4/12/2023	\$100.00				
Last Name	Fir		•				MI
Tracz		indy 				<del>,</del>	
	City				State	Zip (	
	Derb		<del></del>		СТ	064	418
Principal Occupation		Name of Employer Sacred Heart Acade	emy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?					**Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No No Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or b	oranches	e contractor?	Yes No ve			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	Order	Date Received 4/12/2023	Aggregate Co \$100.00	ntributions			
SUBT	OTA	L Section B — This	Page \$30	00.00	Hope Colonian commitm		
TOTAL	of ac	lditional Section B P	ages \$24	10.00		***************************************	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I		IVIDUALS (Sections A umn A of Summary Page		70.00			

SEEC FORM 20

# Section B ADDITIONAL PAGE 1

of 1	P71 1	CIV	-	
UI.	7.4.4	 TY	CLE	RK

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT/ C.T				
DiGiovanni Election Committee 2023			July 10 Filing		0.0		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period SUBTOTAL SEC		S see first page	71 1:	20		
			How J.	Sw.	- In		
B. Itemized Con	ntributions fro	m Individ	luaisand J. Garde	A.D. M	<u> </u>		
Last Name	First				MI		
Stephen	Kevin						
Residential Street Address	City			State	Zip Code		
19 Larovera Ter	Ansonia			CT	06401		
Principal Occupation	Name of Em	ployer		<del>l</del>			
IT Specialist	General	Technology	y Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?		ive a contract v		,	Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  No If yes, indicate which brane of government the contraction of government the contraction.	ich or branches	_	contractor? Yes OLegislative				
Method of Contribution:	Date Receive	ed b	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 4/12/20	23	\$150.00				
Last Name	First		· · · · · · · · · · · · · · · · · · ·		Mi		
DiGiovanni	Donna	Donna					
Residential Street Address	City			State	Zip Code		
77 8th St	Derby			СТ	06418		
Principal Occupation	Name of Em	ployer		1			
Retired							
	is associated with ha	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Yes  No  No  Amount of Contribution  \$90.00					
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  No No If yes, indicate which brate of government the contraction.	nch or branches	_	e contractor? Yes				
Method of Contribution:	Date Receive	ed	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 05/01/2	023	\$90.00				
Last Name	First				MI		
Residential Street Address	City	·· <del>···································</del>		State	Zip Code		
Principal Occupation	Name of Em	ployer		<u></u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?		ive a contract v		y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  **Moderate of Section L1 is contributor a principal of a section I is contributor a p	nch or branches t is with:	Executive	Contractor? Syes				
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Order Date Receive	ed	Aggregate Contributions				
SUBT	OTAL Section	B — This	Page \$240.00				
TOTAL	of additional S	Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I				е			

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

NAME OF COMM	MITTEE (Provide Complete	Name as Revietara	d with Filing Range	itory)		- In	YPE OF REPORT		
	ction Committee 20		z ung Keposi	nery)			uly 10 filing		
		C1.	Contributio	ons from C	ther Com			<b>不能抵抗</b>	
Name of Committee					Name of Tre	asurer			<u></u>
Address	anno anno anno anno anno anno anno anno			Is this contrevent repor	ted in Section I	ated with an L1? , list Event #	OYes ONo	Amount of	Contribution
City		State	Zip Code	Date Rec	eived	Aggregat	e Contributions		
Name of Committee					Name of Tre	asurer			
Address				Is this control	ted in Section I	ated with an L1?	O Yes O No		Contribution
City		State	Zip Code	Date Rec	eived	Aggregat	e Contributions		
Name of Committee		<del></del>		<del> </del>	Name of Trea	asurer	e di di	2 5	122
Address				Is this control	ted in Section I	ated with an L1? , list Event #	O Yes O No		Contribution
City		State	Zip Code	Date Rec	cived	Aggregat	e Contributions		
	C2. R	eimburseme	nts or Surp	lus Distrib	utions fro	m other (	Committees		
Name of Committee					Name of Tre	asurer			
Address				City				State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  OReimburse	ement for shared o	expense O	Surplus Distrib	oution		Amount	of Receipt
Description									
Name of Committee					Name of Tre	asurer			
Address				City				State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Typ	e rsement for share	d expense	Surplus Distr	ribution		Amount	of Receipt
Description									
			SUBTO	)TAL Secti	on C — Th	is Page	\$0		
			TOTAL	of addition	al Section C	C Pages	\$0		
		ALL COMMI C1 + C2) (Ente					\$0	THE REPORT OF THE PARTY OF THE	

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	itory)		1	TYPE OF	REPORT	
DiGiovanni Election Committee 2023				J	uly 10 l	iling	
	D. Loans	Receiv	ed this Period				
Name of Lender			Source of Loan:  Bank • Cand	idate 🔿	Individua	Other Committee	Date of Receipt
Street Address	City		<del> </del>		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)						I	Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: Bank Candi	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)				:			Amount Received
Street Address	City	<del>``</del>			State	Zip Code	
Name of Lender	and the second s		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? O Yes O No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City	·* · · · · · · · · · · · · · · · · · ·			State	Zip Code	
			TOTAL SECTION	ON D	\$0	\$ <i>Q</i>	
E. Receipts from Entities other th	an Indiv	iduals (	or Other Comn	ittees	(Referen	dum Committee	es OMLY)
Name of Entity							5 138
Street Address				Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contrib	outions	28
Name of Entity	***************************************	<u> </u>			en participa de la propieta de la co		
Street Address			······································	Date Re	ceived		Amount Received
City		State	Zip Code	Aggreg	ate Contrib	outions	
Name of Entity							
Street Address	· · · · · · · · · · · · · · · · · · ·	***************************************		Date Re	ceived		Amount Received
Zity		State	Zip Code	Aggreg	ate Contril	outions	
			TOTAL SECTI	ON E	\$0		

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

NAME OF COMMITT	EE (Provide Complete Name as Registe	red with Filing Re	pository)				TYPE	OF REPO	ORT		
DiGiovanni Electio	on Committee 2023						July 1	10 Filinç	9		
	F. Amount Transferred	from Affili:	ated Bu	siness	Treasury (	Busines	s Entit	y Comm	ittees ONLY)		
Date of Receipt	Is this transaction associate event reported in Section	ited with an	8Yes No		st Event#	3 75 75 75 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Amou	nt	
Date of Receipt	Is this transaction associate event reported in Section		8Yes No	If yes, li	st Event#				Amou	nt	
Date of Receipt	Is this transaction associa event reported in Section		8Yes No	If yes, li	st Event#				Amou	nt	
Date of Receipt	Is this transaction associa event reported in Section		8Yes No	<i>If yes</i> , li	st Event #				Amou	nt	
				T	OTAL SEC	TION	3	\$0			
	Transferred from Affiliat		J <b>nion o</b> i	r Othei	Organiza					Stee 15	ONLY)
Date of Receipt		Date of Receipt [					Date of R	eceipt	是作		
	Amount	Amount				***************************************		Amount	<u>ح</u>	777	
				<b>TO</b> ]	TAL SECTI	ION G	\$0	)		N S	
	H. Personal Funds of t	he Candida	ate Rec	eived t	nis Period	(Candi	date Co	ommitte	es ONLY)		
Date of Receipt	Method of payment:						Starger and a	1	Amo	unt	
	<b>O</b> Cash	O Per	rsonal Che	:ck	Credit/I	Debit Car	d				
Date of Receipt	Method of payment:	ulado. An esta esta esta esta esta esta esta esta	*******			(		1	Amo	unt	
	<b>O</b> Cash	O Per	rsonal Che	ck	Credit/I	Debit Car	d				
Date of Receipt	Method of payment:	e de la companya de l				···	·		Amo	unt	<del></del>
	O Cash	O Per	rsonal Che	ck	Credit/I	Debit Car	d				
Pate of Receipt	Method of payment:	·		<del>64-11-1</del>		<del></del>			Amo	unt	
	O Cash	O Per	rsonal Che	ck	O Credit/I	Debit Car	d				
				,	TOTAL SE	CTION	Н	\$0			
		I Ano	nymani	s Conti	ibutions						
		1. / RHV	a.yaavut	, conti	ADREIUNS						

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.

		CHUIIS A		/ 	
NAME OF COMMITTEE (Provide Complete Name as Registered w	vith Filing Repository)			OF REPORT	
DiGiovanni Election Committee 2023				0 Filing	
<del></del>	t from Deposits in Authorized				
Name of Institution		[ ]	Date Re	eceived	Amount
Street Address	City	Sta	te	Zip Code	
Name of Institution		I	Date Ro	ceived	Amount
	To				
Street Address	City	Sta	te	Zip Code	
	TOTAL	SECTION	J S	\$O	SIX MCATION PARASTRACTION CONTRACTOR CONTRAC
K. Miscellaneous I	Monetary Receipts not Consid	ered Con	trib	utions	
Name			D	ate of Transaction	Amount Received
Street Address	City		State	Zip Code	_
Description					
Name			D	ate of Transaction	Amount Received
				33-	
Street Address	City		State	Zip Gode &	
Description					
				7/20	<b>P</b> 000
Name			D	ate of Transaction	Amount Received
Street Address	City		State	Zip Code	-13 3
Description					
Name			D	ate of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u> </u>		
			Common and Sound		
	TOTAL SECT	TION K	\$0		
SUMMARY OF OTH	ER MONETARY RECEIPTS	(Sections	D t	hrough K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or	Other Committees (Section E)		+		
Total Amount Transferred from Affiliated Business Tr	reasury (Section F)		+		
Total Amount Transferred from Affiliated Labor Unio	on or Other Organization Treasury (	Section G)	+		
Total Amount of Personal Funds of the Candidate Rec	ceived this Period (Section H)		+		
Total Amount of Interest from Deposits in Authorized	Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts not Considere	d Contributions (Section K)		+		
(Add Sections D throa	Total of Other M				

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		Marie de la company de la comp			
DiGiovanni Election Co			July 10 Filing					
		t Information	joon to timing	······································				
Event #	Description	· AMOMENTALION		T	<del></del>			
Date of Event Letter	,			i _	draising event?			
4/12/2023 A	Gino For Mayor Fundraiser			<b>⊙</b> Yes	ONo			
Location: Street Address		City		State	Zip Code			
87 Elizabeth St		Derby		CT	06418			
Subpart 1: (All Committ	(pps)		·** d- ·································					
Was this event hosted at a		OYes (If yes, go to Section L5 Associated with a Hou purchases made by host No	se Party and complet	e required infor				
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)						
		⊙ No						
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	eipts here.)	¢	1			
with purchases from an in		<b>⊙</b> No		\$				
Were there purchases of a sign associated with this		nittees other than Exploratory OYes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advert		Program Book			
Subpart 3: (Town Comm		<b>O</b> v						
	food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Reco	eipts here.)	\$				
gamering neta within the	state with this functions.	<b>⊙</b> No	<b>⊙</b> No					
Event # Date of Event Letter	Description			Was this a fun	draising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committe	ees)		por ty	0 0				
Was this event hosted at a	a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations:  ONo						
	e goods or services donated by a business entity	Yes (If yes, go to Section L-		of Considered	Contributions			
of up to \$200 or items do	nated by an individual of up to \$100?	and complete required in No	information.)	· ~ ~				
W 41-i C Ji A	-1		<u></u>		991			
with purchases from an ir	sale, auction, or other sale of donated items	Yes (If yes, enter Total Reco	eipts here.)	\$	114			
,		○ No	, A.P.	To N	gen d Bennama			
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?	nittees other than Exploratory  Yes (If yes, go to Section L3  or on a Sign and comp  No	Purchases of Advert		Program Book			
Subpart 3: (Town Comm		<b>O</b> V						
Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	Yes (If yes, enter Total Rece	eipts here.)	\$				
gamering neid within the	state with this fundraiser:	ONo						
SUBTOTAL Sectio	n L1—Subpart 1 (All Committees) Total Receipts fr	WARRIED PROMITE CONT. CO. C.	This Page \$0					
		ion L1—Subpart 3 <i>(Town Commit</i> ipts from Food Purchases — T						
		TOTAL of additional Section	Li Pages \$0					
		IPTS FROM SMALL PUF						

				mittees are no longer rea , or a sale of donated ite			
NAME OF COMM	TTEE AD ALL CONTRACTOR	n		TYPE OF RE	POPT		
	on Committee 2023	e as Registered with Filing Reposit	סריטן	July 10 Fillir			
Di Giovai i i i Licette		unahasas of Advantisi	ng in a Duag		19		
Name of Purchaser	L3. P1	urchases of Advertisi	ng in a Prog	ram Book or on a Sign	Dural	nase Made By:	
Name of Purchaser					1 _	Business Entity	Other
					T	ndividual/Sole F	_
Street Address			City		10.	State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Pur	chase	Amount of Si	gn Purchase
Name of Purchaser					Purch	nase Made By:	
					O	Business Entity	Other
					O	ndividual/Sole F	roprietorship
Street Address	· •		City			State	Zip Code
					S	12 8	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pure	<del></del>	Amount of Si	<del>1</del>
Name of Purchaser					Purcl	nasé Made By:	71 d
					2.3	Business Entity	OOther S
					1 1 2 1	first modeles	Proprietorship
Street Address			City			State	Zip Code
					, 6a	i i	
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Pur	chase	Amount of Si	gn Purchase
Name of Purchaser					Durol	hase Made By:	
Name of Purchaser					l _	Business Entity	Other
					1 ~	individual/Sole I	•
Street Address			City		101	State	Zip Code
							•
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pur	chase	Amount of Si	ign Purchase
Name of Purchaser					Purcl	hase Made By:	
					O	Business Entity	Other
					O	Individual/Sole I	roprictorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Pur	chase	Amount of Si	ign Purchase
							J
	SUBTOTAL Sec	tion L3 Total Purchases of	Advertising in	1 Program Book — This Page	\$0		
				rtising on a Sign — This Page	-		<u> </u>
		AN Section Lo Total Pull					
				of additional Section L3 Pages			***************************************
	OTAL OF ALL PURCI			GRAM BOOK or ON A SIGN			

NAME OF COMMITTE	EE (Provide Complete Name o	s Registered with Filing Repos	sitory)		TYPE OF REPOI	₹T		
DiGiovanni Election		<del>, , , , , , , , , , , , , , , , , , , </del>	· · · · · · · · · · · · · · · · · · ·		July 10 Filing			
		. In-Kind Donation	ns Not Conside	ered Contribu				
Name of Donor	aga aginaga ese e e e e e e e e e e e e e e e e e					( engly skills are "		e ejekt ji si e kara ti e matatilike i
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair M	arket Va	lue of Donation
OBusiness Entity								
OIndividual	Date Received	Event #		Aggregate Value fo	r this Event			
O Sole Proprietorship								
Name of Donor	**************************************						9 0000 II WAR 1870 I WAR	
Street Address			City	· ······			State	Zip Code
Donation Given By:	Description of Donation					Fair M	arket Va	lue of Donation
OBusiness Entity	,					Fan W	ainet va	ide of Donation
Olndividual	Date Received	r this Event	-					
OSole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair M	arket Va	lue of Donation
OBusiness Entity								inc or Donation
OIndividual	Date Received	Event #		Aggregate Value for this Event				
O Sole Proprietorship								
Name of Donor					<del></del>			
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair-M	arkat Va	lue of Donation
O Business Entity						; Tair y	arkesa ES ES	dict of Donation
OIndividual	Date Received	Event #		Aggregate value for	this Event	1/2	<u></u>	Z 3
O Sole Proprietorship				:	<u>.</u> 0	; F	Trans.	MEA
					jr Č		- Course	
		SU	JBTOTAL Section	n L4— This Pag	\$ \$0	100	TO	005
		TO.	TAT CARE	10-4-T.D			\$100mp	
		10	TAL of additiona	I Section L4 Page	<b>s</b> \$0		Ŋ	
TO	TAL OF ALL IN-KINI	DONATIONS NOT	CONSIDERED C	ONTRIBUTION	IS do	14.7		
		(Enter total on Line 2)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
DiGiovanni Election Committee 2023					July 10 Filing				
L5. I	n-Kind Donations Not Consider	red Cont	ributions Associat	ted with a I	House Part	y			
Name of Host				committee?	supporting mo OYes ONo omplete Itemiza	)	e candidate or endum 1.5		
Street Address		City	***************************************			State	Zip Code		
Description of Donation					Fair Mar	ket Value o	f Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate	e Value of all Events— <i>this ho</i>	st/candidate					
Name of Host				committee?	supporting mo OYes ONo omplete Itemiza	)	e candidate or		
Street Address		City			3/2	State 3	Zip Code		
Description of Donation					Rair Mar	ket Value o	f Donation		
Event#	Aggregate Value of this Event—all hosts	Aggregate	2 Value of all Events— <i>this ho</i>	st/candidate	1				
Name of Host				committee?	supporting mo OYes ONo omplete Itemiza	Ś	e, candidate or endum L5		
Street Address		City				State	Zip Code		
Description of Donation					Fair Mar	ket Value o	f Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate	e Value of all Events— <i>this ho</i>	st/candidate					
Name of Host				committee?	supporting mo OYes ONo omplete Itemiza	)	e candidate or		
Street Address		City	***************************************			State	Zip Code		
Description of Donation					Fair Mar	ket Value o	f Donation		
Event#	Aggregate Value of this Event—all hosts	Aggregate	e Value of all Events <i>—this ho</i>	st/candidate					
SUBTOTAL Section L5 — This Page					\$0				
TOTAL of additional Section L5 Pages					\$0				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)						\$0			

# III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Reposito	(יבי)			TYP	E OF RE	PORT		
DiGiovanni Election Committee 2023 July				July	ly 10 Filing						
M. In-Kind Contributions											
Name											
Street Address			,		City	,			***************************************	State	Zip Code
Type of contributor: OCommittee	Date Rece	ived	Aggregate Co	ntributions	1	Description of In-Kind	Contrib	ution			
Ondividual / Sole Proprietorship Oother											
Is contributor a lobbyist, spouse, Yes	If contri	bution is in	excess of \$40	0 to a candid	late	I for a chief executive o	fficer	of a mun	icipality,		*****
or dependent child of a lobbyist?	does cor		business he/sh		ed v	vith have a contract wi					Market Value Contribution
Is this contribution associated with an	O Yes	Is contribu	itor a principal	l of a state c		actor or prospective st	ate cor	ntractor?	OYes	0.7 1.1.1.0	
event reported in Section L1?	O No	If yes,	indicate whic	h branch or	bra	nches			$S^{N_0}$		
If yes, list Event #	***************************************	or gove	rnment the co	mtract is wit	n:	O Executive	Ore	gisiative			
Name											
Street Address					la:				······	16	Tai- o L
Silect Address					City					State	Zip Code
	In				<u> </u>	rs : : : : : : : : : : : : : : : : : : :	~			4 5	3
Type of contributor: OCommittee	Date Recei	vea	Aggregate Con	ntributions		Description of In-Kind	Contrib	ution	5 /		#22 m
OIndividual / Sole Proprietorship OOther			<u></u>						9/3		
Is contributor a lobbyist, spouse, Yes						for a chief executive with have a contract w				13	Market Value  Contribution
or dependent child of a lobbyist? O No		at more than				Yes No				01 (10)	
Is this contribution associated with an	Q Yes					ctor or prospective sta	ite con	tractor?	QYes	$\circ$	: <u>92</u> 1
event reported in Section L1?  If yes, list Event #	O No		indicate whicl rnment the co			nches Executive	( )Le	gislative	Q <sub>N</sub> o	pr S sent S se	
Name				*************			<u>~ </u>				
									• "	∑ Ne	ມີ 3
Street Address			<del> </del>		City			····		State	Zip Code
											1
Type of contributor: OCommittee	Date Recei	ved	Aggregate Cor	ntributions		Description of In-Kind	Contrib	ution			<u> </u>
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, Yes	If contr	ibution is in	excess of \$40	00 to a candi	date	for a chief executive	officer	of a mur	nicipality,	Fair I	Market Value
or dependent child of a lobbyist? No	i .	ontributor or at more than		he is associa		with have a contract w Yes No	ith sai	d municij	pality	of this	Contribution
Is this contribution associated with an	O Yes		<del></del>	of a state co		ctor or prospective sta	ite con	tractor <sup>()</sup>	OYes		
event reported listed in Section L1?	O No	<i>If yes</i> , i	indicate which	ı branch or	brai	nches	_		8 <sub>No</sub>		
If yes, list Event #		oi govei	nment the cor	ntract is will	1:	O Executive		gislative			
			SUI	BTOTAL	Sec	tion M — This Pag	ge	\$0			The second secon
			тот	AL of add	itio	nal Section M Page	es	\$0			
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS Œ	nter total on L	ine 23, Colu	mn /	A of Summary Page To	tals)	\$0			
	N.	Refund	lable Dep	osit to T	ele	phone Compan	V				
Last Name of Individual				First			J		МІ	Date Deposi	t Made
										_	
Residential Street Address			City	<u> </u>			State	7in	Code		
ACSIGNAL SIECE ANGLES			City	,			State	1 210	Code		Amount of Deposit
											Берож
Name of Telephone Company									<del></del>		
Street Address			City	•			State	Zip	Code		
						-					
	<del></del>						Т				
TOTAL SE	ECTION	N (Enter t	otal on Line 2	24, Column	A oj	f Summary Page Tota	ls)	\$0			

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	6,000			
DiGiovanni Elect	ion Committee 2023		July 10 Filing	July 10 Filing			
	P. Expenses	Paid by Committee	2023 JUL 10 PM	1:26			
Name of Payee			Date of Payment	Method of Payment:			
Gino DiGiovanni			06/29/23 S. C	Ocheck #1001 Debit Card OEFT			
Street Address		City		State Zip Code			
77 8th St		Derby	MARC J. GAROFAL	CT 06418			
Purpose of Expenditure (by code) FNDR	Description Food/ Rental / Decorations	Amount \$606.01					
	0172237						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is a	checked)				
	None of the below Coordinated with reimbursement sought (joint expenditure	a) Andaman d	1				
	Coordinated with reimbursement sought (in-kind contri						
Name of Payee		~ V.5	Date of Payment	Method of Payment:			
Gino DiGiovanni			06/29/23	O Check # 1001			
Street Address		City		O Debit Card O EFT State Zip Code			
77 8Th St		Derby		CT 06418			
Purpose of Expenditure	Description	_	Event #				
(by code) OFFICE	General office supplies & Printer Ink			Amount			
	General office supplies & Filliter link			\$80.91			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is c	hecked)				
	None of the below Coordinated with reimbursement sought (joint expenditure	) Independe	ent				
	Coordinated with reimbursement sought (in-kind contril	· <del>-</del> -	ion.OA OB OC OD				
Name of Payee			Date of Payment	Method of Payment:			
Ion Bank			06/30/23	Check #			
Street Address		City	1	O Debit Card O EFT State Zip Code			
75 Tremont St Ansonia				CT 06401			
Purpose of Expenditure	Description		Event #				
(by code) BNK	Bank Fees			Amount			
				\$8.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked)				
	None of the below Coordinated with reimbursement sought (joint expenditur	re) Independ	lent				
	Coordinated without reimbursement sought (in-kind contr		tionOAOBOCOD				
Name of Payce			Date of Payment	Method of Payment:			
				O Check #			
Street Address		City		O Debit Card O EFT State Zip Code			
		•		Jap som			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	rhecked)				
iy approusicy	None of the below	_					
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		_				
		O Organizat	ion OA OB OC OD				
		UBTOTAL Section P —	1 ms rage \$694.92				
	TO	FAL of additional Sectio	n P Pages \$0				
	TOTAL OF ALL EXPE						
	(Enter total on Line	19, Column A of Summary	rage I otals)				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		I TYPE (	OF REPORT.	***			
DiGiovanni Electi	on Committee 2023			IO Filling				
	S. Expenses Incurred by Comn	nittee but Not Paid	During this	Period 1:	:26			
Name of Creditor			Horry Com		Date Incur	Date Incurred		
			00	00				
Street Address		City	s for	0.00	State	Zip Code		
			MARC J.	CAROFALU, I	1778			
Purpose of Expenditure (by code)								
Expenditure # ((f applicable)  Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)  Independent Organization:  Organization:  O  D								
Name of Creditor					Date Incur	ed		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required und None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind contract)	Indepe	endent	в Ос Ор				
Name of Creditor					Date Incurr	ed		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)					Amount Incurred (Estimate or Actual)			
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) Independent Organization: A B OC D								
		SUBTOTAL Section :	S-This Page	\$0				
TOTAL of additional Section S Pages \$0								
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)  \$0								
Previously reported Expenses Unpaid and still Outstanding \$0					Managara da a militar de la companya			
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Line	BY COMMITTEE BU 28a, Column A of Summa		\$0				

## IV. EXPENDITURES (Sections P—T)

Property 1000					بيسبنسست				
	EE (Provide Complete Name as Registered with Filing Reposito	ory)			E OF RE			Espains i	
DIGIOVANNI Electio	on Committee 2023				/ 10 Fili	ng			
	T. Itemization of Reim	bursements	and Secondar	y Pay	ees				
Last Name of Worker/Con.	sultant	First				MI		of Payment to a or Entity	) Vendor,
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant			1	reported i	to Reimburse in Section P:	_		
Street Address of Vendor.	Person or Entity Paid by Committee Worker/Consultant	City	*****		Che	CK #	U	Debit Card Zip Cod	
	Tenor of Entry ( and of Committee ), enterconstant.	Chy					State	Lip Co.	ic
Purpose of Expenditure (by code)	Description		Even	nt #				Amount	t
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	oenditure)	e of the below" is che	· O ·	О ( • в (	) О О			
Last Name of Worker/Cons	sultant	First				MI		of Payment to a or Entity	Vendor,
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant	<u> </u>			reported in	to Reimburse in Section P: eck #		e Worker/Co Debit Card	_
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				3/	State	Zip Cod	lc S
Purpose of Expenditure (by code)	Description		Even	ıt #		5 C	2	Xmount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	enditure)	e of the below" is che	tO (	О ( о в (	) ) ( ) ( )	0		
Last Name of Worker/Cons	sultant	First	THE CHARGE STATE OF THE STATE O			MI		of Payment to 1 or Entity	) Vendor,
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant			- 1		to Reimburse in Section P:	_	e Worker/Co Debit Card	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City			No. of the contract of the con		State	Zip Cod	
Purpose of Expenditure (by code)	Description		Even	ıt #				Amount	t
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured without reimbursement sought (in-kind)	enditure)	e of the below" is ched	·O (	O (	) O			
		SUBTOTA	L Section T — Th	is Pag	e \$0				
		TOTAL of a	dditional Section T	Γ Page:	s \$0				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS	AND CONSULT	ΓANT	<b>s</b> \$0				NA Maria de Caración de Caraci
		47770				( <del></del>			

					TYPE OF REPORTY CLASS				
DiGiovanni Electio	n Committee 2023			July 10 Filing					
Q. Campaign Expenses Paid by Candidate									
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		I	Date of	Payhon   0 F	is teimb	drsement claimed?		
Walmart				04/1	1/2023	_ 0	O Yes O No		
Street Address		City			- ( - W- ) . (	State	Zip Code		
465 Bridgeport Av	e	Shelton		9. A.	.roj.6/77	СТ	06484		
Purpose of Expenditure (by code)	Description		Event #				Amount		
FNDR Decoration for Fundraiser 0412:						\$106.01			
	endor, Person or Entity who candidate paid directly)		1		Payment	Is reimbursement claimed			
			04/0	5/2023	O Yes O No				
Street Address City						State	Zip Code		
26 Pershing Dr		Derby				CT 06418			
Purpose of Expenditure (by code)	Description		Event #			l	Amount		
OFFICE	general office supplies					\$25.62			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		I	Date of	Payment	Is reimb	ursement claimed?		
Staples				04/05	5/2023	• Yes • No			
Street Address		City				State	Zip Code		
3 Armstrong Rd		Shelton				СТ	06484		
Purpose of Expenditure (by code)	Description		Event #				Amount		
OFFICE	Printer ink					\$55.29			
Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)  Date of Payment					Is reimbursement claimed?				
Retro Grub & Rub				04/1	2/2023	<b>O</b>	Yes O No		
Street Address		City	<del>-</del>			State	Zip Code		
87 Elizabeth St		Derby				СТ	06418		
Purpose of Expenditure (by code)	Description		Event #				Amount		
FNDR	Food & Rental Fee		04122	23A		\$500.00			
Name of Payee (Name of Ve	endor, Person or Entity who candidate paid directly)		Ι	Date of I	Payment	Is reimbursement claimed?			
						0	Yes O No		
Street Address		City	<b></b>			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			Amount			
Name of Payce (Name of Ve	endor, Person or Entity who candidate paid directly)		ſ	Date of I	ayment	Is reimb	ursement claimed?		
						0	Yes O No		
Street Address		City		······		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #				Amount		
SUBTOTAL Section Q — This Page \$686.92									
	то	TAL of additional Section	on Q Pa	iges	\$0				
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)  \$686.92									

NAME OF COMMITT	EE (Provide Complete Name as Registered with Fi	iling Repository)	TYPE OF REPOR	T			
DiGiovanni Election	on Committee 2023		July 10 Filing	10 Filing			
	R. Expense	es Incurred on Committee Ci	redit Card				
Name of Issuing Insti	tution	Type of Credit Card:  Visa Master	Card ODiscover OAr	nerican Express O0ther:			
Name of Vendor, Person o	or Entity	***************************************		Date of Transaction			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description	<u>_</u>	Event #	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum  None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	"is checked)  pendent nization: OA OB OC (	O D			
Name of Vendor, Person of	r Entity			Date of Transaction			
Street Address		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 sough Coordinated without reimbursement sough	nt (joint expenditure)	pendent				
Name of Vendor, Person o	r Entity			Date of Transaction			
Street Address		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 sough Coordinated without reimbursement sou	it (joint expenditure)		Ор			
		SUBTOTAL Section R —	- This Page \$0				
		TOTAL of additional Section	on R Pages \$0				
то	FAL OF ALL EXPENSES INCUR (Ente.	RRED ON COMMITTEE CRE r total on Line 27, Column A of Summar					