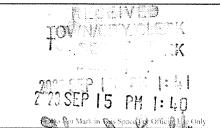
SEEC FORM 20

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



Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE										
DiGiovanni Election Committee 2	023									
2. TREASURER NAME										
First '		MI	1	Last					Suffix	
Heidi		R		DiGiova	nni					
3. TREASURER ADDRESS										
Street Address			City		remin perinakan janda atahu tidak tik-at tapa ba <u>da di ili</u>		State	Zip C	ode	
77 8th St			Derb	ру			CT	064	18	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	ete only if	f Candidate	Committee)			6. DIST	RICT NUMBER	
(mm/dd/yyyy) 11/07/2023	Mayor							(if applicable	;)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee))							
First		MI	1	Last			· · · · · · · · · · · · · · · · · · ·		Suffix	
Gene		J		DiGiova	inni				Jr	
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	●7th day preced	ding primar	ry	7th day preceding referendum			Onitial Contribution or Disbur			
April 10 filing	O30 days follow	ving primar	ry	O 45 days following referendum			OAmendment to			
July 10 filing	7th day preced	ding election	n	ODeficit			Type of Report:			
October 10 filing	12th day preceding election (State Central Committees Only)			Termination						
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No		on							
9. PERIOD COVERED										
	Beginning Da	te	Ending Date							
	07/01/2023			thru	09/03/2023					
10. CERTIFICATION										
I hereby certify and state, under p Disclosure Statement for the pe	enalties of false s riod covered is t	statement, rue, accur	that al rate ar	ll of the	information set forth or olete.	n this Ite i	mized Car	mpaign F	inance	
Heidi Do Gio	vanni		Heidi	DiGiova	nni			09/14/	2023	
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	-	PRINT	NT NAME OF SIGNER			-	DATE (mm/dd/yyyy)		
A naman who is	found to how !	owingh: =		IG.II	lated any provisions o	f +10 = ===	naios fo			

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

SEEC FORM 20

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



SUMMARY PAGE TOTALSPICE 1: 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	-			
DiGiovanni Election Committee 2023	7th Day Preceding Primary				
	COLUMN A MARION READORAL MARIO	COLUMN B Aggregate			
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0			
12. Balance on hand at the beginning of Reporting Period	\$1375.08				
13. Contributions Received from Individuals (Sections A and B)	\$2705.00	\$4775.00			
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)	\$2705.00	\$4775.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$4080.08	\$4775.00			
19. Expenses Paid by Committee (Section P)	\$2449.73	\$3144.65			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1630.35	\$1630.35			
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)	\$0	\$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				
	<u> </u>				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
DiGiovanni Election Committee 2023			7th Day Preceding Primary				
A. Total Contributions from Small Confributors-Receive (See instructions for definition of Small Contributor)		IS Period ONLY OTAL SECTION A	S \$6	S \$680.00			
How &.) we	į	<u> </u>			**************************************	
B. Ltemized Co	ntrib	utions from Indivi	duals	····			
Last Name	,,,	rst					MI
Pine	٧	Varner					
Residential Street Address	City				State	Zip C	ode
162 Center Rd	Woo	dbridge			CT	065	525
Principal Occupation		Name of Employer					
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Ores ONO						
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1?	nch or l	branches	contrac	Ŏ No		0.00	
Method of Contribution:		Date Received		te Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	08.29.2023	\$100				
Last Name	Fir	<u>l</u> rst		**			MI
Perrentino	D	ominic					
Residential Street Address	City				State	Zip C	ode
285 Roosevelt Dr	Derb	у			CT	064	18
Principal Occupation		Name of Employer	***************************************				
Owner		Larry's Landing					
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?	f contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, loes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No						Contribution
event reported in Section L1?						0.00	
Method of Contribution:		Date Received		Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order (08.17.2023	\$150	.00			
Last Name	Fir	rst		······································		****	MI
McInnis	C	Christian					
	City	_			State	Zip C	1
203 Broad St.	Milfo				СТ	064	60
Principal Occupation		Name of Employer					
CEO		McInnis Inc		**************************************			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	to a can	ndidate for a chief executive ciated with have a contract of Yes No	officer with said	of a municipality, d municipality		ount of 0.00	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A Yes No Is contributor a principal of a solution of government the contraction of government the contraction.	nch or b	branches	O Leg	islative O No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 08.23.2023	Aggrega \$200.	te Contributions			
SUBT	гота	L Section B — This	Page	\$450.00			
TOTAL	of ac	lditional Section B P	ages	\$1575.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page 1		\$2705.00			

Section B ADDITIONAL PAGE 1 of 7

of	7
of	1

NAME OF COMMITTEE (Provide Complete N	ame as	Registered with Filing Repository)			TYPE OF REPORT					
DiGiovanni Election Committee 2023					7th Day Preceding Primary					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)				is Period ONLY DTAL SECTION A	s N/A					
	***************************************	B. Itemized Con	tribı	utions from Indivi	iduals					
Last Name			Fire					МІ		
Blizman				aniel 			· r·······			
Residential Street Address 30 Clark St Ext		į.	ity Derby	N.			State	Zip Code 06418		
Principal Occupation			Dei n'	Name of Employer	···			00416		
Blizzard Mechanical				HVAC Business Ow	mer					
Is contributor a lobbyist, spouse, Yes	l If c	contribution is in excess of \$400 to) a can			of a municipality	/ An	nount of Contribution		
or dependent child of a lobbyist? No	doe val	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? One of the contribution of a municipality of the contribution						Amount of Contribution \$250.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A		Is contributor a principal of a standard of government the contract	ch or b	ranches _	_	No				
Method of Contribution:				Date Received	Aggrega	e Contributions				
OCash OPersonal Check OCredit/Debit	Card (Payroll Deduction OMoney (Order	08.23.2023	\$250.	00				
Last Name			Firs	st	ndreuw namen anna			Mi		
Stephen			Ke	evin						
Residential Street Address		1	ity				State	Zip Code		
19 Larovera Ter, Ansonia 06401			Ansoi				CT	06401		
Principal Occupation				Name of Employer			í	dans retal		
IT Specialist				General Technolog		·		2023 SEP 15 PM		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Ores No						nount of Contribution		
s this contribution associated with an event reported in Section L1? If yes, list Event # 082323A	Yes No	Is contributor a principal of a st If yes, indicate which brand of government the contract	ch or b							
Method of Contribution:				Date Received		e Contributions				
Cash OPersonal Check OCredit/Debit	Card (OPayroll Deduction	Order	08.22.2023	\$250	.00				
ast Name			Firs					MI		
DiGiovanni		**************************************		lathew			·			
Residential Street Address 76 Benz St.		1	ity Ansoi	nia			State	Zip Code 06401		
Principal Occupation		1	A(130)	Name of Employer				00401		
Iron Worker				MetroNorth						
s contributor a lobbyist, spouse, O Yes	If c	ontribution is in excess of \$400 to	a can	I didate for a chief executiv	e officer	of a municipality	/, An	nount of Contribution		
or dependent child of a lobbyist? No	vali	es contributor or business he/she is ued at more than \$5,000?	assoc	iated with have a contract O Yes O No	with said	I municipality	\$1	00.00		
is this contribution associated with an event reported in Section L1? **Myes*, list Event # 082323A**	Yes No	Is contributor a principal of a sta If yes, indicate which branc of government the contract	ch or b	ranches	_	ŎΝο				
Method of Contribution: Cash Personal Check Ocredit/Debit	Card (Payroll Deduction OMoney C	Order	Date Received 08.23.2023	Aggregat \$100.	e Contributions				
		SUBTO	OTA	L Section B — This	Page	\$450.00				
		TOTAL	of ad	ditional Section B I	Pages	N/A				
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections Aumn A of Summary Page		N/A				

Section B ADDITIONAL PAGE ² of ⁷

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Repository))			TYPE OF REPORT				
DiGiovanni Election Committee 2023					7th Day Preceding Primary				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) SU				s Period ONLY TAL SECTION A	s N/A				
	B. Itemized C	Contr	ibu	tions from Indivi	duals				
Last Name			Firs			***************************************	MI		
lannucci			Ch	nristian					
Residential Street Address		City				State	Zip Code		
77 8th St		De	erby			СТ	06418		
Principal Occupation				Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a candidate for a chief executive officer of a municipality, she is associated with have a contract with said municipality OYes ONo				y, Amount of Contribu			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A	Yes Is contributor a principal of If yes. indicate which be of government the contri	ranch	or br	anches	_ O No	_	. 00.00		
Method of Contribution:			I	Date Received	Aggregate Contributions	_			
Ocash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMon	ney Orc	der	08.23.2023	\$100.00				
ast Name			First	:			МІ		
Cotela			Mi	chael			}		
Residential Street Address		City				State	Zip Code		
785 Riverside Dr.			ang	e		СТ	06477		
rincipal Occupation				Name of Employer		<u> </u>	2023 SEP 15 P		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?						mount of Contribution		
	No If yes, indicate which be								
Method of Contribution:	_		- 1	Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMone	ey Ord	ler	08.23.2023	\$60.00				
ast Name			First				MI		
Vialerba			Ca	ri		•			
Residential Street Address		City				State	Zip Code		
130 Dirienzo Heights Principal Occupation		Lυ€	erby			СТ	06401		
тистран Оссиратоп				Name of Employer					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a he is as	cand ssocia	idate for a chief executivated with have a contract O Yes O No	e officer of a municipality with said municipality		mount of Contribution		
	Yes No Is contributor a principal of a If yes, indicate which br of government the contr	ranch (or br	anches	e contractor? Yes No Legislative				
Method of Contribution: Cash Personal Check Credit/Debit C				Date Received 08.23.2023	Aggregate Contributions \$100.00				
	SUF	зтот	ΓAL	. Section B — This	Page \$260.00				
	TOTA	\L of	ado	litional Section B I	Pages N/A				
TOTAL OF A	ALL CONTRIBUTIONS FRO (Enter total on Line			VIDUALS (Sections A nn A of Summary Page					

Section B ADDITIONAL PAGE 3

of 7

NAME OF COMMITTEE (Provide Complete Na	ıme as Registered with Filing Repository)		TYPE OF REPORT 7th Day Preceding Primary				
DiGiovanni Election Committee 2023	3						
A. Total Contributions from S (See instructions for definition of Small	s N/A						
	B. Itemized Cor	ntributions from Indivi	duals				
Last Name Gough		First Arial			MI		
Residential Street Address		City		n	7.0.1		
18 Hillcrest Ave		Derby		State CT	Zip Code 06418		
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		on is in excess of \$400 to a candidate for a chief executive officer of a municipality, ator or business he/she is associated with have a contract with said municipality re than \$5,000? One of the contract with said municipality re than \$5,000?					
event reported in Section L1? If yes, list Event # 082323A	Yes Is contributor a principal of a si No If yes, indicate which bran of government the contract	OLegislative No					
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	Card OPayroll Deduction OMoney	Order Date Received 08.23.2023	Aggregate Contributions \$100.00				
Last Name		First			Mi		
Buckley		Patrick		·			
Residential Street Address 118 Dickinson Dr, Derby 06418		City Derby		State CT	Zip Code		
Principal Occupation	MARKA 44	Name of Employer		C1	06418		
ameria occupation		Name of Employer		28.	235EP 15 PM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		on is in excess of \$400 to a candidate for a chief executive officer of a municipality, outor or business he/she is associated with have a contract with said municipality ore than \$5,000? Yes No					
	No If yes, indicate which bran	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive C Legislative					
Method of Contribution: OCash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order Date Received 08.23.2023	Aggregate Contributions \$90.00				
Last Name		First			MI		
Grant		Beth					
Residential Street Address 72 Pager Pd	i e	City Now Hayon		State	Zip Code		
72 Roger Rd Principal Occupation		New Haven		СТ	06515		
The par occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executives associated with have a contract Yes No	e officer of a municipality with said municipality	, Amou \$100	nt of Contribution		
	Yes Is contributor a principal of a st If yes, indicate which bran- of government the contract		e contractor? O Legislative				
Method of Contribution: Cash Personal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order Date Received 08.23.2023	Aggregate Contributions \$100.00				
	SUBT	OTAL Section B — This	Page \$250.00				
	TOTAL	of additional Section B I	Pages N/A				
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A 3, Column A of Summary Page		Talapatini angalan kecamadalan			

Section B ADDITIONAL PAGE 4____

of	7
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) DiGiovanni Election Committee 2023					TYPE OF REPORT 7th Day Preceding Primary				
		B. Itemized Cor		utions from Indivi	duals				
Last Name Baxter			Fin	rst Tynthia			MI		
Residential Street Address			City	yrttina		State	Zip Code		
25 Clark St Ext			Derb	У		CT	06418		
Principal Occupation				Name of Employer		<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe: valu	s contributor or business he/she ed at more than \$5,000?	business he/she is associated with have a contract with said municipality			ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches	_ O No				
Method of Contribution: Cash Personal Check Ocredit/Debit Contribution:	Card (Payroll Deduction OMoney	Order	Date Received 08.23.2023	Aggregate Contributions \$60.00				
Last Name			Fir	st	1		MI		
Soderberg			Li	icia			es acceptance of the control of the		
Residential Street Address		1	City			State	Zip Code		
30 Belleview Dr			Derb	У		СТ	06418		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?				/. Am	923 SEP 15 PM ount of Contribution		
event reported in Section L1? If yes, list Event # 082323A	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or l	branches _					
Method of Contribution: Cash OPersonal Check OCredit/Debit C	ard (Payroll Deduction	Order	Date Received 08.23.2023	Aggregate Contributions \$90.00				
Last Name	,		Fir				MI		
Soderberg			В	ill					
Residential Street Address			City			State	Zip Code		
30 Belleview Dr Principal Occupation			Derb	Name of Employer		СТ	06418		
ls contributor a lobbyist, spouse, Yes	If co	ontribution is in excess of \$400 t	o a can	didate for a chief executiv	e officer of a municipality	y, Am	ount of Contribution		
or dependent child of a lobbyist? One of the body is the control of the body is the body is the control of the body is the control of the body is	does valu	contributor or business he/she i ed at more than \$5,000?					0.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	oranches	∑ ON₀				
Method of Contribution: Cash Personal Check Ocredit/Debit C	Card (Payroll Deduction OMoney	Order	Date Received 08.23.2023	Aggregate Contributions \$90.00				
		SUBT	ОТА	L Section B — This	Page \$160.00				
		TOTAL	of ac	lditional Section B I	Pages N/A				
TOTAL OF A	ALL (CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A					

Section B ADDITIONAL PAGE 5

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NAME OF COMMITTEE (Provide Complete Na.	nte as I	Registered with Filing Repository)				TYPE OF REPORT			
DiGiovanni Election Committee 2023						7th Day Preceding Primary			
A. Total Contributions from S (See instructions for definition of Small			eived this Period ONLY SUBTOTAL SECTION A			s N/A			
		B. Itemized Co	ntri	bu	itions from Indivi	duals			
Last Name			T	Firs	t			***************************************	MI
Mullin				Ge	eorge				
Residential Street Address			City		······································		State	2 Z	ip Code
420 Roosevelt Dr			De	rby	1		СТ	(06418
Principal Occupation					Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?								t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A	ion associated with an No Yes Is contributor a principal of a principal of If yes, indicate which br				tractor or prospective stat	C Legislative		,00,00	,
Method of Contribution:				1	Date Received	Aggregate Contributions	\dashv		
Cash Personal Check Ocredit/Debit C	Card (Payroll Deduction OMoney	v Orde	er	08.23.2023	\$90.00			
ast Name				First		1			МІ
Ciardi			- 1	Su					1411
Residential Street Address			City				State	. 17	ip Code
33 Laurel Ave			1	Derby			CT	- 1)6418
Principal Occupation				, <u></u>	Name of Employer		L ,		
•								2023	SEP 15 pm
s contributor a lobbyist, spouse, Yes	Ifc	ontribution is in excess of SAOO	to a c	and	lidate for a chief executive	e officer of a municipality	, T .		t of Contribution
r dependent child of a lobbyist?	doe	contribution is in excess of \$400 to a candidate for a chief executive offices contributor or business he/she is associated with have a contract with salued at more than \$5,000? O Yes No						xmoun \$50.00	
×	Yes No	1 1 1			ranches	te contractor? O Legislative			
Method of Contribution:		-	······································	1	Date Received	Aggregate Contributions	\exists		
Ocash OPersonal Check Ocredit/Debit C	Card (Payroll Deduction	/ Orde	er	08.23.2023	\$100.00			
ast Name				Firs	t				MI
Ciardi				Ric	chard				
Residential Street Address			City				State	2 Z	ip Code
33 Laurel Ave, Derby 06418			De	rby	1		СТ		06418
Principal Occupation					Name of Employer	<u> </u>	. L	l	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe			a candidate for a chief executive officer of a must associated with have a contract with said munic				Amoun \$50.00	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch c	or bi	ranches	O Legislative ONo			
Method of Contribution:					Date Received	Aggregate Contributions			
Ocash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	y Orde	er	08.23.2023	\$100.00			
		SUB	гот	'ΑΙ	_ Section B — This	Page \$150.00			
		TOTAL	L of	ad	ditional Section B 1	Pages N/A			
TOTAL OF A	ALL	CONTRIBUTIONS FROM (Enter total on Line			VIDUALS (Sections A mn A of Summary Page				

Section B ADDITIONAL PAGE 6

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NAME OF COMMITTEE (Provide Complete Na	ıme as 1	Registered with Filing Repository)				TYPE	OF REPORT			
DiGiovanni Election Committee 2023	3					7th D	ay Preceding	g Prir	nary	
A. Total Contributions from S (See instructions for definition of Small					is Period ONLY OTAL SECTION A	s N/.	A			
THE THE STATE OF T		B. Itemized Co	ntr	ibı	ıtions from Indivi	duals				· · · · · · · · · · · · · · · · · · ·
Last Name				Fire	st					MI
Tracz				St	eve					
Residential Street Address			City	/				State	z	ip Code
25 Clark St Ext			De	erby	y			СТ		06418
Principal Occupation	***************************************		I		Name of Employer	U*			<u>!</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 s contributor or business he/she	to a	can	I didate for a chief executive intention in the contract OYes ONo	e officer with said	of a municipalit d municipality		Amoun 860.00	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A) Yes	Is contributor a principal of a If yes, indicate which bra of government the contra	nch	or b	stractor or prospective state	_	O No		,00.00	,
Method of Contribution:					Date Received		te Contributions			
Ocash OPersonal Check OCredit/Debit (Card (Payroll Deduction OMoney	y Ore	der	08.23.2023	\$60.0				
Last Name				Firs		1				Мі
Cota					ndrew					
Residential Street Address			City	L.,.				State	7	ip Code
69 8th St			1 -	erby	/			CT	- 1)6418
Principal Occupation			`		Name of Employer			<u> </u>		114
•									2023	SEP 15 M
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	to a	cano	lidate for a chief executiviated with have a contract Yes No	e officer with said	d municipality	9	\moun	t of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 082323A	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch	or b	ranches	_	Q No			
Method of Contribution:		_			Date Received	Aggrega	te Contributions			
Cash OPersonal Check OCredit/Debit C	Card (Payroll Deduction	/ Ord	ler	08.23.2023	\$100	.00			
ast Name				Firs		***		recolumns:		MI
Pollastro				Sa	am					
Residential Street Address			City					State	- 1	ip Code
11 Laurel Ave			De	erby	y			СТ	(06418
Principal Occupation					Name of Employer					
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 s contributor or business he/she at more than \$5,000?							\moun	t of Contribution
	Yes No	ls contributor a principal of a If yes, indicate which bra of government the contra	nch	or b	ranches	e contrac	ŎN ₀			
Method of Contribution:					Date Received		te Contributions			
Cash Personal Check Credit/Debit C	Card (Payroll Deduction OMoney	/ Orc	ier	08.23.2023	\$100.	00			
		SUBT	ГОТ	ΓAI	L Section B — This	Page	\$220.00			
		TOTAL	_ L of	fad	ditional Section B 1	ages	N/A			
TOTAL OF	ALL	CONTRIBUTIONS FROM	M II	NDI	VIDUALS (Sections A	(+ B)	01/0			TTS CACALIST STATE IN A STATE OF STATE
					mn A of Summary Page		N/A			

Section B ADDITIONAL PAGE ⁷ of ⁷

NAME OF COMMITTEE (Provide Complete Na	me as l	Registered with Filing Repository)			TYPE OF REPORT	jaya;		
DiGiovanni Election Committee 2023	3				7th Day Preceding	g Prima	ary	
A. Total Contributions from S (See instructions for definition of Small				is Period ONLY OTAL SECTION A	L C MI/A			
		B. Itemized Co.	ntrib	utions from Indivi	duals			
Last Name			Fi			7 % (% -7 %)	MI	
Pollastro			S	arah				
Residential Street Address			City			State	Zip Code	
11 Laurel Ave			Derb	У		CT	06418	
Principal Occupation				Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to scontributor or business he/she and at more than \$5,000?	to a car	I didate for a chief executive ciated with have a contract OYes ONo	ve officer of a municipalit with said municipality		nount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 082323A	n associated with an Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No No						0.00	
Method of Contribution:				Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit C	Card (Payroll Deduction OMoney	Order	08.23.2023	\$100.00			
ast Name			Fir				MI	
Campoli		***	Jo	ohn				
Residential Street Address			City			State	Zip Code	
220 Hawthorne Ave			Derb			CT	06418	
Principal Occupation				Name of Employer		1	2023 SEP 15 pm	
s contributor a lobbyist, spouse, Yes	If co	ontribution is in excess of \$400 t	o a can	didate for a chief executiv	e officer of a municipalit		nount of Contribution	
r dependent child of a lobbyist? O No		contributor or business he/she i ed at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	with said municipality	\$2	25.00	
	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or l	branches	te contractor? O Legislative	;		
Method of Contribution:				Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit C	Card (Payroll Deduction Money	Order	08.23.2023	\$65.00			
ast Name			Fir	st			MI	
Residential Street Address			City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Principal Occupation				Name of Employer		<u> </u>		
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	does	ontribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?				y, An	nount of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	ls contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	ntractor or prospective state	te contractor? OYes O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit C	Card (Payroll Deduction OMoney	Order	Date Received	Aggregate Contributions			
		SUBT	ОТА	L Section B — This	Page \$85.00			
		TOTAL	of ac	lditional Section B 1	Pages N/A			
TOTAL OF	ALL (CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections 2 umn A of Summary Page				

I. MONETARY RECEIPTS (Sections A—K)

DiGiovanni El	ection Committee	2023					7th Day Precedin	g Primary	
		C 1.	Contributio	ons from	Other Com	mittees			
Name of Committee			· · · · · · · · · · · · · · · · · · ·		Name of Tre	asurer			
Address				Is this co	ntribution associa	ated with a	in Oyes ONo	Amount	of Contribution
				event rep	orted in Section:	L1?	#		
City		State	Zip Code	Date R	eceived		gate Contributions		
							_		
Name of Committee					Name of Tre	asurer			
Address				Is this co	ntribution associa	ated with a	n OYes ONo	Amount	of Contribution
				event rep	orted in Section I If yes,		:#		
City		State	Zip Code	Date R			gate Contributions		
Tame of Committee					Name of Tre	acurer			
and or Committee					ivatile Of 11e	asurci			
Address				Is this cor	ntribution associa orted in Section I	ited with a	n O Yes O No	Amount	of Contribution
				event rep	If yes,	list Event	#		
		State	Zip Code	Date R	eccived		gate Contributions		
ity		State	Zip Code			1	gate contributions		
ity		State	Zip code				sale continuations		
lity	C2					n atha			
	C2.	Reimbursemen			butions from				
	C2.							2023 !	SEP 15 pm
ame of Committee	C2.			lus Distri					SEP 15 pm
lame of Committee	C2.							2023 ;	GEP 15 pm
lame of Committee		Reimbursemen		lus Distri					
lame of Committee	Expenditure #	Reimbursemer	nts or Surp	lus Distri	Name of Tre	asurer		State	
dame of Committee	Expenditure #	Reimbursemer		lus Distri		asurer		State	Zip Code
Name of Committee Address Date Received Description	Expenditure #	Reimbursemer	nts or Surp	lus Distri	Name of Tre	asurer		State	Zip Code
Name of Committee Address Date Received Description	Expenditure #	Reimbursemer	nts or Surp	lus Distri	Name of Tre	ution		State	Zip Code
Name of Committee Address Date Received	Expenditure #	Reimbursemer	nts or Surp	lus Distri	Name of Tre	ution		State	Zip Code
Name of Committee Address Date Received Description	Expenditure #	Reimbursemer	nts or Surp	lus Distri	Name of Tre	ution		State	Zip Code
Name of Committee Address Date Received Description	Expenditure #	Reimbursemer	nts or Surp	lus Distri	Name of Tre	ution		State	Zip Code
Name of Committee Address Date Received Description	Expenditure #	Reimbursemer	nts or Surp	City	Name of Tre	ution		State	Zip Code
Name of Committee Address Date Received Description lame of Committee	Expenditure # (if applicable) Expenditure #	Reimbursemer	nent for shared o	City	Name of Tre	ution		State	Zip Code Zip Code
lame of Committee Address Date Received Description lame of Committee	Expenditure # (if applicable)	Payment Type ORcimburser Payment Type	nent for shared o	City expense	Name of Tre	ution		State	Zip Code
Date Received Description Tame of Committee ddress Date Received	Expenditure # (if applicable) Expenditure #	Payment Type ORcimburser Payment Type	nts or Surp	City expense	Name of Tre	ution		State	Zip Code Zip Code
Date Received Description ame of Committee ddress Date Received	Expenditure # (if applicable) Expenditure #	Payment Type ORcimburser Payment Type	nts or Surp	City expense	Name of Tre	ution		State	Zip Code Zip Code
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Date Received Description Lame of Committee	Expenditure # (if applicable) Expenditure #	Payment Type ORcimburser Payment Type	nent for shared o	City City City City d expense	Name of Tre	ution		State	Zip Code Zip Code
Name of Committee Address Date Received Description	Expenditure # (if applicable) Expenditure #	Payment Type ORcimburser Payment Type	ement for shared of	City City City City City DTAL Sect	Name of Tree Name of Tree Name of Tree Surplus Distrib	ution usurer ibution	*Committees	State	Zip Code Zip Code
Name of Committee Address Date Received Description Jame of Committee	Expenditure # (if applicable) Expenditure # (if applicable)	Payment Type ORcimburser Payment Type	ement for shared of SUBTO	City City City City City City d expense	Name of Tree Name of Tree Name of Tree Surplus Distrib	ution ution ibution is Page	·Committees	State	Zip Code Zip Code

I. MONETARY RECEIPTS (Sections A—K)

	is Registered with Filing Repository)	ente estado los elementos de elementos en el	1 XPE O	REPORT	在其中的特別的特別的
DiGiovanni Election Committee 2023			7th Day	/Preceding F	rimary
	D. Loans Rec	eived this Period	d		
Name of Lender		Source of Loan: OBank OCa	ındidate 🔘 İndividu	al Other Committe	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
lame of Cosigner/Guarantor (if applicable)					Amount Received
street Address	City		State	Zip Code	_
ame of Lender		Source of Loan: OBank OCa	ndidate () Individu	al Other Committe	Date of Receipt
reet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
ame of Cosigner/Guarantor (<i>if applicable</i>)					Amount Received
treet Address	City		State	Zip Code	
ame of Lender	<u> </u>	Source of Loan: OBank OCa	ndidate O Individu	al Other Committe	Date of Receipt
reet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
ame of Cosigner/Guarantor (if applicable)			······································		Amount Received
Street Address	Cîty		State	Zip Code	- 2023 SEP 15 pm
Street Address	City	TOTAL SEC		Zip Code	2023 SEP 15 PM
E. Receipts from Entition			FION D \$0		
E. Receipts from Entition			FION D \$0		
E. Receipts from Entitions of Entity			FION D \$0		
E. Receipts from Entition of Entity			FION D \$0	ndum Commit	iees ONLY)
E. Receipts from Entition and of Entity rect Address	es other than Individua	ls or Other Con	TION D \$0	ndum Commit	iees ONLY)
E. Receipts from Entition of Entity rect Address by	es other than Individua	ls or Other Con	TION D \$0	ndum Commit	iees ONLY)
E. Receipts from Entition of Entity rect Address Ty the of Entity rect Address	es other than Individua	ls or Other Con	Date Received Aggregate Contri	ndum Commit.	Amount Received
E. Receipts from Entition of Entity The control of Entity The cont	es other than Individua	ls or Other Con	Date Received Date Received Date Received	ndum Commit.	Amount Received
E. Receipts from Entition and of Entity rect Address ty anne of Entity reet Address ty reet Address	es other than Individua	ls or Other Con	Date Received Date Received Date Received	ndum Commit.	Amount Received
E. Receipts from Entition and of Entity rect Address ty anne of Entity rect Address ty rect Address	es other than Individua	ls or Other Con	Date Received Aggregate Contri Date Received Aggregate Contri	butions	Amount Received Amount Received

I. MONETARY RECEIPTS (Sections A-K)

DiGiovanni Electior	E (Provide Compiete Name as Registe	red with Filing Repository)		TYPE OF RE	PORT
	n Committee 2023			7th Day Pi	eceding Primary
F	. Amount Transferred	from Affiliated B	usiness Treasury (Business Entity Con	ımittees ONLY)
Pate of Receipt	Is this transaction associate event reported in Section		If yes, list Event #		Amount
ate of Receipt	Is this transaction associate event reported in Section		If yes, list Event #		Amount
ate of Receipt	Is this transaction associa event reported in Section	The second secon	If yes, list Event #		Amount
ate of Receipt	Is this transaction associa event reported in Section	s transaction associated with an ereported in Section L1? Yes If yes, list Event #			Amount
			TOTAL SECT	TION F \$0	
				,	
G. Amount T	ransferred from Affiliat	ed Labor Union o	or Other Organiza	ion Treasury (C	Organization Committees ONLY)
ate of Receipt		Date of Receipt		Date of Receipt	
Λ	Amount	4	Amount		Amount
			TOTAL SECTI	ON G \$0	
					2023 SEP 15 pm
	H. Personal Funds of t	he Candidate Re	ceived this Period	(Candidate Commi	ttees ONLY)
te of Receipt	H. Personal Funds of t	he Candidate Re	ceived this Period	(Candidate Commi	Amount
te of Receipt		he Candidate Red			
	Method of payment:		neck Credit/I	ebit Card	
te of Receipt	Method of payment: Cash Method of payment:	O Personal Ch	neck Credit/I	ebit Card	Amount
te of Receipt	Method of payment: Cash Method of payment: Cash Method of payment:	O Personal Ch	neck Credit/I	ebit Card	Amount Amount
te of Receipt te of Receipt	Method of payment: Cash Method of payment: Cash	O Personal Ch	neck Credit/I	ebit Card	Amount Amount
te of Receipt te of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash	O Personal Ch	neck O Credit/E	Debit Card Debit Card Debit Card	Amount Amount Amount
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te of Receipt te of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Ch	neck O Credit/E	Debit Card Debit Card Debit Card	Amount Amount Amount
te of Receipt te of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	Personal Ch	neck O Credit/E	Debit Card Debit Card Debit Card	Amount Amount Amount
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te of Receipt te of Receipt te of Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment: Cash	Personal Ch Personal Ch Personal Ch Personal Ch Personal Ch Anonymou	neck Credit/E	lebit Card Pebit Card Pebit Card Pebit Card Strict Card CTION H \$0 Ionger be depo	Amount Amount Amount Amount sited in any treasurer shall

	ETAKT RECEIT 13 (Sections	A-N)	Juge / Ot x/
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repository)	TYPE	OF REPORT	
DiGiovanni Election Committee 2023		7th D	ay Preceding Prim	nary
J. Interes	t from Deposits in Authorized Accou	nts		
Name of Institution		Date Ro	eceived	Amount
0				
Street Address	City	State	Zip Code	
Mona a Plantitution		Data Ba		
Name of Institution		Date Re	cceived	Amount
Street Address	City	State	Zip Code	
		J. C. C.	Zip code	
	TOTAL SECTION	NI	\$O	HE BACK Will be the minor of the property of the second of
XZ 70 (2 1)		l.		
Name	Monetary Receipts not Considered C		ate of Transaction	
Name			ate of Fransaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Ιp	ate of Transaction	
				Amount Received
Street Address	City	State	Zip Code	
Description				2/23 SEP 15 pm
Name		D	ate of Transaction	Amount Received
				Amount Received
Street Address	City	State	Zip Code	
Description				
escription				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
·				
	TOTAL SECTION K	\$0		
CURAL DV OF OTHE				
	ER MONETARY RECEIPTS (Section	ons D ti		
Fotal Loans Received this Period (Section D)	\$0	***************************************		
Total Receipts from Entities other than Individuals or		+	\$0	The state of the s
Total Amount Transferred from Affiliated Business Tr		+	\$0	
Total Amount Transferred from Affiliated Labor Unio		G) +	\$0	
Total Amount of Personal Funds of the Candidate Rec	eived this Period (Section H)	+	\$0	
Total Amount of Interest from Deposits in Authorized	Accounts (Section J)	+	\$0	
Potal Miscellaneous Monetary Receipts not Considere	d Contributions (Section K)	+	\$0	
	Total of Other Monetar			
(Add Sections D throu	igh K) (Enter total on Line 15, Column A of Summa	ry Page To	otals)	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE DIGIOVANNI Election C	(Provide Complete Name as Registered with Filing Repository)		EPORT receding f	Primary	
		t Information			
Event # Date of Event Letter 08.23.23 A	Description Fundraiser for Gino for Mayor		W	as this a fu	indraising event?
Location: Street Address 328 Derby Ave		City Derby		State	Zip Code 06418
Subpart 1: (All Commit Was this event hosted at		OYes (If yes, go to Section L5 In-Kind Do Associated with a House Party and purchases made by host(s) for food, b	complete re	quired info	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 Do and complete required information.) No	nations not	Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Receipts here.) No	→ [\$		
Were there purchases of sign associated with this		OYes (If yes, go to Section L3 Purchases of or on a Sign and complete required No	f Advertisin		ı Program Book
	mittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Receipts here.)	→ [\$		
Event # Date of Event Letter	Description		w	as this a fu OYes	ndraising event? ONo
Location: Street Address		City	<u></u>	State	Zip Code
Subpart 1: (All Committee Was this event hosted at		OYes (If yes, go to Section L5 In-Kind Don Associated with a House Party and purchases made by host(s) for food, b	complete re	quired info	rmation for any
	de goods or services donated by a business entity nated by an individual of up to \$100?	Ycs (If yes, go to Section L4 In-Kind Do and complete required information.) No	nations not	Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Receipts here.) O No	\$		
Subpart 2: (Party Comm. Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?		f Advertisin		a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	\$		
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This Page	\$0		
		ion L1—Subpart 3 <i>(Town Committees ONLY)</i> ipts from Food Purchases — This Page	\$0	2023	French Community of the
		TOTAL of additional Section L1 Pages	\$0		
		IPTS FROM SMALL PURCHASES	\$0		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMIT	TEE (Provide Complete Nam	e as Registered with Filing Repo	ository)	TYPE OF REP	ORT		
DiGiovanni Election	n Committee 2023			7th Day Pre	ceding	Primary	
	L3. P	urchases of Adverti	ising in a Prog	ram Book or on a Sign			
Name of Purchaser					Purch	ase Made By:	
					OB	usiness Entity	Other
					Ol	idividual/Sole I	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purch	ases for All Events	Amount of Program Ad Purc	2050	Amount of Si	on Purabasa
				Timount of Frogram Ture		zamount of Si	gn i di chase
Name of Purchaser					Purcha	ase Made By:	
					OB	usiness Entity	Other
			·····		Oin	dividual/Sole F	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purcha	ases for All Events	Amount of Program Ad Purch	nase	Amount of Si	on Purchase
						macoustic VI OI	9 x uz emuse
Name of Purchaser					l _	ase Made By:	_
					1 -	usiness Entity	Other
***************************************	7784		··		Oin	dividual/Sole I	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purcha	uses for All Events	Amount of Program Ad Purc	1986	Amount of Si	an Purchase
		00 0		/ I rogram / Ku r urc		Amount of Di	gu i urchasc
Name of Purchaser					Purcha	ise Made By:	
					OB	usiness Entity	Other
· · · · · · · · · · · · · · · · · · ·		W			OP	dividual/Sole F	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purcha	ses for All Events	Amount of Program Ad Purc	nase	Amount of Si	gn Purchase
				G			6
Name of Purchaser					Purcha	ise Made By:	
					OB	usiness Entity	Other
						dividual/Sole F	roprictorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purcha	ses for All Events	Amount of Program Ad Purci	ase	Amount of Si	gn Purchase
				The state of the s		ount of the	D 31 CHASE
	SURTOTAL Seel	tion L3 Total Purchases	of Advertising in	Program Book — This Page	ŧ0		
	JUDIOTABUE	LULIUS I STAIT UI CHASCS	or racer name in	1 10gram Dook - 1 ms 1 age	, U		
	SUBTOT	AL Section L3 Total Pu	rchases of Adver	tising on a Sign — This Page	0		
				아이 아이지의 얼마 아이가 되고 말을 하는데 하는데 아이지 않다.			
						A-A-A	
			TOTAL of	additional Section L3 Pages	50	2023 :	SIP 15 PM
	TALON ALL				\$0 \$0	2023	EF15 M

DiGiovanni Election	Committee 2023			7	th Day Pre	ceding Primary	
	L 4.	. In-Kind Donatio	ns Not Consi	dered Contribut	ions		
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market	Value of Donation
OBusiness Entity Individual							
Sole Proprietorship	Date Received	Event #		Aggregate Value for t	his Event		
						<u>l</u>	
Name of Donor							
				···			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market \	alue of Donation
Business Entity Individual	D. D. i	To	**************************************		1 5 49		
OSole Proprietorship	Date Received	Event #		Aggregate Value for t	his Event		
lame of Donor							
iame of Donor						202	95EP 15 PM
treet Address		WANTED TO THE TOTAL OF THE TOTA	City	***************************************		State	Zip Code
and of Address			City			State	Zip Code
Donation Given By:	Description of Donation				·····		
Business Entity	Description of Donation					Fair Market V	alue of Donation
OIndividual	Date Received	Event #		Aggregate Value for t	hie Event		
Sole Proprietorship	Date Recorred	Lveik "		A ggregate value for t	ms Event		
lame of Donor							
arne of Donor							
treet Address			City			State	Zip Code
			City			Build	Ziji Code
Donation Given By:	Description of Donation						
Business Entity	Description of Donation					Fair Market \	alue of Donation
Individual	Date Received	Event #		Aggregate value for the	is Event		
Sole Proprietorship				, san san turn in			
			na sa kabawa wa ka ka				
		SI	J BTOTAL Secti	on L4— This Page	\$0		
		TO	VIAL of addition	nal Section L4 Pages	\$0		
TO	'AL OF ALL IN-KIND	DONATIONS NOT	CONSIDERED	CONTRIBUTIONS			
한 왕이가 된 사람이 가는 사람들이 어떻게 實 통 層 통	TANKELLIT PROPERTY WAS AND		I, Column A of Su		\$0		

II. EVENT ACTIVITY (Sections L1—L5)

B. B	(Provide Complete Name as Registered with Filing Re	pository)		TYPE OF REPO		***
DiGiovanni Election C				7th Day Prec		Primary
	5. In-Kind Donations Not Consid	ered Contributions A				
Name of Host			committee?	t supporting more OYes O No complete Itemization		
Street Address		City		S	State	Zip Code
Description of Donation			and the standard control of th	Fair Marke	et Value	of Donation
event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Even	ts—this host/candidate	-		
Jame of Host			committee?	supporting more		
Street Address		City	If yes, o	complete Itemizatio	on in Ad State	Zip Code
rect reares		City		0	state	Zip Code
Description of Donation				Fair Marke	t Value	of Donation
ivent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Event	s—this host/candidate		2023 S	
lame of Host			committee?	supporting more		
			If yes, c	complete Itemizatio	m m Aa	dendum L5
treet Address		City	If yes, c	· · · · · · · · · · · · · · · · · · ·	itate	Zip Code
		City	If yes, c	· · · · · · · · · · · · · · · · · · ·	itate	Zip Code
Ocscription of Donation	Aggregate Value of this Event—all hosts	City Aggregate Value of all Event		S	itate	Zip Code
Street Address Observation of Donation Event #	Aggregate Value of this Event—all hosts		s—this host/candidate Is this event committee?	Fair Marke supporting more OYes ONo	t Value	Zip Code of Donation ne candidate or
Description of Donation vent #	Aggregate Value of this Event—all hosts		s—this host/candidate Is this event committee?	Fair Marke supporting more OYes ONo omplete Itemization	t Value	Zip Code of Donation ne candidate or
Description of Donation vent # ame of Host	Aggregate Value of this Event—all hosts	Aggregate Value of all Event	s—this host/candidate Is this event committee?	Fair Marke supporting more OYes ONo omplete Itemization	t Value	Zip Code of Donation ne candidate or dendum L5
Pescription of Donation vent # lame of Host treet Address	Aggregate Value of this Event—all hosts	Aggregate Value of all Event	s—this host/candidate Is this event committee?	Fair Marke supporting more OYes ONo omplete Itemization	t Value t han of	Zip Code of Donation ne candidate or dendum L5 Zip Code
Description of Donation Event # Hame of Host treet Address Description of Donation	Aggregate Value of this Event—all hosts Aggregate Value of this Event—all hosts	Aggregate Value of all Event	s—this host/candidate Is this event committee? If yes, c	Fair Marke supporting more Oyes ONo complete Itemizatio	t Value t han of	zip Code of Donation ne candidate or dendum L5 Zip Code
Description of Donation Event # Hame of Host treet Address Description of Donation		Aggregate Value of all Event	s—this host/candidate Is this event committee? If yes, c	Fair Marke supporting more Oyes ONo complete Itemizatio	t Value t han of	zip Code of Donation ne candidate or dendum L5 Zip Code
Description of Donation	Aggregate Value of this Event—all hosts	Aggregate Value of all Event City Aggregate Value of all Event	s—this host/candidate Is this event committee? If yes, c s—this host/candidate L5 — This Page	Fair Market Supporting more OYes ONo omplete Itemization S	t Value t han of	zip Code of Donation ne candidate or dendum L5 Zip Code

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered w	ith Filing Repository)		TYPE OF REPORT		
DiGiovanni Election Committee 20	23			7th Day Preceding F	Primary	
		M. In-Kind Cor	ntributions			
Name						
Street Address			City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
Individual / Sole Proprietorship Oother						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is does contributor of valued at more th	in excess of \$400 to a candi or business he/she is associa an \$5,000?	date for a chief executive of ted with have a contract w	officer of a municipality, ith said municipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	O No If yo	ibutor a principal of a state cas, indicate which branch or evernment the contract is with	r branches	Tate contractor? Yes No Legislative		
Vame					<u></u>	
treet Address			City		State	Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		<u> </u>
Individual / Sole Proprietorship OOther						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		in excess of \$400 to a cand or business he/she is association \$5,000?				Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contri No If ye	butor a principal of a state c s, indicate which branch or vernment the contract is wit	ontractor or prospective st branches	ate contractor? OLegislative		
Vame	or go	verimient the contract is wit	n. O Executive	Occesisiative		
treet Address	***************************************		City		State	Zip Code
Type of contributor: OCommittee Individual / Sole Proprietorship Oother	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	2023	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is does contributor valued at more the	in excess of \$400 to a cand or business he/she is associa an \$5,000?	idate for a chief executive ated with have a contract v	officer of a municipality, with said municipality	i .	Market Value s Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	No If ye.	butor a principal of a state cos, indicate which branch or vernment the contract is with	branches	_ ONo		
		SUBTOTAL	Section M — This Pa	ge \$0		
			itional Section M Pag			
TOTAL OF ALL IN-KIND CON	IRIBUTIONS	(Enter total on Line 23, Colu	mn A of Summary Page To	otals) \$0		
	N. Refu	ndable Deposit to T	elephone Compan	V		
ast Name of Individual	an, report and PYAM.	First	TOTELS YOU WANTED	MI	Date Depos	it Made
esidential Street Address		10::		17. 6	<u> </u>	
esmeiniai Street Address		City		State Zip Code		Amount of Deposit
			***************************************	II		
ame of Telephone Company						
ame of Telephone Company reet Address		City		State Zip Code		

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

CONTRACTOR OF THE PROPERTY OF	TEE (Provide Complete Name as Registered with Filing Repository) on Committee 2023		TYPE OF REPORT 7th Day Precedin	a Driman	,
Pigloratiiii Fiecti		Poid by Committee		y riillaly	
Name of Payee	r. Expenses	Paid by Committee			
The Quail & Ale			Date of Payment 08.23.2023	O Chec	***************************************
Street Address		City		State	Zip Code
328 Derby Ave		Derby		СТ	06418
Purpose of Expenditure (by code) FNDR	Description Paid Restuarant for Food and space		082323A	Amount \$390.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)				
Name of Payee		Organiz	tation OA OB OC OD Date of Payment		f Payment:
Vista print			08.06.203	O Chec	ek #
•		****	00.00.203	O Debi	
Street Address		City		State	Zip Code
275 Wyman St 		Waltham		MA	02451
Purpose of Expenditure (by code) A-SIGN					Amount 71
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	e) Indepen			
Name of Payee			Date of Payment		f Payment:
Vista Print			08.22.2023	O Chec	
Street Address		I.c.		O Debi	
		City		State	Zip Code
275 Wyman St		Waltham		MA	02451
Purpose of Expenditure	Description		Event #		Amount
(by code) PRNT	Post Cards			\$388.	-
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ure) [Indepe	ŕ		23SEP 15 pm 1
Name of Payee			Date of Payment	1	f Payment:
Vista Print			08.25.2023	O Chec	
Street Address		City		O Debi State	t Card EFT Zip Code
275 Wyman St		Waltham		MA	02451
Purpose of Expenditure (by code) PRNT	Description Post Cards		Event #	\$374	Amount 66
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	re) [Indeper	,		
	s		- This Page \$1921.26		
	то	TAL of additional Secti	on P Pages \$528.47		
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COME 19, Column A of Summar			

Section P. ADDITIONAL PAGE 1____ of 1____

	TTEE (Provide Complete Name as Registered with Filing Repository))			TYPE OF REPORT			
DiGiovanni Election Committee 2023 7th Day Preceding					g Primary			
	P. Expenses	Paid by	Committee					
Name of Payce		than same alger ∀ ,50	general de la constantina della constantina dell	1 2 3 3 3 3 3	Date of Payment	Method o	of Payment:	
Vista Print				08.29.2023	OChec			
Street Address		Tei			00.27.2020	O Debi		
		City				State	Zip Code	
275 Wyman St		Waltham	1			MA	02451	
Purpose of Expenditure (by code) PRNT	Description Post Cards		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 contract)	it sought (joint expenditure)					<u>\$367.55</u>	
Name of Payee		***************************************	Organiza	atione	Date of Payment	Method of	f Payment:	
Vista Print					08.30.2023	O Chec	k#	
Street Address		City				O Debi		
		1				State	Zip Code	
275 Wyman St		Waltham	1			MA	02451	
Purpose of Expenditure by code) PRNT	Description Door Hangers			Event	#		Amount	
Expenditure #	Type of Expenditure (Itemization in Addondum P Required on	uless "Nona o	of the helow" is	chook.	2d)	\$156	.92	
(if applicable)								
Name of Payee					Date of Payment	Ł	f Payment:	
lon Bank					07.31.2023	1.2023 Ocheck #		
Street Address		City				O Debit	t Card OEFT Zip Code	
75 Tremont Ave		Ansonia				СТ	06401	
Purpose of Expenditure	Description			Event	#	Amount		
oy code) BNK	Bank Fees							
Expenditure #	Turn of Evnanditure (Hamization in Addandum D. Danning d.	ulan tNaua	of the helesoft i	6 6		\$2.00)	
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) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization OA OB OC DD				2023 SEP 15 PM			
Name of Payce					Date of Payment	Method of	f Payment:	
Ion Bank					08.31.2023	O Check #		
treet Address		T City			1 - 3.0	O Debi		
75 Tremont Ave		Ansonia				State	Zip Code 06401	
Purpose of Expenditure	Description	-	····	Event	#		Amount	
by code) BNK	Bank Fees					1.5.5		
DIVIN	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 OC OD				\$2.00			
Expenditure # (If applicable)	Coordinated with reimbursement sought (joint expenditur	re)			DA OB OC OD			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Fili	ing Repository)	TYPE OF REPORT	
DiGiovanni Elect	ion Committee 2023		7th Day Precedi	
	Q. Camp	aign Expenses Paid by	y Candidate	
Name of Payee (Name of	f Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
		C.N.y		State Zip Code
		7.77		
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	f Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
				Suite Supervise
0.00				
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	ls reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
				State Laip Code
urpose of Expenditure by code)	Description		Event #	Amount
				2023 SEP 15 pm l=
lame of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
treet Address		City		State Zip Code
				Since Sip Code
			·	
urpose of Expenditure by code)	Description		Event #	Amount
ame of Payec (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
treet Address		City		State Zip Code
				Since Sip code
rrpose of Expenditure y code)	Description		Event #	Amount
ame of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
reet Address		City		State Zip Code
				State Zip Code
rpose of Expenditure y code)	Description		Event #	Amount
		SUBTOTAL Sect	ion Q — This Page \$0	***************************************
		TOTAL		
		TOTAL of addition	al Section Q Pages \$0	
	TOTAL OF A	LL EXPENSES PAID	BY CANDIDATE AS	
		total on Line 26, Column A of		

NAME OF COMMITT					F REPORT	D. 1	
DiGiovanni Election Committee 2023 7th I R. Expenses Incurred on Committee Credit Card				L	Day Preceding Primary		
				ard			
Name of Issuing Insti	itution	Type of Credit	_	_			
		O Visa	Master Card) Disco	er OAmeric	an Expres	s OOther:
Name of Vendor, Person o	or Entity			***************************************		Date of 7	Transaction
Street Address		City				State	Zip Code
Purpose of Expenditure by code)	Description		Event #	į			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure)	Independent Organization:	ŕ	s Oc Or		
Name of Vendor, Person o	Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure	Description		Event #	<u></u>		+	Amount
by code)							Amount
Expenditure #	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure)		eed)	3 Oc O 1		Amount
Expenditure # (if applicable)	None of the below Coordinated with reimbursement sou Coordinated without reimbursement s	ght (joint expenditure)	f the below" is check	eed)	3 Oc O 1		ransaction
Expenditure # (if applicable) Name of Vendor, Person o	None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure)	f the below" is check	eed)	s Oc Or		
Expenditure # (if applicable) Name of Vendor, Person o Street Address	None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure) sought (in-kind contribution)	f the below" is check	(A O	3 Oc O 1	Date of T	ransaction
Expenditure # Gf applicable) Name of Vendor, Person of Street Address Purpose of Expenditure by code) Expenditure # Gf applicable)	None of the below Coordinated with reimbursement sou Coordinated without reimbursement so Tentity	ght (joint expenditure) sought (in-kind contribution) City lum R Required unless "None of	Independent Organization	(A O		State 20	ransaction Zip Code
Expenditure # (if applicable) Name of Vendor, Person of Street Address Purpose of Expenditure by code)	None of the below Coordinated with reimbursement sour Coordinated without reimbursement sour Entity Description Type of Expenditure (Itemization in Addendation of the below Coordinated with reimbursement sour	ght (joint expenditure) sought (in-kind contribution) City fum R Required unless "None of ght (joint expenditure) sought (in-kind contribution)	Independent Organization: Event #	ed)		State 20	ransaction Zip Code
Expenditure # "if applicable") Name of Vendor, Person of Street Address Turpose of Expenditure by code) Expenditure #	None of the below Coordinated with reimbursement sour Coordinated without reimbursement sour Entity Description Type of Expenditure (Itemization in Addendation of the below Coordinated with reimbursement sour	ght (joint expenditure) sought (in-kind contribution) City fum R Required unless "None of ght (joint expenditure) sought (in-kind contribution)	Independent Organization Event # The below is check Organization: Corganization: Corganization	ed) DA OI ed) DA OI ge ge ge ge ge ge ge	: Oc O 1	State 20	ransaction Zip Code

TO MINE OF COMMIN	TEE (Provide Complete Name as Registered with 1	Filing Repository)	TYPE	OF REPORT		
DiGiovanni Elec	tion Committee 2023			ay Preceding Pr	rimary	
N 00 15	S. Expenses Incurre	ed by Committee but No	ot Paid During this			
Name of Creditor				D	Date Incur	red
Street Address		City		St	tate	Zip Code
Purpose of Expenditure by code)	Description		Event #			ount Incurred timate or Actual)
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	tht (joint expenditure)	ine below" is checked) Independent Organization:)в Ос Ор		
Name of Creditor				D	Pate Incur	red
Street Address		City		St	tate	Zip Code
Purpose of Expenditure (by code)	Description		Event #			ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenda	C Danning and and any William of the	a halow" is chacked)			
y appacame)	None of the below Coordinated with reimbursement sough	ht (joint expenditure)	Independent Organization	ов Ос О в		
	None of the below Coordinated with reimbursement sough	ht (joint expenditure)	Independent		ate Incuri	red
Name of Creditor	None of the below Coordinated with reimbursement sough	ht (joint expenditure)	Independent	Da	eate Incurr	red Zip Code
Name of Creditor Street Address Purpose of Expenditure	None of the below Coordinated with reimbursement sough	ht (joint expenditure) ought (in-kind contribution)	Independent	Da	Am	
Name of Creditor Street Address Purpose of Expenditure by code) Expenditure #	None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	ht (joint expenditure) bught (in-kind contribution) City City Mr. S Required unless "None of the contribution of the contr	Independent Organization: A Event # Be below" is checked) Independent	Da	Am (Est	Zip Code ount Incurred
Name of Creditor Street Address Purpose of Expenditure by code) Expenditure # if applicable)	Description Description Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sough Coordinated with reimbursement sough None of the below Coordinated with reimbursement sough	city City City Mr. S Required unless "None of the contribution)	Independent Organization: A Event # Be below" is checked) Independent	Da St	Am (Est	Zip Code ount Incurred imate or Actual)
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Name of Creditor Street Address Purpose of Expenditure by code) Expenditure # if applicable)	Description Type of Expenditure (Itemization in Addendary Coordinated with reimbursement sough Coordinated without reimbursement sough Coordinated with reimbursement sough Coordinated without reimbursement	cht (joint expenditure) bught (in-kind contribution) City	Event # Le below" is checked) Independent Organization: Independent Organization: Section S-This Page Conal Section S Pages OD BUT NOT PAID	Di St.	Am (Est	Zip Code ount Incurred imate or Actual)
Name of Creditor Street Address Purpose of Expenditure by code) Expenditure # if applicable)	Description Type of Expenditure (Itemization in Addendary Coordinated with reimbursement sough Coordinated without reimbursement sough Coordinated with reimbursement sough Coordinated without reimbursement	city City City City City City City TOTAL of additi	Event # Event # De below" is checked) Independent Organization: Organization: Organization: Organization: Organization: Organization: Section S-This Page Ional Section S Pages OD BUT NOT PAID Of Summary Page Totals)	Di St.	Am (Est	Zip Code ount Incurred imate or Actual)

IV. EXPENDITURES (Sections P-T)

The Day Preceding Primary	NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Reposi	itory)	TO A STATE OF T	YPE OF RE	PORT			
Lead Name of Weeker/Consultant Name of Veeker/Consultant Name of Weeker/Consultant Name of Weeker/Consultant Name of Weeker/Consultant Perpensed a Establishop Committee Weeker/Consultant Perpensed of Establishop Consultant onsultant Perpensed of Establishop Consultant Consultant Perpensed of Establishop Consultant Consultant Consultant In Additional International Consultant International Consul									
Name of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant Process Address of Vender, Person or Entity Paid by Committee WorkerConsultant		T. Itemization of Rein	nbursements an	d Secondary P	ayees				
Street Address of Vendor, Person or Entity Parid by Committee Worker/Consultant Payment of Expenditure Propose of Ex	Last Name of Worker/Cor	sultant	First			МІ			
Street Address of Vendor, Person or Entity Pixel by Committee Workoof Consultant Expenditure # Type of Expenditure (Internitation in Addendum T Required unless "None of the below" is checked) None of the below Constituted which of embarasement sought (joint expenditure) None of Workoof Consultant First Mul Date of Purpose of Expenditure (Internitation in Addendum T Required unless "None of the below" is checked) Constituted which of embarasement sought (joint expenditure) Check # Dobbit Card OFFT Street Address of Vendor, Person or Entity Paid by Committee Workoof Consultant City Street Address of Vendor, Person or Entity Paid by Committee Workoof Consultant City Street Address of Vendor, Person or Entity Paid by Committee Workoof Consultant Type of Expenditure (Internitation in Addendum T Required unless "None of the below" is checked) Consultanted with certainteest sought (joint expenditure) City State State Amount Propose of Expenditure Purpose of Expenditure City State State Amount Propose of Expenditure City State Amount Propose of Expenditure City State Amount Propose of Expenditure City State City State Amount Proposed of Expenditure City State City Sta	Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant			reported i	n Section P:	_		
Execution Proposed of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Coordinated with reinhursement sought (in-kind contribution) Organization: O A O B O C O D	Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City						
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant First		Description		Event #				Amount	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Payment to Reimburse Committee Worke		None of the below Coordinated with reimbursement sought (joint ex	xpenditure)	O Independent	0 () () () () ()			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Expenditure # (If applicable) Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Expenditure # (If applicable) Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Expenditure # (If applicable) Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Expenditure # (If applicable) Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Organization: O A O B O C O D Debit Card O EFT Amount Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant Expenditure Payment to Reimburse Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant reported in Section P. O Debit Card O EFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City State Zip Code Amount Expenditure # (If applicable) None of the below Conditated with eximbursement sought (joint expenditure)	Last Name of Worker/Con	isultant	First	te distribution and the second se		Ml			
Purpose of Expenditure (by code) Expenditure # (ff applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated without reimbursement sought (ioint expenditure) Name of Vendor, Person or Entity Paid by Committee Worker/Consultant First MI Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant reported in Section P: O Check # Debit Card OFFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City State Zip Code Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (ioint expenditure) None of the below Coordinated with reimbursement sought (ioint expenditure) Coordinated with reimbursement sought (ioint expenditure) SubstOtal Section T — This Page \$0					reported i	n Section P:	_	_	
Expenditure # Coordinated without reimbursement sought (in-kind contribution) Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Name of Vendor, Person or Entity Paid by Committee Worker/Consultant First MI Date of Payment to Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Payment of Reimburse Committee Worke	Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Coordinated with reimbursement sought (joint expenditure)		Description		Event #				Amount	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant are reported in Section P: O Check # O Debit Card O EFT Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		None of the below Coordinated with reimbursement sought (joint exp	(penditure)	O Independent O	0 () () o (o) ()	262	35EP 15 pm	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City State Zip Code Purpose of Expenditure (by code) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section T — This Page \$0	Last Name of Worker/Con	sultant	First			MI			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City State Zip Code Purpose of Expenditure (by code) Description Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section T — This Page \$0	Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant		***************************************	reported i	n Section P:			
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section T — This Page \$0	Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				7		
None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) SUBTOTAL Section T — This Page \$0		Description		Event #				Amount	
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TOTAL of additional Section T Pages \$0			SUBTOTAL S	ection T — This P	age \$0		i		
			TOTAL of addit	ional Section T Pa	iges \$0				
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS \$0	TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS AN	D CONSULTAN	NTS \$0				