## SEEC FORM 20

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

2023 OCT 10 AM 9: 25

Do Not Mark in This Space For Official Use Only

### **COVER PAGE**

1. NAME OF COMMITTEE								
DiGiovanni Election Committee 20	023							
2. TREASURER NAME								
First MI Last							Suffix	
Heidi		R	DiGio	vanni				
3. TREASURER ADDRESS								
Street Address			City		St	ate	Zip Co	ode
77-8th St			Derby		С	T	064	18
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only if Candid	tte Committee)			6. DISTI	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor						(if applicable,	,
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
First		MI	Last					Suffix
Gene		J	DiGio	vanni				Jr
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day preced	ding primar	y <b>O</b> 71	h day preceding referendum		ial Cont Cs ONLY)		Disbursement
O April 10 filing	O30 days follow	ving primar	y <b>O</b> 4:	days following referendum	_ `	endmen		
July 10 filing	O7th day preceding election				ort:			
October 10 filing	Ol2th day prece			ermination	******	····		
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No	ving election						
9. PERIOD COVERED								
	Beginning Da	te		Ending Date				
-	09/04/2023		thru	09/30/2023				
10. CERTIFICATION								
I hereby certify and state, under p  Disclosure Statement for the per	riod covered is t	statement, rue, accur	that all of the	e information set forth on to a supplete.	this <b>Itemiz</b>	zed Car	mpaign Fi	inance
Heidi Digion	Janni		Heid	· Di Giovann	<u>u</u> *		10/	10/23
TREASURER OR DEPUTY TREASURE			PRINT NAMI	OF SIGNER			DATE (	mın/dd/yyyy)
A person who is				riolated any provisions of t imprisonment or both.	the campai	ign fina	ance statu	ites

Page 1 of 17

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					
DiGiovanni Election Committee 2023	October 10 filing					
	COLUMN A This Period	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>		\$0				
12. Balance on hand at the beginning of Reporting Period	\$1630.35					
13. Contributions Received from Individuals (Sections A and B)	\$1044.00	\$5819.00				
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)	\$1044.00	\$5819.00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$2674.35	\$5819.00				
19. Expenses Paid by Committee (Section P)	\$788.57	\$3933.22				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1885.78	\$1885.78				
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)	\$50.00	\$50.00				
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	2923 <b>0CT 19</b> am				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
DiGiovanni Election Committee 2023	-	October 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$ \$294.00				
B. Itemized Con	tributions from Indivi	duals			
Last Name	First			MI	
Ellis	Don				
	ity	1	State Zip Co	ode	
	Ansonia		CT 064	01	
Principal Occupation	Name of Employer				
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?	o a candidate for a chief executive s associated with have a contract Yes •No	e officer of a municipality, with said municipality	Amount of \$200.00	Contribution	
Is this contribution associated with an event reported in Section L1?  **Moderate of Proceedings**: Its contributor a principal of a standard process of the section L1?** If yes, indicate which brane of government the contract of the section L1?		contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Omoney (	Order 09.09.23	\$200.00			
Last Name	First			MI	
Blizman	Dan				
	ity		State Zip Co	ode	
	Derby		CT 064	18	
Principal Occupation	Name of Employer				
HVAC Business Owner	Blizzard Mechanica	l			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of ( \$250.00	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090923A  Yes No  Yes No  Is contributor a principal of a st  If yes, indicate which bran- of government the contract		e contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney C	Order 09.09.23	\$600.00			
Last Name	First			MI	
Soderberg	Licia				
	Sity	ſ	State Zip Co	i i	
	Derby		CT 064	18	
Principal Occupation	Name of Employer				
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?			Amount of (	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090923A  Section L1?  If yes, indicate which brane of government the contract	is with: O Executive	Contractor?  O Legislative  OYes  No			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 09.09.23	\$190.00			
SUBT	OTAL Section B — This	Page \$550.00			
TOTAL	of additional Section B P	ages \$200.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A B, Column A of Summary Page 1				

## Section B ADDITIONAL PAGE 1

of '	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
DiGiovanni Election Committee 2023		October 10 filing	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ N/A	
B. Itemized Cor	ntributions from Indivi	duals	
Last Name	First		MI
Residential Street Address	Cody		- 12 0 1
<b>!</b>	<sup>City</sup> Derby	ŀ	State Zip Code CT 06418
Principal Occupation	Name of Employer		
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?	to a candidate for a chief executive is associated with have a contract  OYes  No	e officer of a municipality, with said municipality	Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090923A  Yes   Is contributor a principal of a s   If yes, indicate which bran of government the contract	tate contractor or prospective statech or branches t is with:  OExecutive	OLegislative No	
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order Date Received  Onder 09.09.23	Aggregate Contributions \$100.00	
Last Name	First		MI
Romano Residential Street Address	Joseph		2. 0.1.
	City Derby		State Zip Code CT 06418
Principal Occupation	Name of Employer		1
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 i valued at more than \$5,000?			Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090923A  Yes  Is contributor a principal of a s  If yes, indicate which bran of government the contrac		e contractor? Yes No Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	1
OCash OPersonal Check Occedit/Debit Card OPayroll Deduction OMoney  Last Name	Order 09.09.23	\$100.00	
Last Mane	riist		MI
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contributor or business he/she i valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which bran of government the contract		e contractor?  O Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		
SUBT	OTAL Section B — This	Page \$200.00	
TOTAL	of additional Section B F	Pages N/A	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page		MATERIAL COM AND ANY COMMAND AND AND AND AND AND AND ANY COMMAND AND ANY COMMAND AND ANY COMMAND AND ANY COMMAND

	MITTEE (Provide Comple ection Committee 2		red with Filing Repo	sitory)		TYPE OF REPORT October 10 filing	
		C1	. Contributi	ons from (	Other Comm	iittees	
Name of Committee					Name of Treaso	urer	
Address				Is this con event repo	ntribution associate orted in Section L1 If yes, li	Amount of Contribution	
City		State	Zip Code	Date Re		Aggregate Contributions	
Name of Committee					Name of Treasu	I urer	
Address				Is this con event repo	rted in Section L1	od with an Yes No? st Event#	Amount of Contribution
City		State	Zip Code	Date Re	ceived	Aggregate Contributions	
Name of Committee					Name of Treasu	rer	renete - Territorio de del del como en escala en e
Address				Is this con event repo	rted in Section L1	d with an Yes No?	Amount of Contribution
City		State	Zip Code	Date Re		Aggregate Contributions	
	C2. F	Reimbursem	ents or Surp	lus Distril	outions from	other Committees	
Name of Committee					Name of Treasu		
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Ty OReimbur	pe sement for shared	expense C	Surplus Distributi	ion	Amount of Receipt
Description				<del>*************************************</del>			
Name of Committee	d ka tau da ka da da a ka da	Transfer (m. 1904). San de la companya de la compa			Name of Treasu	irer	
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment T	ype ursement for share	ed expense	Surplus Distrib	ution	Amount of Receipt
Description			3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,				
			SUBTO	OTAL Sect	ion C — This	Page \$0	
					nal Section C I		
			IITTEE CONT ter total on Line 1				

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposi	itory)		ТҮРЕ	OF REPORT			
DiGiovanni Election Committee 2023				Octo	October 10 filing			
	). Loans	Receiv	ed this Period					
Name of Lender	77.20	7 220001	Source of Loan:			Date of Receipt		
			OBank O Cand		Committee			
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			
Name of Lender			Source of Loan: Bank Cano	didate 🔘 Indiv	idual Other Committee	Date of Receipt		
Street Address	City		·	State	Żip Code	Is there a Cosigner or Guarantor of this loan?  Yes No		
Name of Cosigner/Guarantor (if applicable)	**					Amount Received		
Street Address	City			State	Zip Code			
Name of Lender			Source of Loan: OBank Cano	didate () Indiv	idual Other Committee	Date of Receipt		
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No		
Name of Cosigner/Guarantor (if applicable)						Amount Received		
Street Address	City			State	Zip Code			
			TOTAL SECTI	ION D	60			
E. Receipts from Entities other the	an Indiv	iduals	or Other Comr	nittees <i>(Ref</i>	erendum Committe	es ONLY)		
Name of Entity								
Street Address	·		**************************************	Date Received		Amount Received		
City		State	Zip Code	Aggregate Co	ntributions			
Name of Entity			i dinepa denti i delle					
Street Address				Date Received		Amount Received		
City		State	Zip Code	Aggregate Co	ntributions			
Name of Entity								
Street Address	···•			Date Received	]	Amount Received		
City		State	Zip Code	Aggregate Co	ntributions			
			TOTAL SECT	IONE \$	0			

NAME OF COMMITT	EE (Provide Complete Name as Regist	ered with Filing Repository)		TYPE	OF REPORT
DiGiovanni Electic	n Committee 2023			Octo	ber 10 filing
J	F. Amount Transferred	from Affiliated Bu	siness Treasury (Bu	siness Enti	ty Committees ONLY)
Date of Receipt	Is this transaction associ event reported in Section		If yes, list Event #		Amount
Date of Receipt	Is this transaction associ event reported in Section	<b>₩</b> 1 00	If yes, list Event #		Amount
Date of Receipt	Is this transaction associ event reported in Section		If yes, list Event #		Amount
Date of Receipt	Is this transaction associ event reported in Section		If yes, list Event#		Amount
			TOTAL SECTION	ON F	\$0 .
G. Amount I	ransferred from Affilia	ted Labor Union o	r Other Organizatio	n Treasu	ary (Organization Committees ONLY)
Date of Receipt		Date of Receipt		Date of F	
***************************************	Amount	A	mount	Amount	
			TOTAL SECTION	NG \$	0
	H. Personal Funds of	the Candidate Rec	eived this Period <i>(C</i>	andidata C	ommittees ONIV
Date of Receipt	Method of payment:				Amount
	OCash	O Personal Che	eck O Credit/Deb	it Card	
Date of Receipt	Method of payment:	O i cisonai cire	ck October	it Card	Amount
·	OCash	O Personal Cho	eck Credit/Deb	it Card	
Date of Receipt	Method of payment:		<b>J</b> 0.11.1.2.10		Amount
	OCash	Personal Che	ck Credit/Deb	iı Card	Amount
Pate of Receipt	Method of payment:	O reisonal Cité	Credio Deb	ii Caiu	Amount
·	OCash	O Personal Che	ck Credit/Deb	it Card	, mount
			TOTAL SECT	ION H	\$0
		I. Anonymou	s Contributions		
	Dar Dublic Act 11 40	Anonymana Carr	nibutions marine 1-	n oran 1	donositod in
	Per Public Act 11-48,	Anonymous Cont	mountains may no 10	mger be	acposited in any

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.

		· ` · · · · · · · · · · · · · · · · · ·						
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
DiGiovanni Election Committee 202	23		October 10 filing					
	J. Interest from Deposits in Author	ized Accoun	ts					
Name of Institution		*****	Date R	Received		Amount		
Street Address	City	s	tate	Zip	Code			
Name of Institution			Date R	leceived		Amount		
Street Address	City	S	tate	Zip	Code			
	тот	AL SECTION	٧J	\$0				
KN	liscellaneous Monetary Receipts not Co	nsidered Co	ntrib	ution	C			
Name	installation in the court of th	monuci cu Co			ransaction			
						Amount Received		
Street Address	City		State	:	Zip Code			
Description								
Name			l i	Date of T	ransaction			
				,		Amount Received		
Street Address	City		State	:	Zip Code			
Description								
Name			- 1	Date of T	ransaction			
Traine			ľ	Date of 1	ransaction	Amount Received		
Street Address	City	····	State	;	Zip Code			
Description								
Name			11	Date of T	ransaction			
1 valle			ľ	Date of 1	iamacton	Amount Received		
Street Address	City		State	2	Zip Code			
Description								
			<del></del>					
	TOTAL S	ECTION K	\$0					
SUMMA	RY OF OTHER MONETARY RECEI	PTS (Section	ıs D 1	throu	gh K)			
Total Loans Received this Period (Sec					5 7			
	n Individuals or Other Committees (Section E)		+					
Total Amount Transferred from Affili			+					
·	iated Labor Union or Other Organization Treas	ury (Section G)						
	e Candidate Received this Period (Section H)		+					
Total Amount of Interest from Deposi		<del></del>	+					
	ts not Considered Contributions (Section K)		+					
,	Total of Othe	er Manetary		ointe				
(Add	Sections D through K) (Enter total on Line 15, Colu				\$0			

NAME OF COMMITT	ree	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	r			
DiGiovanni Electio	n C	ommittee 2023		October 10 filir	ng			
		L1. Even	t Information					
Event # Date of Event Let	tter	Description			Wa	s this a fin	ndraising event?	
09.09.23 A		Rally For Gino				OYes ONo		
Location: Street Address			City			State	Zip Code	
183 Seymour Ave			Derby			СТ	06418	
Subpart 1: (All Com Was this event hosted		tees) a personal residence?	OYes (If yes, go to Section L Associated with a Ho purchases made by hos	use Party and compl	ete req	uired infor		
		le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required No		s not C	onsidered	Contributions	
		sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$			
Subpart 2: (Party Co Were there purchases sign associated with	s of	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	mittees other than Exploratory OYes (If yes, go to Section L or on a Sign and com ONo	3 Purchases of Adve			Program Book	
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			OYes (If yes, enter Total Rec	eeipts here.)	+ \$			
Event #	de Pode	Description			juga, tiga			
Date of Event Lett 09.12.23 A		Primary Day Supporters			Was	s this a fur OYes	ndraising event?  • No	
Location: Street Address		<u> </u>	City			State	Zip Code	
17 Elizabeth St			Derby			СТ	06418	
Subpart 1: (All Com Was this event hosted		•	Yes (If yes, go to Section L Associated with a Hor purchases made by hos	ise Party and compl	ete reqi	uired infor		
		le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required No		s not C	onsidered	Contributions	
		sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	<b>\$</b>			
Subpart 2: (Party Co Were there purchases sign associated with t	sofa	ittees, Municipal Candidates and Political Comnadvertising space in a program book or on a fundraiser?	······································	3 Purchases of Adve			Program Book	
	sell f	nittees ONLY)  food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$			
SUBTOTAL Se	ctio	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page \$0				
		SUBTOTAL Secti	ion L1—Subpart 3 (Town Commi ipts from Food Purchases —	ttees ONLY)				
			TOTAL of additional Section	L1 Pages \$0				
			IPTS FROM SMALL PUI			indentio in mistro is decesió		

		8, effective January om a committee tag								
NAME OF COMMI	ITTEE (Provide Complete Nair	ne as Registered with Filing Reposi	torv)		TYPE OF REPO	RT				
	on Committee 2023			**************************************	October 10 fil	ling	······································			
	L3. P	urchases of Advertis	ing in a Prog	ram Book or o	on a Sign					
Name of Purchaser						Purcha	se Made By:			
						۱ ـ	usiness Entity	Other		
						O Individual/Sole Proprietorship				
Street Address			City				State	Zip Code		
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pr	ogram Ad Purcha	ıse	Amount of	Sign Purchase		
Name of Purchaser			<del></del>			بل				
Name of Furchaser							se Made By: usiness Entity	Oal		
						_	_	Other Proprietorship		
Street Address			City			<u> </u>	State	Zip Code		
			City				State	Zip Code		
			<u> </u>							
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purcha	ise	Amount of S	Sign Purchase		
Name of Purchaser						Purcha	se Made By:			
						ОВ	usiness Entity	Other		
						Oln	dividual/Sole	Proprietorship		
Street Address			City			***************************************	State	Zip Code		
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purcha	se	Amount of S	Sign Purchase		
Name of Purchaser						Purcha	se Made By:			
						Bı	ısiness Entity	Other		
						_		Proprietorship		
Street Address		·	City				State	Zip Code		
Date Received	Event #	Aggregate Purchase	e for All Events	4	A J D		1 4 6 6	<u> </u>		
Date Received	Even "	Aggregate I dichase.	S 101 All Events	Amount of Pro	ogram Ad Purcha	se	Amount of S	Sign Purchase		
Name of Purchaser				<u> </u>		Downley	se Made By:			
							se made by. Isiness Entity	Other		
						_		Proprietorship		
Street Address			City			<u> </u>	State	Zip Code		
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purcha	se	Amount of S	Sign Purchase		
	SUBTOTAL Sec	tion L3 Total Purchases of	f Advertising in	Program Book –	— This Page \$(	)				
	SUBTOT	FAL Section L3 Total Pure	chases of Adver	tising on a Sign –	This Page \$(	)				
			TOTAL of	f additional Secti	on L3 Pages \$(	) )				
Т	OTAL OF ALL PURCE	HASES OF ADVERTISIN		RAM BOOK or		)				

NAME OF COMMITTE	EE (Provide Complete Name a	s Registered with Filing Rep	ository)	i i i i i i i i i i i i i i i i i i i	YPE OF REPO	ORT				
DiGiovanni Election	Committee 2023			C	ctober 10 fi	ling				
	L4	. In-Kind Donati	ons Not Consi	dered Contributi	ons					
Name of Donor										
Street Address			City				State	Zip Code		
Donation Given By:  Business Entity	Description of Donation						Fair Market Value of Donation			
O Individual O Sole Proprietorship	Date Received	Date Received Event # Aggregate Value for this Event								
Name of Donor							·			
Street Address			City		<del>70 - 70 </del>		State	Zip Code		
Donation Given By:  OBusiness Entity	Description of Donation					Fair N	Aarket Val	ue of Donation		
Olndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for the	nis Event					
Name of Donor				- · · · · · · · · · · · · · · · · · · ·						
Street Address			City				State	Zip Code		
Donation Given By:  Business Entity	Description of Donation		I	Fair M			l Aarket Val	ue of Donation		
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for the	nis Event					
Name of Donor				<del></del>						
Street Address			City		*******************************		State	Zip Code		
Donation Given By:  O Business Entity	Description of Donation					Fair N	Iarket Val	ue of Donation		
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for th	s Event					
		S	UBTOTAL Secti	on L4 — This Page	\$0					
		TC	OTAL of addition	nal Section L4 Pages	\$0					
тот	AL OF ALL IN-KIND	DONATIONS NOT (Enter total on Line 2			\$0					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF RE	PORT		
DiGiovanni Election Committee 2023			October 1				
L5.	In-Kind Donations Not Consider	red (	Contributions Associa	ted with a	House Par	ty	
committee?						О	ne candidate or
Street Address		·····	City	1		State	Zip Code
Description of Donation					Fair Ma	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this he	ost/candidate			
Name of Host				committee?	supporting m OYes ON omplete Itemiz	o	ne candidate or
Street Address			City	ij yes, c	ompiete Heimz	State State	Zip Code
			Chy			State	Z.ip Code
Description of Donation			1		Fair Mai	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Λg	gregate Value of all Events—this ho	st/candidate	1		
Name of Host				Is this event	supporting m	ore than or	ne candidate or
				I	omplete Itemiza		lendum L5
Street Address		,	City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host				committee?	supporting me OYes ON omplete Itemiz	0	ne candidate or
Street Address			City	30		State	Zip Code
Description of Donation					Fair Mar	ket Value (	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho.	st/candidate	1		
		SUB	TOTAL Section L5 — T	This Page	\$0		
	T	ОТА	L of additional Section	L5 Pages	\$0		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on L	ΓCC ine 2	ONSIDERED CONTRIE 2, Column A of Summary F	BUTIONS Page Totals)	\$0		

# III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered w	ith Filing Repository)		TYPE OF REPORT			
DiGiovanni Election Committee 2023				October 10 filing			
		M. In-Kind Con	tributions				
Name							
Teddy Hawks							
Street Address			City		State	Zip Code	
183 Seymour Ave			Derby		СТ	06418	
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind Co	ntribution		V-11-1	
Individual / Sole Proprietorship Other	09.09.23	\$50.00	Space for Rally for	Gino			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No No No Ves No Ves No Ves No Ves No No Ves No Ves No No No Ves No							
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 090923A	ent reported in Section L1? No If yes, indicate which branch or branches					\$50.00	
Name							
Street Address			City		State	Zip Code	
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind Con	ntribution			
Individual / Sole Proprietorship Other							
Is 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 candid or business he/she is associated an \$5,000?	date for a chief executive off ted with have a contract with Yes No	icer of a municipality, said municipality		Market Value is Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	O No   If ye.	butor a principal of a state co s, indicate which branch or l vernment the contract is with	oranches	ŎNo l			
Name							
treet Address			City		State	Zip Code	
Type of contributor: OCommittee  Individual / Sole Proprietorship OOther	Date Received	Aggregate Contributions	Description of In-Kind Cor	stribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		in excess of \$400 to a candid or business he/she is associated an \$5,000?				Market Value is Contribution	
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	O No   If yes	outor a principal of a state cors, indicate which branch or by	oranches	ŎNo l			
		SUBTOTAL S	Section M — This Page	\$50.00			
			tional Section M Pages	\$0	<del>Kanan en skirkkin andere</del>	(CTCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	
TOTAL OF ALL IN-KIND CON	TRIBUTIONS			5000 500			
	N. Refu	ndable Deposit to Te	elephone Company				
ast Name of Individual		First	we want of the second of the s	MI	Date Depor	sit Made	
esidential Street Address		City	St	ate Zip Code		Amount of Deposit	
Name of Telephone Company				<u> </u>			
Street Address		City	St	ate Zip Code	7		
			1	1	1		

SEEC FORM 20 Revised January 2015

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

Page 13 of 17

	TEE (Provide Complete Name as Registered with Filing Repository) on Committee 2023	TYPE OF REPORT October 10 filing				
		Paid by Committee				
Name of Payee  Walmart  Date of Pa  09.11.2				Method of Payment: O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
465 Bridgeport A	ve	Shelton		CT 06484		
Purpose of Expenditure (by code) MISC	food and office supplies for Primary day  Event #			Amount \$183.41		
Expenditure # (if applicable)	checked)  dent  tion OA OB OC OD					
Name of Payee			Date of Payment	Method of Payment:		
Riverwalk Social			09.12.23	O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
17 Elizabeth St		Derby		CT 06418		
Purpose of Expenditure (by code)	Description		Event #	Amount		
Food	Primary Day volunteers and supporters		091223A	\$551.09		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) O Independ	dent tion OA OB OC OD			
Name of Payee			Date of Payment	Method of Payment:  Check #		
Staples			09.26.23	O Debit Card OEFT		
Street Address		City		State Zip Code		
3 Armastrong Rd		Shelton		CT 06484		
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Event #	Amount \$52.07		
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)	re) () Indepen	dent			
Name of Payee Ion Bank			Date of Payment	Method of Payment:  Check #  Debit Card  EFT		
Street Address		City		O Debit Card O EFT State Zip Code		
75 Tremont Ave		Ansonia		CT 06401		
Purpose of Expenditure (by code) BNK	Description bank fees		Event #	Amount \$2.00		
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 contri	e) [Independ	•			
	s	UBTOTAL Section P —	- This Page \$788.57			
	TO	TAL of additional Section	on P Pages \$0			
	TOTAL OF ALL EXPE	NSES PAID BY COM 19, Column A of Summary				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filin	g Repository)	Sala TY	PE OF REPORT				
DiGiovanni Election Committee 2023				ctober 10 filing	er 10 filing			
	Q. Campa	ign Expenses Paid b	y Candidate					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date	e of Payment	Is reimbursement claimed?			
						Yes No		
Street Address		City			State	Zip Code		
		l chy			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #			Amount		
(6) 6046)								
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date	of Payment	Te reir	nbursement claimed?		
• •	•				1 _	_		
						Yes O No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #		_	Amount		
(by code)								
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date	e of Payment	Is reir	nbursement claimed?		
						Yes O No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #					
(by code)	Beschpion		Event #			Amount		
						:		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date	of Payment	Is rein	nbursement claimed?		
					0	Yes O No		
Street Address		City			State	Zip Code		
						-7		
				\				
Purpose of Expenditure (by code)	Description		Event #			Amount		
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)		Date	Date of Payment		abursement claimed?		
						O Yes O No		
Street Address		To:						
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #			Amount		
(by code)								
Name of Paves (Name of I	Vendor, Person or Entity who candidate paid directly)		l Doto	of Payment		1		
rume of rujee (rume of r	chaor, I classicor Emily who canadate paid anecity;		Date	of Fayment		nbursement claimed?		
						Yes O No		
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #			Amount		
by code)								
		SUBTOTAL Se	ction Q — This Pag	ge \$0				
		TOTAL of additio	nal Section Q Page	s \$0		:		
		LL EXPENSES PAID						
	(Enter t	otal on Line 26, Column A o	f Summary Page Tota	ds)				

	TEE (Provide Complete Name as Registered with Filing Repos	itory)		E OF REPORT		
บเษเองanni Electi	on Committee 2023			ober 10 filing	News and All Per	
		rred on Committee Cr	edit Card			
Name of Issuing Inst	itution	Type of Credit Card:	o . O	<b>A</b>		001
Visa Master Card Discover America						s OOther:
Name of Vendor, Person or Entity					Date of 7	Transaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expected Coordinated without reimbursement sought (in-kit)	penditure)	endent	Эв Ос Ол		
Name of Vendor, Person	or Entity				Date of T	Fransaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expected Coordinated without reimbursement sought (in-kit)	penditure)	endent	)в Ос () і		
Name of Vendor, Person o	r Entity				Date of 'I	ransaction
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 R Requestion of the below Coordinated with reimbursement sought (joint expected Coordinated without reimbursement sought (in-kin)	penditure)	endent	Эв Ос От		
		SUBTOTAL Section R —	This Page	\$0		
	7	OTAL of additional Section	n R Pages	\$0		
то	TAL OF ALL EXPENSES INCURRED C (Enter total on	ON COMMITTEE CREE Line 27, Column A of Summary		\$0		
	•					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	į,	ТҮРЕС	F REPORT				
DiGiovanni Election Committee 2023 Octobe				per 10 filing	<del>i</del>			
	S. Expenses Incurred by Com	mittee but Not Paid	During this	Period				
Name of Creditor					Date Incu	rred		
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  None of the below  Coordinated with reimbursement sought (joint expend)  Coordinated without reimbursement sought (in-kind of	diture) Indep	is checked) endent ization:	в Ос Ор				
Name of Creditor				C	Date Incu	rred		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description	-4-	Event #		3	nount Incurred etimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without	Independiture) Organi	is checked) endent ization:	в Ос Ор				
Name of Creditor					Date Incur	тед		
Street Address		City	***************************************	<del></del>	State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#			nount Incurred timate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepo	is checked) endent ization:	в Ос Ор				
		SUBTOTAL Section	S-This Page	\$0				
TOTAL of additional Section S Pages					COM STATE OF THE POST OF THE P			
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)								
Previously reported Expenses Unpaid and still Outstanding								
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Li	D BY COMMITTEE BUine 28a, Column A of Summa		\$0				

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Reposito	rv)	TYI	E OF REP	ORT		
					filing		
	T. Itemization of Reim	bursements and Secon	dary Pay	vees			
Last Name of Worker/Con	First			MI	Date of Pa Person or	yment to Vendor, Entity	
Name of Vendor, Person of	Entity Paid by Committee Worker/Consultant	I		Payment to reported in S	Section P:	Committee W	orker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		Principalisti komunikariani		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			A	Amount
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) Indepe	,	ОВО	C o D		
Last Name of Worker/Cons	sultant	First			MI	Date of Pa Person or	yment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			Payment to reported in S	Section P:	Committee W	orker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City	······································			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Α	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir  None of the below Coordinated with reimbursement sought (joint expe	nditure)	ŕ	O O	СОВ		
Last Name of Worker/Cons	, sultant	First			MI	Date of Pa Person or	yment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	L		Payment to reported in S	Section P:	Committee W	orker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditure)	,	О О	СОр		
		SUBTOTAL Section T -	— This Pag	se \$0			
		TOTAL of additional Sect	tion T Page	es \$0			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CONS	GULTANT	'S \$0			