SEEC FORM 20

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

RECEIVED TOWN/CITY OLERK DERDY, CT

2023 JUL 10 AM II: 19

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE					MARIO J. CARROLAGO, N				
DiMartino 23 For A Better Derby									Submitter Danning Back Ingglyche (VII) ei stere D
2. TREASURER NAME									
First		МІ	La	ast					Suffix
Ryan		D	T	offey					
3. TREASURER ADDRESS			<u>'</u>						
Street Address	City						State	Zip Co	ode
8 1/2 B Talmadge Street			Derby	/			CT	064	18
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only if (Candidate	Committee)			6. DISTI	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor			<u> </u>				(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		МІ	L	ast					Suffix
Joseph		L	[) DiMarti	no				
8. TYPE OF REPORT (Check One Box)			_						I
O January 10 filing	☐ 7th day preced	ding primar	у	O7th	day preceding referendum				Disbursement
April 10 filing	☐ 30 days follow	wing primar	у	O 45 c	ays following referendum	_ `	<i>PACs ONLY,</i> Amendmer		
July 10 filing	☐ 7th day preced	ding election	n	□ Def	cit	T	ype of Rep	port:	
☐ October 10 filing	☐ 12th day prece (State Central Co			☐ Ten	nination				
O24 Hour Independent Expenditure Primary Election	□ 45 days follow not held in No		n						
9. PERIOD COVERED									
	Beginning Da	ıte			Ending Date				
	April 1, 2023			thru	June 30, 2023				
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the pe	penalties of false seriod covered is t	statement, true, accui	that all	l of the	information set forth on t plete.	his Ite r	nized Ca	mpaign F	inance
To To have			Ryan	Toffey				7/10/2	023
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	•	PRINT	NAME (OF SIGNER			DATE	(mm/dd/yyyy)
A person who is					olated any provisions of the mprisonment or both.	he cam	paign fin	ance stati	utes

SEEC FORM 20

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

REGEIVED TOWN/CITY GLERK DEMTY, CT

SUMMARY PAGE TOTAL 3 JUL 10 AM II: 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
DiMartino 23 For A Better Derby		
	COLUMN AO C	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	1,572.45	
13. Contributions Received from Individuals (Sections A and B)	5,107.00	7,007.00
14. Receipts from Other Committees (Sections C1 and C2)	1,800.00	1,800.00
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	100.00	100.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	7,007.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	8,579.45	8,907.00
19. Expenses Paid by Committee (Section P)	2,275.88	2,603.43
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	6,303.57	6,303.57
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

I. MONETARY RECEIPTS (Sections A—K) RECEIVED Page 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposition	ory)			TYPE (F REPORT	977 (-	7	
DiMartino 23 For A Better Derby					July 10			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A		izi JUL 10	Aff	***	19
					How &	j. Q	ve)	
B. Itemized	Contr	ibu	tions from Indivi	duals (VARC J. CAR	MOTAL))), (4)	
Last Name Santo Barbagiovanni		Firs Se	anto					MI
Residential Street Address 76 Down Draft Circle	City		Haven			State CT		 Code 516
Principal Occupation	<u> </u>		Name of Employer				L	
Waste water operator			City of Derby WP0	CA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Securious is in excess of Securious does contributor or business he valued at more than \$5,000?	\$400 to a c/she is as	cand ssoci	lidate for a chief executive ated with have a contract OYes ONo	e officer of with said	of a municipality municipality	50.0		f Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of No If yes, indicate which	branch	or br	tractor or prospective stateranches	_	O No			
If yes, list Event # 040123 of government the co	ontract is	with	Date Received		slative Contributions	-		
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Last Name		First		L			-	MI
Jackson		Me	eghan					
Residential Street Address 16 Coppola Terrace	eny eny				State CT	Zip (06-	Code 418	
Principal Occupation	I	T	Name of Employer				L.,	· • · · · · · · · · · · · · · · · · · ·
Medical Technologist		l	Veterans Administ	ration				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\section{3}{\text{does contributor or business he}}{\text{valued at more than \$5,000?}}	3400 to a s/she is as	cand	lidate for a chief executive ated with have a contract Yes No	e officer of with said	of a municipality municipality		Amount of Contribution 100.00	
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Method of Contribution:			Date Received	<u> </u>	Contributions	1		
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Last Name		First Rc	bbert					MI
Residential Street Address	City					State	Zip	Code
15 Howe Road	Lit	tchfi	ield			CT	06	759
Principal Occupation			Name of Employer DHS	· · · · · · · · · · · · · · · · · · ·			·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	6400 to a e/she is as	cand	lidate for a chief executive ated with have a contract Yes No	e officer of with said	of a municipality municipality	Amo		f Contribution
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo		T	Date Received 4/1/2023		Contributions			
SU	U BTO T	ΓAI	Section B — This	Page	350.00		· National Action	
TO	ral of	hg:	ditional Section B F	ages				
TOTAL OF ALL CONTRIBUTIONS FR					250.00		inii ilikassa	ni sanan manan kanan kanan
			mn A of Summary Page		350.00			



DiMartino 23 For A Better Derby A. Total Contributions from Small Contributors-Received this Period ONLY Sternareactors for definition of Small Contributors B. Itemized Contributions from Individuals ASSO 3. CARRESTAND A SUBTOTAL SECTION A Substitution of Small Contribution of Contribution of Small Contribution of Contribution of Contribution of Small Contribution of Contribution of Contribution of Contribution of Small Contribution of Contribution of Small Contribution of Contribution of Contribution of Contribution of Contribution of Small Contribution of C	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Substitution Subs	DiMartino 23 For A Better Derby					AM 11	. (3	
B. Itemized Contributions from Individuals APRS J. Colorative Contribution from Individuals APRS J. Colorative Contribution Individuals APRS J. Colorative						AII II	. 1		
Last Name Defale Anthony State City Derby Derby Derby City Derby Derby Derby City Derby					How	· Kin	% [4].	冷	
Last Name Defale Anthony State City Derby Derby Derby City Derby Derby Derby City Derby	B. Itemized	Contr	ibu	tions from Indivi	duals/ARC J. GAR	SFALD.	MP/		
Residential Street Address 214 Hawthorne Ave Principal Occupation Sales Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section 1.17 If yes, lides which branch or branches of government the contract is with: Ocash OPersonal Check Coredit/Debit Card OPsyroll Deduction Money Order Name of Employer York Analytical Labs Is contributor a principal of a state contractor or prospective state contractor? Vers Ocademy Hill Rd City Derby State If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Ocade Ocademy Hill Rd Principal Occupation Ocad Officer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract or of a municipality. Ocade of the proper of	Last Name						0123506550		
Derby CT 06418			An	nthony					
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Cash Order	. " "								
Executive Date Received Aggregate Contributions Date Received Aggregate Contributions Date Received Aggregate Contributions Date Received Aggregate Contributions 100.00	or dependent child of a lobbyist? O No does contributor or business he			ated with have a contract				f Contribution	
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Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Mill						-			
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Principal Occupation QA Officer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name Hoyle Residential Street Address 34 High Acres Rd Principal Occupation Attorney Yes Officer No Ves Officer City Ansonia Name of Employer York Analytical Labs Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Name of Employer Amount of Contribution Date Received All Name of Employer Amount of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money Order City Ansonia Name of Employer Hoyle & Sponheimer State CT 06401 Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution of Contribution of State Contribution of Contribution of State Contribution of Contribution of State Contribution of State Contribution of State Contribution of State Contribution No Ves On No State Contribution Of Contribution of State Contribution of State Contribution of State Contribution Date Received Aggregate Contributions	Widomski		Sa	ırah					
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SUBTOTAL Section B — This Page 300.00	S	SUBTO:	TAI	L Section B — This	Page 300.00				
TOTAL of additional Section B Pages 350.00	то	TAL of	fad	ditional Section B I	ages 350.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column & of Summary Page Totals) 650.00									

REGEIVED D<u>WAN</u>OITY CLERK

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT: '*	r (
DiMartino 23 For A Better Derby		4	July 10 873 JULI I O BE	\$ 100 miles	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					
			War 9.9	5	
B. Itemized Con		utions from Individ	luais	W, herm	
Last Name Garofalo	Firs M	arc			MI
	City Derb y	y		State CT	Zip Code 06418
Principal Occupation Town Clerk		Name of Employer City of Derby			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a cano	didate for a chief executive intention with have a contract of the contract of	officer of a municipality with said municipality	, Amou	int of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 040123 Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	ntractor or prospective state oranches	contractor? Yes No Legislative		
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		Date Received 4/1/23	Aggregate Contributions 100.00		
Last Name	Firs	st			MI
Riefberg	La	awrence			
	1 7				Zip Code 06811
Principal Occupation Attorney		Name of Employer Law Offices of Lav	vrence M. Riefberd	1	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t	o a can				ent of Contribution
or dependent child of a lobbyist? No does contributor or business he/she i valued at more than \$5,000?				72.0	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 040123 Is contributor a principal of a s If yes, indicate which brar of government the contract	nch or t	oranches	e contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	Date Received 4/1/23	Aggregate Contributions 72.00		
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Malerba		niello 		1 ~	
	City Derby	у		State CT	Zîp Code 06418
Principal Occupation Letter Carrier		Name of Employer USPS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No 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? Yes No No 50.00					unt of Contribution
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money		Date Received 4/1/23	Aggregate Contributions 50.00		
SUBT	ОТА	L Section B — This	Page 222.00		
TOTAL	of ad	lditional Section B P	ages 650.00		
TOTAL OF ALL CONTRIBUTIONS FROM	I INDI		(A + B) 872.00		

Section B ADDITIONAL PAGE 3 of 21 TOWN/CITY CLERK

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		A. 180	, - ,	
DiMartino 23 For A Better Derby			July 10 2023	JUL	10	AM	ll: 2 0
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 0,0		0	0	
			A.fra. m	Carre	0.	C)	
B. Itemized Co	ntrib	utions from Indivi	duals	:= J.	Civitatio	e a Roqueta	ly heads
Last Name Cannata		rst Nelissa					MI
Residential Street Address 21 Cottage St	City Derb	ру			State CT	Zip Co 064	
Principal Occupation Certified Pharm Tech	,	Name of Employer ShopeRite Sheltor	າ	(**************************************		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes odoes contributor or business he/she valued at more than \$5,000?					Amou		Contribution
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
DiMartino 23 For A Better Derby			July 10	: 20			
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Last Name Santamaria	Di	st aniel			MI		
Residential Street Address 11 F Street	City Derby	у		State CT	Zip Code 06418		
Principal Occupation Seafood Manager		Name of Employer ShopRite					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	/, Amoi	unt of Contribution		
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Last Name Egan	Firs Tr	st nomas			MI		
Residential Street Address 52 State St	City Anso	nia		State CT	Zip Code 06401		
Principal Occupation Name of Employer Attorney Egan Law LLC							
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Last Name Greene	Firs Se	_{st} ean			MI		
Residential Street Address 34 Bartholomew Ave	City Anso	nia		State CT	Zip Code 06401		
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Last Name		Firs				MI
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Program Manager				Yale University					
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Last Name Rochelle	First Kara		MI			
Residential Street Address 40 Bassett St	City Ansonia		State Zip Code CT 06418			
Principal Occupation Legislator	Name of Employer CT General					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist?			Amount of Contribution 50.00			
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Last Name	First		MI			
DiMartino	James					
Residential Street Address 63 Sherwood Ave	City Derby	1	State Zip Code CT 06418			
Principal Occupation LOCKSMith	Name of Employer Yalə					
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Last Name Swierbitowicz	First Robert		MI			
Residential Street Address 15 Howe Road	City Litchfield	•	State			
Principal Occupation Teacher	Name of Employe DHS	Name of Employer DHS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a		Amount of Contribution 200.00			
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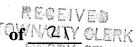
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DiMartino 23 For A Better Derby				July 10	Ser Distance - Manager		***************************************
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	B. Itemized Co	ntrib	outions from Indivi	duals MARGJ	. CARO	FA CO). (2)
Last Name Moffat		1	^{irst} Jennifer				MI
Residential Street Address 341 North Main Street	-	City Anso	onia		State CT	1 "	Code 3401
Principal Occupation Athletic Director		<u> </u>	Name of Employer Derby Public Scho	ools		.1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	Indidate for a chief executive ciated with have a contract OYes No	e officer of a municipalit with said municipality	y, Amo		of Contribution
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Last Name Mongillo		Fit N	rst Melissa			hidungananga	MI
Residential Street Address 8 Lombardi Dr		City Derb	уy		State CT		1 Code 418
Principal Occupation VP		<u> </u>	Name of Employer Mackey Staffing			4	
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Residential Street Address 52 State Street	1	City Anso	onia		State CT		1 Code 418
Principal Occupation Attorney	***************************************		Name of Employer Egan Law LLC		<u> </u>	<u>1</u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	Indidate for a chief executive ciated with have a contract V	e officer of a municipality with said municipality	y, Amo		f Contribution
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	<i>,</i> 1		
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	ontributions from Indivi	duals J. Green	20, 1674		
Last Name Rochelle	First Kara		MI		
Residential Street Address 40 Bassett Street	Ansonia		State Zip Code CT 06418		
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No Ves Valued at more than \$5,000?	O to a candidate for a chief executive is associated with have a contract Oyes No	ve officer of a municipality with said municipality	, Amount of Contribution 50.00		
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Last Name Welander	First Mary		MI		
Residential Street Address 377 Dogwood Road	City Orange		State Zip Code CT 06477		
Principal Occupation State Representative	Name of Employer CGA				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	re officer of a municipality with said municipality	Amount of Contribution		
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Section B ADDITIONAL PAGE 11



NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Repository)			TYPE OF REPORT			
DiMartino 23 For A Better Derby			2021	July 10 AMII	: 20		
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Last Name Garofalo		Firs Ma	arc			Mi	
Residential Street Address 95 Academy Hill Road		ity Derby	•		State CT	Zip Code 06418	
Principal Occupation Town Clerk			Name of Employer City of Derby		,		
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Last Name Malerba		First An	i iello			MI	
Residential Street Address 41 Lakeview Terrace		ity Derby	,		State CT	Zip Code 06418	
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Last Name Casini		Firs Lir	nda			MI	
Residential Street Address 136 Park Avenue		ity Derby	/		State CT	Zip Code 06418	
Principal Occupation Retired			Name of Employer Retired		******		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in e does contributor or b valued at more than \$\frac{1}{2}\$	ousiness he/she is	a cand associ	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution O	
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DiMartino 23 For A Better Derby		July 10	AM II: 20		
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Last Name Widomski	First Sarah		М		
Residential Street Address 95 Academy Hill Road	City Derby		State Zip Code O6418		
Principal Occupation QA Officer	Name of Employer York Analytical La	boratories			
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?			Amount of Contribution 50.00		
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Last Name Leoh	First Lance		MI		
Residential Street Address					
320 Howe Ave, Apt. 306	City Shelton		CT Zip Code 06484		
Principal Occupation Tech	Name of Employer Waterbury Hospit	al			
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DiMartino	Jo	е				
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Principal Occupation ISS		Name of Employer Derby High Schoo	ıl	•		
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Last Name Santamaria	Firs Da	aniel			MI	
Residential Street Address 11 F Street	City Derby	y		State CT	Zip Code 06418	
Principal Occupation Seafood Manager		Name of Employer ShopRite		<u> </u>		
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Principal Occupation Tech		Name of Employer Comcast		•		***************************************
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Last Name Dellamonica	1 -	_{irst} Dane			MI	
Residential Street Address 10 Hawkstone Terr	City	ord		State CT	Zip Code 06478	
Principal Occupation	<u> </u>	Name of Employer	****			
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Residential Street Address 45 Grandview Blvd	City Der	by		State CT	Zip Code 06418		
Principal Occupation Retired		Name of Employer Retired					
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Last Name Hyde		First Kailee		***************************************	MI		
Residential Street Address 16 10th Street	City Der	by		State CT	Zip Code 06418		
Principal Occupation Teacher	<u> </u>	Name of Employer Derby Public Scho	ools				
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes 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? Yes No 100.00						
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Last Name Monaco	1	First Richard			MI		
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Residential Street Address 73 Grove Ave	City Der	by		State CT	Zip Code 06418		
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Last Name DiMartino		First James			MI		
Residential Street Address 63 Sherwood Ave	City Do	erby	у				
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B. Itemized C	Contri	ibutions from In	ndivid	uals		1 1775	
Last Name Ritter		First					MI
nillei		Randal					
City 283 Elizabeth St Derby							Code 418
Principal Occupation		Name of Employer			<u> </u>		
Project Manager		Yale Universi	ity				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$4	100 to a c	candidate for a chief ex	recutive o	officer of a municipality	/ Ame	unt o	f Contribution
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?		sociated with have a co			50.0		Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of If yes, indicate which by If yes.	branch c	or branches	_	No No			
If yes, list Event # 062623 of government the conf	tract is v)Legislative	_		
Method of Contribution:		Date Received 6/26/23		Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ney Ord	er 0/20/23		100.00			
Last Name		First	olovin ramon i iz				MI
Pelham	1	Kelly					
Residential Street Address	City	-			State		Code
8 Lakeview Terrace	De	rby			CT	06	418
Principal Occupation		Name of Employer				1	
Retired		Retired					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	00 to a c	candidate for a chief ex	ecutive o	officer of a municipality	, Amo	unt o	f Contribution
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	she is as:		ontract w	ith said municipality	100	100.00	
Is this contribution associated with an Yes Is contributor a principal of	of a ctate			contractor? OYes		.00	
event reported in Section L1?	branch o	or branches		⊘ No			
If yes, list Event # 062623 of government the con	ntract is			Legislative	4		
Method of Contribution:		Date Received 6/26/23		ggregate Contributions			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor	ney Ord	er 072-072-0		100.00		Sarrinos, Leas,	
Last Name Kurtyka		First George					МІ
Residential Street Address	City				State	Zip	Code
46 Mohawk Ave	De	erby			CT	06	418
Principal Occupation		Name of Employer				ш	
Security Officer		Yale New Ha	ven H	ealth			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$4	100 to a c	candidate for a chief ex	recutive a	officer of a municipality	/ Ame	unt o	f Contribution
	r dependent child of a lobbyist?					.00	Contribution
this contribution associated with an vent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative							
Method of Contribution: Date Received Aggregate Contributions							
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMon	ney Ord	er 6/26/23	-	100.00			
SU	втот	TAL Section B —	This P	age 250.00			-
TOT	AL of	additional Sectio	n B Pa	ges 4,707.00			
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sect					

Section B ADDITIONAL PAGE 21 TOTAL CLERK

RECEIV	'ED
*Of: 1211Y	OLERK

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT			
DiMartino 23 For A Better Derby				July 10	1:21		
A. Total Contributions from Sm (See instructions for definition of Small Co			is Period ONLY OTAL SECTION A	\$ % % <i>(</i>)			
				Jan 9. Qu	rd'alla		
	B. Itemized Cor	ntribi) Fir	ıtions from Individ	duals	AVICTAR.		
Last Name Ross		MI					
Residential Street Address 293 Wakelee Ave		City Stratt	ford		State CT	Zip Code 06614	
Principal Occupation Retired			Name of Employer Retired		·		
or dependent child of a lobbyist? We No							
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062623	ls contributor a principal of a solution of government the contract	nch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	Date Received 6/26/23				
Last Name FUSCO		First Linda				MI	
Residential Street Address 10 Platt St	City Derby Sta					Zip Code 06418	
Principal Occupation Retired			Name of Employer Retired				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062623 Ye No		nch or t	oranches	te contractor? Yes No Legislative			
Method of Contribution: OCash Personal Check Ocredit/Debit Care	· · · · · · · · · · · · · · · · · · ·		Date Received 6/26/23	Aggregate Contributions 200.00			
Last Name		Fire	st			MI	
Residential Street Address		City			State	Zip Code	
Principal Occupation			Name of Employer		<u> </u>	<u></u>	
or dependent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution	
	nt reported in Section L1? No If yes, indicate which branch or branches						
Method of Contribution: Cash Personal Check Credit/Debit Car	_		Date Received 6/26/23	Aggregate Contributions			
	SUBT	ГОТА	L Section B — This	Page 150.00			
	TOTAL	of ad	Iditional Section B P	ages 4,957.00			
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A				

···	IITTEE <i>(Provide Complete</i> or A Better Derby	Name as Re	egistered wii	h Filing Reposito	(עדוי				PE OF REPOI	RT		
	C1. Contributions from Other Committees											
Name of Committee	er of w)oMe	en	PAC			Robei	rer ^ +	Bou	\cap	2	
1 Kual oob	d Orange				Is ev	this contrib ent reporte	oution associated d in Section L1? <i>If yes</i> , lis	t Event#		_		Contribution
Middle	•	S	CT	Zip Code 0645	7	Date Receiv	1-23		Contributions		'\~	
Name of Committee UFCW	Local 3	71	PAC	1			Name of Treasur Ronal		etron	e110	1	
Address	t Road west						ution associated d in Section L1? <i>If yes</i> , list	with an (Yes ONo		_	Contribution
Westfor-	+		tate	Zip Code O688	n n	Date Receiv	9-23		Contributions		30	0.00
Name of Committee							Name of Treasur	er				
Address	11.1 × 10.7 × 10.0 × 10			· · · · · · · · · · · · · · · · · · ·			ution associated		•		Amount of	f Contribution
City	MATERIA SIGNA SANCE SANC	S	tate	Zip Code	<u> </u>	Date Receiv		Event#_ Aggregate	Contributions			
Name of Committee	C2. Re	imbur	sements	or Surplu	ıs I	Distribu	tions from Name of Treasur	ALTONO DE PROPERTO	ommittees			
Address						City					State	Zip Code
Date Received	Expenditure # (if applicable)		ent Type mbursemer	nt for shared ex	pen	se OSu	rplus Distributio	on		<u> </u>	Amoun	of Receipt
Description											Constitute	
Name of Committee							Name of Treasur	er			Manager Manage	DAL BALK
Address			, , , , , , , , , , , , , , , , , , , ,			City	L				State -	Zip Code
Date Received	Expenditure # (if applicable)		nent Type Leimbursen	nent for shared	exp	ense	Surplus Distribu	tion			Amoun	of Receipt
Description	<u> </u>					***************************************						
				SUBTO	ΓA	L Section	ı C — This	Page	1,	80	0.0	0
				TOTAL o	f ac	dditional	Section C P	ages				
	TOTAL OF A						AND RECE	and the first state of the first	1,	80	٥.0	0

NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repository)		TYPE OF	REPORT	
DiMartino 23 For A Better Derby			July 10		
	D. Loans Rece	ived this Period			
Name of Lender		Source of Loan: Bank Car	ndidate 🔘 Individua	ol Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				<u> </u>	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Car	ndidate 🔘 Individua	ol 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)			1		Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Car	ndidate 🔘 Individua	Other Committee	Date of Receipt
Street Address	City	1	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	nanvasi manus sa				Amount Received
Street Address	City		State	Zip Code	·
		TOTAL SECT	TION D		
E. Receipts from Entities other	than Individuals	s or Other Com	mittees <i>(Roforo</i>)	idum Committe	es ONI Y)
Name of Entity			(1.5)		
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	and the same of the	
Name of Entity	I				distance and the second
Street Address		West and the second	Date Received	No. 2	Amount Received
City	State	Zip Code	Aggregate Contril	outions	
Name of Entity					
Street Address	WARRIE O. A A A A A A A A	**************************************	Date Received		Amount Received
City	State	Zip Code	Aggregate Contril	butions	
		TOTAL SECT	FION E		

	EE (Provide Complete Name as Regis	tered with Filing R	epository)				PE OF RI	EPORT			
DiMartino 23 For A	A Better Derby					Ju	ıly 10	0			
	F. Amount Transferred	from Affili	iated Bu	siness	Treasury (Busin	ness E	entity Con	nmittees ONLY	g		
Date of Receipt	Is this transaction assoc event reported in Section		SYes No	If yes,	list Event#			An	iount		
Date of Receipt	Is this transaction assoc event reported in Section		OYes No	If yes,	list Event#			Amount			
Date of Receipt	Is this transaction assoc event reported in Section		O Yes No	If yes,	list Event #			Amount			
Date of Receipt	Is this transaction assoc event reported in Sectio		O Yes No	Yes If yes, list Event #				Amount			
)	OTAL SECTIO	NF				A COMMISSION OF THE PROPERTY O	
G. Amount T	Transferred from Affilia		Union o	r Othe	er Organization		Control Control Control	200	ommitte	es ONLÝ)	
Date of Receipt		Date of Receipt				Date	of Receipt		Explained processors of the control	gši	
	Amount		Amount					Amoun Amoun	t Samuel	375	
				TC	TAL SECTION	G			N	Participal and the second seco	
	H. Personal Funds of	the Candid	late Rec	eived	this Period (Ca	ndidat	e Commi	ittees ONLY)			
Date of Receipt	Method of payment:							Secultivated Deletion and within the fire	mount		
	○ Cash	O P	ersonal Che	eck	Credit/Debit	Card					
Date of Receipt	Method of payment: Cash	O P	ersonal Che	eck	Credit/Debit	Card		A	mount		
Date of Receipt	Method of payment:	O P	ersonal Che	eck	Credit/Debit	Card		A	mount		
Date of Receipt	Method of payment:							A	mount		
	○ Cash	O P	ersonal Che	eck	Credit/Debit	Card					
					TOTAL SECTION	ON E	I				
, we											
		I. An	onymou	s Con	tributions						
	m m 11' 4 / 14 / 10		~	*1							

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 wi	ith Filing Repository)	T	YPE OF	REPORT	
DiMartino 23 For A Better Derby		Ju	ily 10		
J. Interest	t from Deposits in Author	rized Accounts			
Name of Institution		D	ate Recei	ved	Amount
Street Address	City	State		Zip Code	
SECOL MALOSS	City	Otali	•	Zip Code	
Name of Institution		D	ate Recei	ved	Amount
	Oracle and Angel Pill Pill and Angel				
Street Address	City	State	9	Zip Code	
	TOI	TAL SECTION .	j	<u> </u>	
K. Miscellaneous N	Monetary Receipts not Co	onsidered Cont	ributi	ons	
Name			Let receive Challacast	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Street Address	City		State	Zip Code	
Description					TOTAL COLUMN TO THE COLUMN TO
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description				£ 2	
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	- 5 6 6 2
					= 00m
Description					e articles
Name			Date	of Transaction	Amount Received
				Tev a	
Street Address	City		State	Zip Code	
Description					
	TOTAL :	SECTION K			
SUMMARY OF OTHI	ER MONETARY RECEI	PTS (Sections	D thr	ough K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or	Other Committees (Section E)	7. ** AND ********************************	+		100000000000000000000000000000000000000
Total Amount Transferred from Affiliated Business Tr	reasury (Section F)		+		
Total Amount Transferred from Affiliated Labor Unio	on or Other Organization Trea	sury (Section G)	+		
Total Amount of Personal Funds of the Candidate Rec	eived this Period (Section H)		+		
Total Amount of Interest from Deposits in Authorized	Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts not Considered	d Contributions (Section K)		+		
(Add Sections D throu	Total of Oth	er Monetary R umn A of Summary P			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) DiMartino 23 For A Better Derby		TYPE OF REPORT		
	t Information	July 10		
Event # 040123 Description	t imormation			
Date of Event Letter Fundraiser at Q	vail & Ale		Was this a fur	ndraising event?
Location: Street Address	City	•	State	Zip Code
328 Derby Ave	Delby		CT	06418
Subpart 1: (All Committees) Was this event hosted at a personal residence?		5 In-Kind Donations not use Party and complete to t(s) for food, beverage an	required infor	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		t Considered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Rec		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comm. Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Yes (If yes, go to Section L	Committees) 3 Purchases of Advertisi blete required informati		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	eipts here.)	\$	
Event # 0 6 2 6 2 3 Date of Event 6/20/23 Description Fund (aise at Retro		7	Was this a fur	draising event?
1 Cocation: Street Address 47 Elizabeth 3+	Deiby		State	Zip Code 0 6418
Subpart 1: (All Committees) Was this event hosted at a personal residence?		5 In-Kind Donations not use Party and complete a t(s) for food, beverage an	required infor	Contributions
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		ot Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$ {	
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Yes (If yes, go to Section L			and the special specia
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	eipts here.)	7. 100 miles	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
	ion L1—Subpart 3 (Town Commi ipts from Food Purchases —			
	TOTAL of additional Section	1 L1 Pages		
	IPTS FROM SMALL PU			

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE	(Provide Complete Name as Register	red with Filing Reposite	(ערוכ	TYPE OF REPO	RT		
DiMartino 23 For A Bet	ter Derby			July 10			
	L3. Purchase	es of Advertisi	ng in a Progra	m Book or on a Sign			
Name of Purchaser					Purchas	e Made By:	
1 20016	1				⊗ Bu	siness Entity	Other
L 011 1 7	Landing	トトレ			OInd	ividual/Sole P	roprietorship
Street Address			City			State	Zip Code
245 Ro	Landing posevent Driv	1e	Derby			cT	06418
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ase	Amount of Sig	zn Purchase
4-19-23	062623	10	0.00	100.00			
Name of Purchaser	· · · · · · · · · · · · · · · · · · ·				Purchas	e Made By:	_
					OBu	siness Entity	Other
		wa			OInd	ividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise 2	Amount of Sig	n Purchase
							, i
Name of Purchaser					l	e Made By:	^
					_	siness Entity	Other
C4 4 4 3 3			Lev		Ulnd	ividual/Sole P	γ-^
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purchas	e Made By:	
14dillo of 1 dicinase.						siness Entity	Other
					_	ividual/Sole P	•
Street Address			City		1 25.	State	Zip Code
					8/	S. S.	
	T	1			5 .		<u> 1 339</u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase ,	Amount of Sig	zn Purchase
							<<:
Name of Purchaser					Purchas	e Made By:	To the particular of the parti
					OBu	siness Entity	Other _
					O Ind	ividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	I Purchase
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in P	rogram Book — This Page		100.	00
	SUBTOTAL Sect	ion L3 Total Purc	chases of Adverti	sing on a Sign — This Page			
			TOTAL of a	additional Section L3 Pages			····
TOTA	L OF ALL PURCHASES (医多种囊 化电影整点电话 化电影电话 医内内氏管后动脉 医皮肤 医高温性病 化自动物 经经济的 经收益 化二氯甲酚	1	00.	
		(Enter total on	Line 16c, Column	A of Summary Page Totals)	(· · ·	

NAME OF COMMITTE	EE (Provide Complete Name	as Registered with Filing Repos	itory)	T	PE OF REPO	RT		
DiMartino 23 For A E	Better Derby			Ju	ly 10			
	L	4. In-Kind Donation	ns Not Cons	dered Contribution	ons	4		
Name of Donor			est ettert i filosom medicologica (
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		L			Fair N	l Iarket Val	ue of Donation
Business Entity								
○ Individual	Date Received	Event #		Aggregate Value for th	is Event			
Sole Proprietorship								
Name of Donor			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7-3 7-3	gjineri V 🖟
Street Address			City			=	States.	Zip Code
Sireet Address			City		en e		State	
Donation Given By:	Description of Donation		L			Fair N	Iarket Val	ue of Donation
Business Entity					€ -			000
OIndividual	Date Received	Event #	,	Aggregate Value for th	is Event		Medicing Employing	
Sole Proprietorship							, ń	
Name of Donor							i	
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	Aarket Val	ue of Donation
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
Name of Donor		<u> </u>	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation		I			Fair N	Iarket Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for thi	s Event			
		SU	BTOTAL Sect	tion L4 — This Page				
		TO	TAL of additio	nal Section L4 Pages				
TO	TAL OF ALL IN-KIN	D DONATIONS NOT ((Enter total on Line 21						
		Lines wat on Line 21	, comma oj s	uniniury 1 uge 1 viuls)	<u> </u>			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REI	PORT	
DiMartino 23 For A Better	Derby				July 10		
L5. I	n-Kind Donations Not Considere	ed (Contributions Associa	ted with a H	louse Part	\mathbf{y}	
Name of Host Street Address			City	committee? ()	e candidate or endum L5 Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host				Is this event s committee? (If yes, con	upporting mo Yes O No nplete Itemiza	o 👼	and the second
Street Address			City		34	State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation <
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate		posteriora C 7	
Name of Host				Is this event s committee? (If yes, con)	
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host				committee?)	e candidate or endum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
	s de la companya de	UB	TOTAL Section L5 —	This Page			
	TC)TA	AL of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li		ONSIDERED CONTRI 22, Column A of Summary I				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Repository	v)			TYPE C	F REI	PORT			
DiMartino 23 For A Better Derby	<u> </u>						July 10		<u>,, , , , , , , , , , , , , , , , , , ,</u>			
			M. In-Ki	ind Con	tri	butions						
Name	veze y Tee de Livere		Eline SA on y beginning role years.	t de main de poés de la consença	. \$1.6 v. 1.61	terra na Pintarata ataun (1906) ani din di dia dia	50.05	1.6% + 5,000				
Street Address					City					State	Zip Code	
Type of contributor: Committee	Date Rece	ived	Aggregate Cont	tributions		Description of In-Kind	Contributio	n			<u> </u>	
OIndividual / Sole Proprietorship Oother								-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor		business he/she		ed w	for a chief executive of the have a contract with have a Contract with Yes					Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No											
Name	HINDONIO HE ENNENCICATA COMBINO	<u> </u>										
Street Address					City					State	Zip Code	
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Recei	ived	Aggregate Cont	ributions		Description of In-Kind	Contributio	n	33	7 3	Š	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh		ted y	for a chief executive with have a contract was No					Market Value Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal of indicate which the con-	branch or l	brai		ate contrac		OYes' ONo	medial seconds seconds		
Name											es district	
Street Address				i	City					State	Zip Code	
Type of contributor: Committee Ondividual / Sole Proprietorship Other	Date Recei	ived	Aggregate Cont	ributions		Description of In-Kind	Contributio	n				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh			for a chief executive with have a contract w					Fair Market Value of this Contribution	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	Is contribu If yes,	7	branch or l	brai	ctor or prospective sta			SYes No			
						tion M — This Pa						
						nal Section M Pag						
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS a	Standard State									
	N.	Refun	dable Depo	osit to To	ele	phone Compan	V .					
Last Name of Individual	ar ang palitoji			First			V . 90 00 4 440 00		МІ	Date Deposi	t Made	
Residential Street Address			City				State	Zip	Code		Amount of Deposit	
Name of Telephone Company			I					1				
Street Address	v		City				State	Zip	Code			
TOTAL SI	ECTION	N (Enter	total on Line 2	4, Column	A 0	f Summary Page Tota	ıls)	1				

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

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

TOWN/CITY Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			PERSI, (y)
DiMartino 23 For A	A Better Derby		July 10	11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	P. Expenses	Paid by Committee	ال (18.7	JE IU AMII: 21
	edot		Date of Payment 4-1 /6-30	Method of Payment: Check # Debit Card EFT
1920 W	Ickinney Ave 7th floor	Dallas	MARC	State Zip Code TX 75201
Purpose of Expenditure (by code) BNK	Doscription Online donation fees	_ [vent#	Amount
(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) Independen	t nOAOBOCOD	74.88
	Ples		Date of Payment U-1-23	Method of Payment: Check # Debit Card
Street Address A	imstrong hd	Shelton		State Zip Code CT 06484
Purpose of Expenditure (by code)	Phers for Fundanistr		vent # 040123	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	e) Independen	·	18.22
Name of Payee	8 Ale		Date of Payment $H - 1 - 23$	Method of Payment: Check # Debit Card DEFT
Street Address	erby Are	Derby		State Zip Code
Purpose of Expenditure (by code)	Food/Room for fun		040123	Amount
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)	,	464.99
Name of Payee The Street Address	shold Group	City	Date of Payment 5-15-23	Method of Payment: Check # Debit Card EFT State Zip Code
	H4th Street 3rd floor	New YORK		NY 10017
Purpose of Expenditure (by code)	Description Walking cald design/Pr	1	vent #	Amount
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 controller)	e) Independer		1,222.75
	S	SUBTOTAL Section P — T	This Page 1,780).84
	то	TAL of additional Section	P Pages 495	.04
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COMN 219, Column A of Summary Po	AITTEE 2 27	5.88

Section P. ADDITIONAL PAGE 13A of RECEIVED TOWNVEITY CLERK

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	dī .		
DiMartino 23 For	A Better Derby		July 10 7872 IIII I n			
	P. Expenses	Paid by Committee	—— 6043 JVL 1U	(11)11:61		
Name of Payee Staple	e S		Date of Payment S-22-23	Method of Payment: Check # Debit Card OEFT		
Street Address 3 Arm	istrong Rd	Shelton	WANG J. GARG	CT O6484		
Purpose of Expenditure (by code)	Fundraiser mailers		vent#	Amount 87.19		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	nmittee)	nt nOA OB OC OD	, ,		
Name of Payer Staff	les		Date of Payment	Method of Payment: O Check # Debit Card O EFT		
Street Address 3 A	rmstrong Rd	Shelton		State Zip Code CT 66484		
Purpose of Expenditure (by code)	Thank You Cards	E	vent#	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	·	15.94		
Name of Payee Staple	e S		Date of Payment 6-25-23	Method of Payment: O Check # Debit Card O EFT		
Street Address A	imstrong Rd	Shelton		State Zip Code		
Purpose of Expenditure (by code)	Description Donation forms	E	vent#	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	ommittee) re)		41,91		
Name of Payee Re	tro Grub		Date of Payment 6-26-23	Method of Payment: Check # 50 Debit Card EFT		
Street Address	Elizabeth st	Der by		State Zip Code CT O6418		
Purpose of Expenditure (by code)	Food / Room for fun	draiser E	vent#	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee)	,	350.00		
	S	SUBTOTAL Section P — T	100001000000000000000000000000000000000	. 04		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) DiMartino 23 For A Better Derby			TYPE OF REPORT July 10			
		penses Paid by Cand	data	L		
Name of Pavee (Name of V	endor, Person or Entity who candidate paid directly)	penses raid by Callu	uate	Date of Payment	Ic raimb	ursement claimed?
ramo or rayou (rame of F	, ховот от 20 ту то сынывые рын инсеку)			- and old affiliation		Yes No
Street Address		City	l		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	#		Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	_	oursement claimed?
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	#		Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment		oursement claimed? Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#	7 8	Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	yes O No
Street Address		City		\$ Q.	State C	Zip Code
Purpose of Expenditure (by code)	Description		Event	Constant D		Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment		oursement claimed?
]		0	Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment		oursement claimed? Yes O No
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event	#		Amount
		SUBTOTAL Section Q -	– This	s Page		
	Т	OTAL of additional Secti	on Q l	Pages		
		PENSES PAID BY CA ine 26, Column A of Summar				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT DiMartino 23 For A	EE (Provide Complete Name as Registered with Filing Repository) A Better Derby		TYPE OF REPORT July 10	
	R. Expenses Incurred	d on Committee Cre	dit Card	
Name of Issuing Insti		Type of Credit Card:		
		Visa Master Ca	ard ODiscover OAmer	ican Express Other:
Name of Vendor, Person of	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continuous)	ture) 🔘 Indepe		D ₍₁₎
Name of Vendor, Person o	r Entity		8/	Date of Transaction
Street Address		City	e c	State Zip Code
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	ture) 🔘 Indepe		D
Name of Vendor, Person o	r Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	J	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	ture) 🔘 Indepe		D
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то	TAL OF ALL EXPENSES INCURRED ON ((Enter total on Line	COMMITTEE CRED	COLOT \$ 7 5 6 5 75 50 75 50 75 50 50 \$40.	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Re	epository)	TYPE OF REPOR	T	
DiMartino 23 For	A Better Derby		July 10		
	S. Expenses Incurred by	Committee but Not	Paid During this Period		
Name of Creditor			g til skallendamer (1994 til ble 1992 🛩 deg ennegsteller flendeg stede me	Date Incur	теd
Street Address		City		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 R None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	nt expenditure)	Independent Organization: A B C	Op	
Name of Creditor			gr-V.	Date Incur	red
Street Address		City	8	State	Zip Code
Purpose of Expenditure (by code)	Description	·	Event #		iount Incurred
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S R None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	nt expenditure)	Independent		• 111
Name of Creditor				Date Incur	тed
Street Address		City		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 R None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	nt expenditure)	below" is checked) Independent Organization: A B C	OD	
		SUBTOTAL S	ection S-This Page		
		TOTAL of additio	nal Section S Pages		
TOTAL OF ALL 1	EXPENSES INCURRED BY COMMITTER (Enter to	E DURING THIS PERIC total on Line 28, Column A oj	grafies Contact Cold (Affiguration of Cold and State Contact Anna Section 1) in the sec		
	Previously report	ted Expenses Unpaid and	still Outstanding		
	TOTAL OF ALL EXPENSES INCI (Enter tot	URRED BY COMMITT al on Line 28a, Column A of	ALTO PERSONAL PROPERTY OF A TOP STOCK AND A STOCK AND		-
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IV. EXPENDITURES (Sections P—T)

	EE (Provide Complete Name as Registered with Filing Reposit	ory)				EPORT			
DiMartino 23 For A					/ 10			HINESCH VONS	
	T. Itemization of Reim	The Contract of the Contract o	and Second	ary Pay	yees	1	Deta of	Payment to V	Vandar
Last Name of Worker/Con	sultant	First				MI		or Entity	endor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant		***************************************			t to Reimburse in Section P: eck #	_		sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description		F	Event #	W-AP 604 9			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	Independence	lent	О • в	°С ° Р			
Last Name of Worker/Con	sultant	First				М		Payment to or Entity	Vendor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant				Paymen reported Ch	t to Reimburse I in Section P: neck#	_ C	Worker/Con	Sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State C	Zip Code	
Purpose of Expenditure (by code)	Description		1	Event#				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	Indepen	dent 🔿	О 0 в	O O o D		**Sgg#* Lawp places #	
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Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant				reported	nt to Reimburse d in Section P: heck #	_	e Worker/Cor Debit Card	nsultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				acceptance of the second	State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kit)	spenditure)	of the below" is Independent	ident O	0	$\bigcirc \circ_{\mathrm{C}} \circ_{\mathrm{D}}$			
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		TOTAL of a	dditional Secti	on T Pag	ges				
TOTAL OF ALI	L REIMBURSEMENT TO COMMITTEE	E WORKERS	AND CONSI	ULTAN	TS				
The conservative No. 250 CO (No. 260 pt 1/25/200	<u> 1986 - Para esta e esta esta esta esta esta esta e</u>	Language Landschaff (Landschaff (Landschaff))	ers of the real processes and selection	a a marina de la compansión de la compan					