

# SEEC FORM 20

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



RECEIVED  
 TOWN/CITY CLERK  
 DERBY, CT  
 2023 OCT 31 AM 9:46  
 Do Not Mark in This Space For Official Use Only

## COVER PAGE

*Marc J. Garofalo*

**1. NAME OF COMMITTEE** MARC J. GAROFALO, CPA

DiGiovanni Election Committee 2023

**2. TREASURER NAME**

First Heidi	MI R	Last DiGiovanni	Suffix
----------------	---------	--------------------	--------

**3. TREASURER ADDRESS**

Street Address 77 8th St	City Derby	State CT	Zip Code 06418
-----------------------------	---------------	-------------	-------------------

<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/07/2023	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> Mayor	<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>
--	--	---

**7. CANDIDATE NAME** *(Complete only if Candidate or Exploratory Committee)*

First Gene	MI J	Last DiGiovanni	Suffix Jr
---------------	---------	--------------------	--------------

**8. TYPE OF REPORT** *(Check One Box)*

- |   |  |  |   |
|---|--|--|---|
| <input type="radio"/> January 10 filing   | <input type="radio"/> 7th day preceding primary  | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> |
| <input type="radio"/> April 10 filing   | <input type="radio"/> 30 days following primary  | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to  |
| <input type="radio"/> July 10 filing  | <input checked="" type="radio"/> 7th day preceding election                              | <input type="radio"/> Deficit                      | Type of Report: _____   |
| <input type="radio"/> October 10 filing   | <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> | <input type="radio"/> Termination                  |   |
| <input type="radio"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November                    |  |   |

**9. PERIOD COVERED**

Beginning Date	Ending Date
<u>10/01/23</u>	thru <u>10/29/23</u>

**10. CERTIFICATION**

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

*Heidi DiGiovanni*  
 TREASURER OR DEPUTY TREASURER (SIGNATURE)

Heidi DiGiovanni  
 PRINT NAME OF SIGNER

10/31/2023  
 DATE (mm/dd/yyyy)

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

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	7th Day Preceding Election Filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$1885.78	
13. Contributions Received from Individuals (Sections A and B)	\$3200.00	\$9019.00
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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0	\$0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$3200.00	\$9019.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$5085.78	\$9019.00
19. Expenses Paid by Committee (Section P)	\$3583.02	\$7516.24
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1502.76	\$1502.76
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0	\$0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$200.00	\$200.00
23. In-Kind Contributions Received (Section M)	\$0	\$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	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT			
DiGiovanni Election Committee 2023				7th Day Preceding Election Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A			
				\$725.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Minnella			First Martin			MI	
Residential Street Address 135 Eastridge Dr.			City Waterbury			State CT	Zip Code 06708
Principal Occupation Attorney			Name of Employer Minnella, Tramuta Law Office				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?			Amount of Contribution  \$700.00
				<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 101123A		<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
				<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10.11.23		\$700.00		
Last Name Civitella			First Antonio			MI	
Residential Street Address 65 Elm St			City Ansonia			State CT	Zip Code 06401
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?			Amount of Contribution  \$100.00
				<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 101123A		<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
				<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10.11.23		\$100.00		
Last Name Civitella			First Pasquale			MI	
Residential Street Address 746 E. Broadway			City Milford			State CT	Zip Code 06460
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?			Amount of Contribution  \$100.00
				<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		<input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
				<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			10.11.23		\$100.00		
<b>SUBTOTAL Section B — This Page</b>						\$1625.00	
<b>TOTAL of additional Section B Pages</b>						\$1575.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						\$3200.00	

Section B ADDITIONAL PAGE 1 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
DiGiovanni Election Committee 2023				7th Day Preceding Election Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A \$ N/A			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Read			First Jonathan			MI	
Residential Street Address 304 Country Club Rd			City Waterbury		State CT	Zip Code 06708	
Principal Occupation Lawyer			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101123A</u>		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: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$150.00		
Last Name Tracz			First Cynthia			MI	
Residential Street Address 25 Clark St Ext			City Derby		State CT	Zip Code 06418	
Principal Occupation Secretary			Name of Employer St. Mary's/ St. Michael's School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No				Amount of Contribution \$125.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101123A</u>		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: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$225.00		
Last Name Pelacca			First Chrissy			MI	
Residential Street Address 92 Oak Ave			City Shelton		State CT	Zip Code 06484	
Principal Occupation N/A			Name of Employer N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				Amount of Contribution \$125.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101123A</u>		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: <input type="radio"/> Executive <input type="radio"/> Legislative		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 101123A		Aggregate Contributions \$225.00		
<b>SUBTOTAL Section B — This Page</b>					\$400.00		
<b>TOTAL of additional Section B Pages</b>					N/A		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					N/A		

**Section B ADDITIONAL PAGE** 2 **of** 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
DiGiovanni Election Committee 2023				7th Day Preceding Election Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ N/A			
<b>B. Itemized Contributions from Individuals</b>							
Last Name DiGiovanni			First Mathew			MI	
Residential Street Address 76 Benz St			City Ansonia			State CT	Zip Code 06401
Principal Occupation Iron worker			Name of Employer Metro North				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Amount of Contribution</b> \$125.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101123A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$225.00		
Last Name Blizman			First Daniel			MI	
Residential Street Address 30 Clark St Ext			City Derby			State CT	Zip Code 06418
Principal Occupation HVAC Business Owner			Name of Employer Blizzard Mechanical				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No				<b>Amount of Contribution</b> \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101123A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$500.00		
Last Name Jalowiec			First Joseph			MI	
Residential Street Address 8 Northdrop Rd			City Woodbridge			State CT	Zip Code 06525
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Amount of Contribution</b> \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>101123A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$150.00		
<b>SUBTOTAL Section B — This Page</b>					\$475.00		
<b>TOTAL of additional Section B Pages</b>					N/A		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					N/A		

**Section B ADDITIONAL PAGE** 3 **of** 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
DiGiovanni Election Committee 2023				7th Day Preceding Election Filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ N/A			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Jalowiec			First Christine			MI	
Residential Street Address 8 Northdrop Rd			City Woodbridge			State CT	Zip Code 06525
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Amount of Contribution</b> \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>101123A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$150.00		
Last Name Beck			First Mathew			MI	
Residential Street Address 226 Shagbark Dr			City Derby			State CT	Zip Code 06418
Principal Occupation			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No				<b>Amount of Contribution</b> \$125.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>101123A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$125.00		
Last Name Pollastro			First Sam			MI	
Residential Street Address 11 Laurel Ave			City Derby			State CT	Zip Code 06418
Principal Occupation Manager			Name of Employer Sikorsky				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Amount of Contribution</b> \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>101123A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No					
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$400.00		
<b>SUBTOTAL Section B — This Page</b>					\$325.00		
<b>TOTAL of additional Section B Pages</b>					N/A		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					N/A		

**Section B ADDITIONAL PAGE** 4 **of** 4

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT				
DiGiovanni Election Committee 2023				7th Day Preceding Election Filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A				
				\$ N/A				
<b>B. Itemized Contributions from Individuals</b>								
Last Name Pollastro			First Sarah			MI		
Residential Street Address 11 Laurel Ave			City Derby			State CT	Zip Code 06418	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?			<input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> \$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 101123A		<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$200.00			
Last Name Dorosh			First John			MI		
Residential Street Address 47 Tram Dr			City Oxford			State CT	Zip Code 06478	
Principal Occupation Retired			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?			<input type="radio"/> Yes <input type="radio"/> No		<b>Amount of Contribution</b> \$125.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 101123A		<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.11.23		Aggregate Contributions \$125.00			
Last Name Moscato			First Leo			MI		
Residential Street Address 360 Balt Ocean Dr			City Fort Lauderdale			State FL	Zip Code 33308	
Principal Occupation Retired			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> 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?			<input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> \$150.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 10.03.23		Aggregate Contributions \$150.00			
<b>SUBTOTAL Section B — This Page</b>						\$375.00		
<b>TOTAL of additional Section B Pages</b>						N/A		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						N/A		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
DiGiovanni Election Committee 2023						7th Day Preceding Election Filing	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
<b>SUBTOTAL Section C — This Page</b>					\$0		
<b>TOTAL of additional Section C Pages</b>					\$0		
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>					\$0		



# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing

### D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address				Amount Received
City	State	Zip Code		
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address				Amount Received
City	State	Zip Code		
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>				
Street Address				Amount Received
City	State	Zip Code		

**TOTAL SECTION D**

\$0

### E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
Aggregate Contributions			
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
Aggregate Contributions			
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
Aggregate Contributions			

**TOTAL SECTION E**

\$0

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing

### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount

<b>TOTAL SECTION F</b>	\$0
------------------------	-----

### G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount

<b>TOTAL SECTION G</b>	\$0
------------------------	-----

### H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount

<b>TOTAL SECTION H</b>	\$0
------------------------	-----

### I. Anonymous Contributions

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.

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing

**J. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code
Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code

**TOTAL SECTION J**    \$0

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			

**TOTAL SECTION K**    \$0

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

Total Loans Received this Period (Section D)	\$0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+ \$0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+ \$0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+ \$0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+ \$0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+ \$0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+ \$0

**Total of Other Monetary Receipts**  
(Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)*    \$0

2023 OCT 31 AM 9:47

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
DiGiovanni Election Committee 2023			7th Day Preceding Election Filing		
L1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event?		
101123	A	Gino For Mayor Fundraiser	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
17 Elizabeth St		Derby	CT	06418	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?					
<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>					
<input checked="" type="radio"/> No					
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?					
<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>					
<input checked="" type="radio"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?					
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span>					
<input checked="" type="radio"/> No					
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?					
<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>					
<input checked="" type="radio"/> No					
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?					
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span>					
<input checked="" type="radio"/> No					
Event # Date of Event	Letter	Description	Was this a fundraising event?		
102623	A	Pizza Fundraiser	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
11 Laurel Ave		Derby	CT	06418	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?					
<input checked="" type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>					
<input type="radio"/> No					
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?					
<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>					
<input checked="" type="radio"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?					
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span>					
<input checked="" type="radio"/> No					
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?					
<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>					
<input checked="" type="radio"/> No					
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?					
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span>					
<input checked="" type="radio"/> No					
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			\$0		
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			\$0		
<b>TOTAL of additional Section L1 Pages</b>			\$0		
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			\$0		

## II. EVENT ACTIVITY (Sections L1—L5)

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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
-------------------	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
---------------	---------	------------------------------------	-------------------------------	-------------------------

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	\$0
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	\$0
<b>TOTAL of additional Section L3 Pages</b>	\$0
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	\$0

2023 OCT 31 AM 9:47

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing

### L4. In-Kind Donations Not Considered Contributions

Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
				Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
				Zip Code
<b>SUBTOTAL Section L4 — This Page</b>				\$0
<b>TOTAL of additional Section L4 Pages</b>				\$0
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				\$0

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
DiGiovanni Election Committee 2023			7thDay Preceding Election Filing	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Sam Pollastro			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
11 Laurel Ave		Derby		CT
Description of Donation			Fair Market Value of Donation	
food and beverages			\$200.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
102623A	\$200.00	\$200.00		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No	
			<i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>			\$200.00	
<b>TOTAL of additional Section L5 Pages</b>			\$0	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			\$200.00	

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
DiGiovanni Election Committee 2023				7th Day Preceding Election Filing			
<b>M. In-Kind Contributions</b>							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
<input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>		
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative</i>						
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
<input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>		
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative</i>						
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
<input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>		
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative</i>						
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee	Date Received	Aggregate Contributions	Description of In-Kind Contribution				
<input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				<b>Fair Market Value of this Contribution</b>		
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative</i>						
<b>SUBTOTAL Section M — This Page</b>				\$0			
<b>TOTAL of additional Section M Pages</b>				\$0			
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> (Enter total on Line 23, Column A of Summary Page Totals)				\$0			

<b>N. Refundable Deposit to Telephone Company</b>							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
Name of Telephone Company				<b>Amount of Deposit</b>			
Street Address							
<b>TOTAL SECTION N</b> (Enter total on Line 24, Column A of Summary Page Totals)				\$0			

2023 OCT 31 AM 9:48



### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
DiGiovanni Election Committee 2023				7th Day Preceding Election Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment:	
Big Y			10.10.23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
656 New Haven Ave		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
FOOD	candies for 10.11.23 fundraiser	101123A		\$26.15	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Riverwalk Social			10.11.23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
17 Elizabeth St		Derby		CT	06418
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
FNDR	Paid for Food and Space	101123A		\$1248.91	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Vista Print			10.06.23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
275 Wyman St		Waltham		MA	02451
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
A-SIGN	Yard Signs			\$925.94	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment	Method of Payment:	
Vista Print			10.20.23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
275 Wyman St		Waltham		MA	02451
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
A-DM	Mailer for campaign			\$\$31925.22	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			\$3126.22		
<b>TOTAL of additional Section P Pages</b>			\$456.80		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$3583.02		

**Section P. ADDITIONAL PAGE** 1 of 1

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing

**P. Expenses Paid by Committee**

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
Judy Szewczyk		10.26.23	<input checked="" type="radio"/> Check #1003 <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>		<b>State</b> <b>Zip Code</b> CT        06418
166 Mt Pleasant St		Derby		

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
A-DM	Paid for Mailer		\$456.80
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>		<b>State</b> <b>Zip Code</b>

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>		<b>State</b> <b>Zip Code</b>

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>Name of Payee</b>		<b>Date of Payment</b>	<b>Method of Payment:</b>	
			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
<b>Street Address</b>		<b>City</b>		<b>State</b> <b>Zip Code</b>

<b>Purpose of Expenditure (by code)</b>	<b>Description</b>	<b>Event #</b>	<b>Amount</b>
<b>Expenditure # (if applicable)</b>	<b>Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)</b>		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**SUBTOTAL Section P — This Page** \$456.80

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing

#### Q. Campaign Expenses Paid by Candidate

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	<b>Amount</b>	

<b>SUBTOTAL Section Q — This Page</b>	\$0
<b>TOTAL of additional Section Q Pages</b>	\$0
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>	\$0





### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing

#### T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
--	--

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
--	------	-------	----------

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
--	--

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
--	------	-------	----------

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
--	--

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
--	------	-------	----------

Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section T — This Page</b>	\$0
<b>TOTAL of additional Section T Pages</b>	\$0
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>	\$0