### **SEEC FORM 20**

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

RECEIVED TOWN/GITY CLERK DEPEK CT

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2020 OCT 31 AM 9: 46

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1. NAME OF COMMITTEE					V	IARC J. GARO	DFALCO 1828		
DiGiovanni Election Committee 2	023								
2. TREASURER NAME									
First		MI	I	Last	······································				Suffix
Heidi		R	[	DiGiova	nni				
3. TREASURER ADDRESS									
Street Address			City				State	Zip	Code
77 8th St			Derb	У			CT	06	418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOU	GHT (Comple	ete only if	Candidate	Committee)			6. DIS	TRICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor							(if applica	blej .
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ory Committee,	2)						
First		MI	I	Last					Suffix
Gene		J		DiGiova	anni				Jr
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day prece	ding prima	ıry	O7th	day preceding i	eferendum	Olnitial Co.		or Disbursement
April 10 filing	O30 days follo	wing prima	ıry	O45	tays following	referendum	Amendme		
OJuly 10 filing	●7th day prece	ding election	on	O Def	icit		Type of R	eport:	
October 10 filing	012th day prec			<b>O</b> Ter	mination		•		
O24 Hour Independent Expenditure OPrimary OElection	O45 days followed not held in No.		on						
9. PERIOD COVERED									
	Beginning Da	ate			Ending	Date			
	10/01/23			thru	10/29/23				
10. CERTIFICATION									
I hereby certify and state, under policional policional per per description of the per desc						et forth on th	is <b>Itemized C</b>	ampaign	Finance
Heids Daiov	anni		Heidi	DiGiov	anni			10/31	/2023
TREASURER OR DEPUTY TREASUR			PRINT	NAME (	OF SIGNER		-	DATI	E (mm/dd/yyyy)
				9 - 5 - 1				78.27 78.	

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	
iGiovanni Election Committee 2023	7th Day Preceding Electi	on Filing
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		
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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0	\$0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$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	2023 OCT 31 AM S

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	W-W-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M	TYPE OF REPORT				
DiGiovanni Election Committee 2023	7th Day Preceding Election Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$725.00	\$725.00			
B. Itemized Co	ntributions from Indiv	iduals				
Last Name	First			MI		
Minnella	Martin					
Residential Street Address	City		State	Zip Code		
135 Eastridge Dr.	Waterbury		CT	06708		
Principal Occupation	Name of Employer					
Attorney	Minnella, Tramuta	Law Office				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O No  Yes of \$400 does contributor or business he/she valued at more than \$5,000?			5, Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101123A  Is contributor a principal of a fixed by the second of government the contract of government the government the contract of government the government the government of gove		tte contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 10.11.23	\$700.00				
Last Name	First			MI		
Civitella	Antonio					
Residential Street Address	City			Zip Code		
65 Elm St	Ansonia		СТ	06401		
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a		t with said municipality	\$100.	nt of Contribution		
event reported in Section L1?  No  If yes, list Event # 101123A  No  of government the contra	nch or branches Executive	E O Legislative				
Method of Contribution:	•	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money		\$100.00		TAN MANAGEMENT (A STAN AND AND AND AND AND AND AND AND AND A		
Last Name Civitella	Pasquale			MI		
Residential Street Address	City		State	Zip Code		
746 E. Broadway	Milford			06460		
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	ve officer of a municipality t with said municipality	, Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which bra of government the contractions of government the contraction.		<b>⊙</b> No				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 10.11.23	Aggregate Contributions \$100.00				
SUBT	ГОТАL Section В — This	s Page \$1625.00				
ТОТАІ	L of additional Section B	Pages \$1575.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections 13, Column A of Summary Page		7,7-5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

# Section B ADDITIONAL PAGE 1 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
DiGiovanni Election Committee 2023		7th Day Preceding	7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Recei	ved this Period O SUBTOTAL SECTION	I VIVA	\$N/A			
B. Itemized Co	ontributions from	Individuals				
Last Name Read	First Jonathan			MI		
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·	1 1	Zip Code		
304 Country Club Rd	Waterbury		СТ	06708		
Principal Occupation  Lawyer	Name of Employ	भ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?			ity, <b>Amou</b> \$150.	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101123A  Yes Is contributor a principal of a lfyes, indicate which broof government the contributor.	anch or branches	ctive state contractor? Ye No				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order   10.11.23	\$150.00				
Last Name	First			MI		
Tracz	Cynthia					
Residential Street Address 25 Clark St Ext	City Derby		1 1	Zip Code 06418		
Principal Occupation	Name of Employe	er				
Secretary	St. Mary's/S	t. Michael's School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	e is associated with have a		ity, <b>Amou</b> \$125.	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101123A  Yes No If yes, indicate which be of government the contributor of government the contributor apprincipal of the section L1?	anch or branches	ective state contractor? Yes  xecutive \( \bigcircle \text{Legislative} \)	es O			
Method of Contribution:	Date Received ty Order 10.11.23	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		\$225.00				
Last Name Pelacca	First Chrissy			MI		
Residential Street Address	City		1 1	Zip Code		
92 Oak Ave	Shelton		СТ	06484		
Principal Occupation N/A	Name of Employ	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?			ity, Amou \$125.	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101123A  Yes No If yes, indicate which be of government the contributor aprincipal of a section L1?	anch or branches	ective state contractor?  Contractor of the cont	es			
Method of Contribution:	Date Received 101123A	Aggregate Contributions \$225.00				
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	ey Order 101123A	3223,00	entre de la constitución de la c			
SUB	TOTAL Section B	— This Page \$400.00				
ТОТА	L of additional Sec	ion B Pages N/A				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (S		797	2 <b>1</b> 1771 AM <b>Q</b>		

## Section B ADDITIONAL PAGE 2\_

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NAME OF COMMITTEE (Provide Complete Name as Registered	d with Filing Repository)		TYPE OF REPORT		
DiGiovanni Election Committee 2023			7th Day Preceding	Election	n Filing
A. Total Contributions from Small Con- (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$N/A		
	B. Itemized Contr	ibutions from Individ	duals		
Last Name DiGiovanni		Mathew			MI
Residential Street Address	City	L		State	Zip Code
76 Benz St	An	sonia		ст	06401
Principal Occupation		Name of Employer		L	1
Iron worker		Metro North			
or dependent child of a lobbyist? • No does contrib		candidate for a chief executive ssociated with have a contract  OYes  ONo		/, Amo	unt of Contribution 5.00
event reported in Section L1? No If y	ributor a principal of a state yes, indicate which branch government the contract is		contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayro	ll Deduction OMoney Oro	<sub>ler</sub> 10.11.23	\$225.00		
Last Name		First			MI
Blizman	Io:	Daniel		<u>га</u>	
Residential Street Address  30 Clark St Ext	City	erby		State CT	Zip Code 06418
Principal Occupation		Name of Employer		<u></u>	
HVAC Business Owner		Blizzard Mechanica			
or dependent child of a lobbyist?   One does contrib		candidate for a chief executive sociated with have a contract Yes No		/, Amor	unt of Contribution
event reported in Section L1? No If	tributor a principal of a state yes, indicate which branch government the contract is	e contractor or prospective stat or branches with: Executive	e contractor? Yes No		
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayrol	ll Deduction Money Ord	1	Aggregate Contributions \$500.00		
Last Name		First			МІ
Jalowiec		Joseph		T	
Residential Street Address 8 Northdrop Rd	City	oodbridge		State CT	Zip Code 06525
Principal Occupation	1	Name of Employer		L	1
Retired					
or dependent child of a lobbyist? O No does contrib		candidate for a chief executive ssociated with have a contract Yes No		y, Amo	unt of Contribution
event reported in Section L1? O No If J	ributor a principal of a state yes, indicate which branch government the contract is		C Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payro	ll Deduction OMoney Ord	ler 10.11.23	\$150.00		PPORTER LINES WERE THE RECEIVE HAVE THE RESERVE THE
	SUBTO	TAL Section B — This	Page \$475.00		
	TOTAL of	f additional Section B P	ages N/A		
TOTAL OF ALL CONT		NDIVIDUALS (Sections A Column A of Summary Page		90	panctian S

# Section B ADDITIONAL PAGE 3 of 4

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<b>5 F E</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	tory)		TYPE OF REPORT			
DiGiovanni Election Committee 2023			7th Day Preceding Election Filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	this Period ONLY BTOTAL SECTION A	\$N/A				
B. Itemized	l Contr	ibutions from Indivi	duals			
Last Name Jalowiec		Christine			MI	
Residential Street Address 8 Northdrop Rd	City	oodbridge		State CT	Zip Code 06525	
Principal Occupation Retired		Name of Employer				
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101123A  Yes Is contributor a principal If yes, indicate which of government the contributor aprincipal Is c	h branch	contractor or prospective state or branches with:	No No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction ON	Money Oro	der 10.11.23	\$150.00			
Last Name Beck		First Mathew			MI	
Residential Street Address  226 Shagbark Dr	City De	erby		State CT	Zip Code 06418	
Principal Occupation		Name of Employer		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of does contributor or business have valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101123A  Yes No If yes, indicate which of government the contributor aprincipal form.	ch branch		te contractor? Yes	\$ ,		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction M.	Money Ord	Date Received der 10.11.23	Aggregate Contributions \$125.00			
Last Name	ERONTONIA MINISTRA	First			MI	
Pollastro		Sam				
Residential Street Address  11 Laurel Ave	City De	erby	State	Zip Code 06418		
Principal Occupation  Manager		Name of Employer Sikorsky	anna an ann an dùr aithr ann an ann an an Aidhride Meile	<u>.L.</u>	·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business h valued at more than \$5,000?				y, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 101123A  Yes No If yes, indicate which of government the contribution of government the contribution is principal.	ch branch		<b>O</b> No			
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction OM	Money Oro	Date Received 10.11.23	Aggregate Contributions \$400.00			
S	SUBTO	ГАL Section B — This	Page \$325.00	Remark de la company		
то	TAL of	f additional Section B	Pages N/A			
TOTAL OF ALL CONTRIBUTIONS F. (Enter total on		NDIVIDUALS (Sections A Column A of Summary Page		287	SOCT31 AM S	

### Section B ADDITIONAL PAGE 4

Derby   CT   O6418	NAME OF COMMITTEE (Provide	Complete Na	me as l	Registered with Filing Repository)			TYPE	OF REPORT			
Substitution   Subs	DiGiovanni Election Committee 2023						7th Day Preceding Election Filing				
Les Name Principal Occopation Residential Street Address 11 Laurel Ave Principal Occopation Residential Street Address 12 City Personal Check Occopation Residential Street Address 13 Laurel Ave Principal Occopation Residential Street Address 10 Solver Science Sc								A			
Les Name Principal Occopation Residential Street Address 11 Laurel Ave Principal Occopation Residential Street Address 12 City Personal Check Occopation Residential Street Address 13 Laurel Ave Principal Occopation Residential Street Address 10 Solver Science Sc											
Residential Street Address   Cloy				B. Itemized Con	trib	utions from Indivi	duals				
Residential Street Address 11 Laurel Ave Principal Occupation  Scortchildren a hobbyist, spouse, or dependent child of a hobbyist process. See that the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. Journal of the contribution of the process health is a sociated with an event reported in Section 11.7 gray, Instituted in 101123A  Method of Courthburson:  Occasia O Personal Check O Credit/Debit Card O Psyroll Deduction Ondoney Order  John  Statistical Section 12.7 or description of the countribution is in excess of \$400 to a candidate for a chief executive officer of a municipality. John Manual of Courthburson of government the contract is with:  Date Received  Jogsphalive  John  Minuted Courthburson  John  Minuted Executive Olz-galsiality  Amount of Contribution  Statistical Section 1.7 or description of the state countract of properties after countractors.  Amount of Contribution of State of S										M	II
Period   Acceptation   Name of Employer   State   Contribution   S	Residential Street Address								State	Zip Cod	2
So contributor a lobbysis, sponse, or dependent child of a lobbysis?  So this contribution associated with an event reported in Section I.12  So No Personal Check Credit/Debit Card Payroll Deduction Money Order  CT Oxford  Name of Employer  Retired  So of government the contribution associated with an event reported in Section I.12  No No Principal Cocambonion:  Oxford  So contribute a lobbysis, sponse, or dependent child of a lobbysis?  No So of government the contract is with:  So contribute on sponse the safe contractive of prospective safe contractive of prospective safe contractive?  No No Payroll Deduction Money Order  In Contribution of Social Management of government the contract is with:  So Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  No Social Management of Contribution of Social Management of Social Ma	11 Laurel Ave			1	-	/				1 '	
does contributor or business he/she is associated with have a centrate with said municipality valued at more than \$5,000?  Ves Who  Is this contributor associated with an event reported in Section I.1?  If yes, indicate which branch or branches  Orosch  Personal Check Credit/Debit Card  Payroll Deduction  Name of Employer  Name of Emp	Principal Occupation					Name of Employer					
event reported in Section I.12 / More first post in 12 / More for povernment the contract is with:    Cash   Personal Cheek   Octedit/Debit Card   Payroll Deduction   Money Order   10.11.23   S200.00		Yes No	doe	s contributor or business he/she i		iated with have a contract					ontribution
Cash Opersonal Check Occedit/Debit Card Opayroll Deduction Omoney Order   10.11.23   \$200.00      Distribution   Street Address   State   Zip Code   CT   O6478	event reported in Section L1?	<sup>m</sup> 8		If yes, indicate which brane	ch or b	ranches _	_	No			
Residential Street Address 47 Tram Dr City Oxford O	Method of Contribution:  Ocash OPersonal Check OCr	edit/Debit (	Card (	Payroll Deduction OMoney	Order						
Residential Street Address 47 Tram Dr    Oxford	Last Name		-		Fir	st .				M	I
AT Tram Dr    Cxford	Dorosh				Jo	hn					
Retired  s contributor a lobbyist, spouse, or dependent child of a lobbyist? No  st his contribution associated with an event reported in Section L1?  If contribution a sport and the contract of the contribution of government the contract is with:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Sedicated and Drewpation Retired  s contribution associated with an event reported in Section L1?  If contribution associated with an event reported in Section L1?  If contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches and the contract is with:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  State  If contribution Aggregate Contributions  Residential Street Address  State  State  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and a state contract is with:  Date Received Aggregate Contributions  State Zip Code  Fort Lauderdale  FL 33308  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract is with and				i	-	·d				1 -	
Retired  s contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes No  St his contribution associated with an event reported in Section L1?  Yes, list Event # 101123A  Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Casidemial Street Address  Scottifibutor a lobbyist, spouse, or dependent child of a lobbyist, spouse, spouse			<del></del>		UXTOR	·		l	CI	064/8	<del></del>
So contributor a lobbyist, spouse, or dependent child of a lobbyist?  No No location 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 of \$125.00  If contribution associated with an event reported in Section I.1?  No N						Name of Employer					
No   If yes, ist Event # 101123A		● No	doc	s contributor or business he/she is ted at more than \$5,000?	s assoc	iated with have a contract  Yes  No	with said	d municipality			ontribution
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10.11.23 \$125.00  Last Name  Moscato  Residential Street Address  33308  Principal Occupation  Retired  Secontributor a lobbyist, spouse, or dependent child of a lobbyist?  So this contribution associated with an event reported in Section L1?  If contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Deat Received  Aggregate Contributions  SUBTOTAL Section B — This Page  Saturation  State  State  Zip Code  33308  Minute of Employer  Amount of Contribution  State contractor?  Yes No  State contractor of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  State contribution associated with an event reported in Section L1?  If yes, list Event #	event reported in Section L1?  If yes, list Event # 101123A			If yes, indicate which bran	ch or l	oranches h: Executive	O Leg	gislative O No			
Assidential Street Address  Residential Street Address  Referred  State Zip Code  FL 33308  Principal Occupation  Retired  Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No  State Single Street State Contribution associated with an ore than \$5,000?  State Street Street State Contractor or prospective state contractor?  Mame of Employer  Amount of Contribution state contractor or prospective state contractor?  Method of Contribution:  DCash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B — This Page \$375.00		edit/Dehit (	and [	Payroll Deduction Money (		ì					
Residential Street Address 360 Balt Ocean Dr    City   Fort Lauderdale   FL   33308     Principal Occupation   Name of Employer		. and Debit C	zara k	Or dyloir Dedderloir Wholey	-		1,23			I N	
Fort Lauderdale  Fort L					١.						••
Principal Occupation Retired  s contributor a lobbyist, spouse, or dependent child of a lobbyist? No lost 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?  Statis contribution associated with an event reported in Section L1?  Superior of a municipality of a state contractor or prospective state contractor?  Superior of a municipality of a municipality valued at more than \$5,000?  Superior of a municipality of a state contract or prospective state contractor?  Superior of a municipality of a municipality valued at more than \$5,000?  Superior of a municipality of a municipality of a state contract or prospective state contractor?  Superior of a municipality of a municipality valued at more than \$5,000?  Superior of a municipality of a municipality of a state contractor or prospective state contractor?  Superior of a municipality of a municipality of a state contractor or prospective state contractor?  Superior of a municipality of a municipality of a state contractor or prospective state contractor?  Superior of a municipality of a municipality of a state contractor or prospective state contractor?  Superior of a municipality of a municipality of a state contractor or prospective state contractor?  Superior of a municipality of a municipality of a state contractor or prospective state contractor?  Superior of a municipality of a municipality of a state contractor or prospective state contractor?  Superior of a municipality of a state contractor or prospective state contractor or prospective state contractor.  Superior of a municipality of a state contractor or prospective state contractor.  Superior of a municipality of a state contractor or prospective state contractor.  Superior of a municipality of a state contractor or prospective state contractor.  Superior of a municipality of a state contractor or prospective state contractor.  Superior o		**	*		•					Zip Cod	e
Retired  s contributor a lobbyist, spouse, or dependent child of a lobbyist?  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?  Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contributions  Subtrotal Section B — This Page  \$375.00					Fort L	_auderdale			FL	3330	3
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No \$150.00  Is this contribution associated with an event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:  Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction Money Order  SUBTOTAL Section B — This Page \$375.00						Name of Employer					
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive OLegislative  Method of Contribution: Date Received 10.03.23 S150.00  SUBTOTAL Section B — This Page \$375.00	ls contributor a lobbyist, spouse, or dependent child of a lobbyist?		doe	s contributor or business he/she i		iated with have a contract					ontribution
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 10.03.23 \$150.00  SUBTOTAL Section B — This Page \$375.00	wevent reported in Section L1?  If yes, list Event #			If yes, indicate which bran	ch or t	ranches h: Executive	<b>○</b> Leg	gislative ONo			
SUBTOTAL Section B — This Page \$375.00		adit/Dabit (	and P	Dayroll Deduction Marsus	Orden						
Septomize This tage	Jeash Greisonal Check Och	ean/Dean (	_aia <b>(</b>		-		<u> </u>			POTENTIAL PROPERTY OF THE	
TOTAL of additional Section B Pages N/A	4 A A A A A A A A A A A A A A A A A A A										ooneerjan kanyiisseessees
		90000000000000000000000000000000000000		TOTAL	of ac	Iditional Section B I	'ages	IV/A			

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

	MITTEE (Provide Comple ction Committee 20		vith Filing Reposi	tory)	TYPE OF REPORT	
DIGIOVALITII ETE	ction committee 20		, et es y mag pes ejar i		7th Day Preceding	g Election Filing
Name of Committee		CI.AC	ontributio	ons from Other Cor		
value of Committee				rune of 1	reasurer	
Address				event reported in Section	ciated with an Oyes ONo 1 L1? ss, list Event #	Amount of Contribution
City		State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of T	reasurer	
Address				event reported in Section	ciated with an Yes No n L1? ss, list Event #	Amount of Contribution
City		State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of T	reasurer	
Address				event reported in Section	ciated with an Yes No n L1? ss, list Event #	Amount of Contribution
City		State	Zip Code	Date Received	Aggregate Contributions	
	C2. F	Reimbursemen	ts or Surpl	us Distributions fro	om other Committees	
Name of Committee				Name of T	reasurer	
Address				City		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  OReimbursem	ent for shared e	expense OSurplus Distr	ibution	Amount of Receipt
Description						
Name of Committee		**************************************	Mahadi Madiya qarab dayla ankara a sayaa shara	Name of T	reasurer	
Address				City		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  Reimburse	ment for shared	d expense Surplus Dis	stribution	Amount of Receipt
Description				•		name.
			SUBTO	TAL Section C — T	his Page \$0	
	CONTRACTOR OF THE CONTRACTOR		. Alberta Arventa		plants above to be suit	
			TOTAL	of additional Section	C Pages \$0	

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

Page 5 of 17

	ONE TARE R		The state of the state of the	DEDORT	
NAME OF COMMITTEE (Provide Complete Name as Regi- DIGIOVANNI Election Committee 2023	7th Day Preceding Election Filing				
	D Loons Da	ceived this Period			
Name of Lender	D. Loans Re	Source of Loan:			Date of Receipt
			ndidate 🔘 Individua	I Other	, p.
Street Address	City	<u>I</u>	State	Committee 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	
lame of Lender		Source of Loan: OBank OCa	ndidate 🔵 Individua	1 Other Committee	Date of Receipt
treet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
ame of Cosigner/Guarantor (if applicable)				•	Amount Received
Street Address	City		State	Zip Code	
lame of Lender		Source of Loan: OBank OCa	ndidate 🔘 Individua	Other Committee	Date of Receipt
treet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  O Yes O No
Name of Cosigner/Guarantor (if applicable)				<u> </u>	Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECT	rion d \$0		
E. Receipts from Entities o	ther than Individu	als or Other Con	nmittees (Referer	ndum Committe	ees ONLY)
ame of Entity					<u>a anno e si s'ou en la sido e disconar e un discono discono e un casa de el co</u>
treet Address			Date Received		Amount Received
ity	State	e Zip Code	Aggregate Contri	outions	
			wasana		
ame of Entity					
reet Address		Date Received		Amount Received	
ity	State	e Zip Code	Zip Code Aggregate Contributions		
ame of Entity					
reet Address		•	Date Received		Amount Received
ity	State	e Zip Code	Aggregate Contri	butions	-
		TOTAL SEC	TION E \$0		2023 OCT 31 AM 5

NAME OF COMMITTI DiGiovanni Election	EE <i>(Provide Complete Name as Register</i> n Committee 2023	ed with Filing Repository)		TYPE OF REPORT  7th Day Preceding Elec	tion Filing
	. Amount Transferred f	rom Affiliated Bus	iness Treasury (Busi	ness Entity Committees ONL	9
Date of Receipt	Is this transaction associate event reported in Section		If yes, list Event #	Ar	nount
Date of Receipt	Is this transaction associatevent reported in Section	2 1 20	<i>If yes</i> , list Event #	Ar	nount
Date of Receipt	Is this transaction associatevent reported in Section	~ 1 vo	If yes, list Event #	Ar	nount
Date of Receipt	Is this transaction associat event reported in Section 1	× × × × × × × × × × × × × × × × × × ×	If yes, list Event #	Ar	nount
G Amount I	ransferred from Affiliate	d Labor Union or	TOTAL SECTION		Committees ONI V
Date of Receipt		ate of Receipt	Other Organization	Date of Receipt	Ommutees ONLI)
·	Amount	An	nount	Amou	nt
	H. Personal Funds of t	- Cadidata P	TOTAL SECTION		
Date of Receipt	Method of payment:	ne Canundate Rece	ived tills reriou (Ci	terrative following and an experience are the contract of the	Amount
*	OCash	Personal Chec	k Credit/Debi		
Date of Receipt	Method of payment:	O i cisoliai Chec	k Credit Debi		Amount
	<b>O</b> Cash	O Personal Chec	k Credit/Debi	Card	
Date of Receipt	Method of payment:				Amount
	<b>O</b> Cash	Personal Chec	k Credit/Debi	. Card	
Date of Receipt	Method of payment:			£	Amount
	OCash	O Personal Chec	k Credit/Debi	Card	
			TOTAL SECT	I <b>ON H</b> \$0	
		I. Anonymous	Contributions		
ar	Per Public Act 11-48, a mount. If a committee re immediately remit the	eceives an anonyr	nous contribution, t	he campaign treasurer	shall

for deposit in the General Fund.

2023 OCT 31 AM 9:47

SELECT FOR VI 20 Revised January 2015	ONETARY RECEIPTS				Fage / 01 17
NAME OF COMMITTEE (Provide Complete Name as Regi	stered with Filing Repository)		TYPE OF		, t pro-11.
DiGiovanni Election Committee 2023				Preceding Elec	tion Filing
	terest from Deposits in Autho				
Name of Institution			Date Recei	ved	Amount
Street Address	City	St	ate	Zip Code	
	1				
Name of Institution		***************************************	Date Recei	ved	Amount
Street Address	City	St	ate	Zip Code	
	ТО	TAL SECTION	1 <b>J</b> \$0		
K. Miscelland	eous Monetary Receipts not C	onsidered Cor	ntribut	ions	
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
				-	
Description					
Name			Date	of Transaction	
Name					Amount Received
Street Address	City		State	Zip Code	
Description			<u> </u>		
bet in the second secon					
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Street Address	City		CALLE	Elp Code	
Description					
None			Date	of Transaction	
Name				or runsaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Description					
	TOTAL	SECTION K	\$0		angangan garan di disebut gili kecampan andah disebut di bibah di pelabut di pelabut di pelabut diperbat di pe
SUMMA DV OF	OTHER MONETARY RECE	TDTC (Section	a D the	ough V	
	OTHER MONETARY RECE	ar is (section	SDun	\$0 \$0	
Total Loans Received this Period (Section D)		<u> </u>			
Total Receipts from Entities other than Individu		)	+	\$0	
Total Amount Transferred from Affiliated Busi	ness Treasury (Section F)	····	+	\$0	
Total Amount Transferred from Affiliated Labo	or Union or Other Organization Trea	asury (Section G)	+	\$0	
Total Amount of Personal Funds of the Candida	te Received this Period (Section H)		+	\$0	
Total Amount of Interest from Deposits in Auth	orized Accounts (Section J)		+	\$0	
Total Miscellaneous Monetary Receipts not Cor	sidered Contributions (Section K)		+	\$0	
		her Monetary	Receip	its so	non rat da
(Add Sections )	O through K) (Enter total on Line 15, Co				2023 OCT 31 AM

Revised January 2015	II. EVENTACII	IVIIX (Sections L1—	-L3)			
	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
DiGiovanni Election Co			7th Day Precedin	g Election F	iling	
	L1. Even	t Information				
Event # Date of Event Letter 101123 A	Description Gîno For Mayor Fundraiser			Was this a f	undraising event?	
Location: Street Address		City		State	Zip Code	
17 Elizabeth St		Derby		СТ	06418	
Subpart 1: (All Committee Was this event hosted at			5 In-Kind Donations nuse Party and complete a(s) for food, beverage a	e required inf	ormation for any	
	de goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required		ot Considered	d Contributions	
Was this fundraiser a to-	cale quotian or other cale of denoted items	OYes (If yes, enter Total Receipts here.)				
was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items adividual of up to \$100?	_	enjus neic.)	\$		
T		<b>⊙</b> No		<u> </u>		
Were there purchases of sign associated with this		Yes (If yes, go to Section L	Committees) 3 Purchases of Adverti plete required informa		a Program Book	
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	Yes (If yes, enter Total Red	ceipts here.)	\$		
Event#	Description			Was this a f	undraising event?	
Date of Event Letter 102623 A	Pizza Fundraiser			Was this a i		
		Ic:		State	Zip Code	
Location: Street Address		City			06418	
11 Laurel Ave		Derby		СТ	00416	
Subpart 1: (All Commit	tees)					
Was this event hosted at	a personal residence?		5 In-Kind Donations nuse Party and completents (s) for food, beverage a	e required inf	ormation for any	
Did this fundraiser included of up to \$200 or items do	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section I and complete required No		not Considere	d Contributions	
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Re-	ceipts here.)	\$		
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Compadvertising space in a program book or on a fundraiser?	nittees other than Exploratory O Yes (If yes, go to Section I	Committees) 3 Purchases of Advert plete required informa		a Program Book	
	nittees ONLY) food or beverage at a fair or similar mass estate with this fundraiser?	Yes (If yes, enter Total Rec	eeipts here.)	\$		
		⊙No				
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr			came of the training		
		ion L1—Subpart 3 (Town Comme cipts from Food Purchases—		anne de la companya		
		TOTAL of additional Section	n L1 Pages \$0			
		IPTS FROM SMALL PU				

#### 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

	······································	e as Registered with Filing Reposite	ory)	TYPE OF REPO			
DiGiovanni Electio	on Committee 2023			7th Day Prece	eding	Election Fil	ing
	L3. P	urchases of Advertisi	ng in a Prog	ram Book or on a Sign			
Name of Purchaser					1	se Made By:	<b>6</b>
					1	usiness Entity	
					Oln		Proprietorship
street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purch	ase	Amount of S	ign Purchase
lame of Purchaser					Duraha	se Made By:	
tame of Purchaser					1	isiness Entity	Other
					_	dividual/Sole	_
treet Address			I Give		1 O In	State	Zip Code
reet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purch	ase	Amount of S	ign Purchase
lame of Purchaser					1	se Made By:	
						usiness Entity	
					OIn	dividual/Sole	Proprietorship
reet Address			City			State	Zip Code
ate Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purch	950	Amount of S	ign Purchase
are Received	EVENI II	Arggregate r mentise:	o for the Preills	Amount of Frogram Ad Furen	ase	ermount of 9	-Su raichase
ame of Purchaser			<u></u>		Purcha	se Made By:	1
					OB	usiness Entity	Other
					1 -		Proprietorship
reet Address			City		<u> </u>	State	Zip Code
			<u> </u>				
ate Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of S	ign Purchase
ame of Purchaser	L				Purcha	ise Made By:	
Via monuoti					1	usiness Entity	Other
							Proprietorship
reet Address			City		1 U m	State	Zip Code
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
			P. AU.			<u> </u>	<u> </u>
ate Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of S	ign Purchase
		ayan da Shapir Anagayana Paring da na ar Angil.					- Carpon - park to provide the color
	SUBTOTAL Sec	ction L3 Total Purchases of	f Advertising in	Program Book — This Page	0		
	SUBTO	FAL Section L3 Total Pur	chases of Adver	tising on a Sign — This Page \$	0		innis inneu magaganaka esite etil
			TOTAL o	f additional Section L3 Pages	50	**************************************	
					CANADA CA		<del>(Alfali) francisis</del>
	OTAL OF ALL PURC	HASES OF ADVERTISIN	NG IN A PROC	GRAM BOOK or ON A SIGN	0	7079 A	VI JL HN

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

NAME OF COMMITTE	EE (Provide Complete Name o	is Registered with Filing Repo	ository)	San Caracan (San T	YPE OF REP	ORT				
DiGiovanni Election	Committee 2023			7t	h Day Prec	eding Ele	ction Fili	ng		
		I. In-Kind Donation	ons Not Cons	idered Contributi	ons					
Name of Donor										
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation		<b> </b>		·····	Fair I	I	ue of Donation		
OBusiness Entity										
O Individual	Date Received	Event #	<del></del>	Aggregate Value for this Event						
Sole Proprietorship										
Name of Donor			<del></del>		······					
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation	<del></del>				Fair I	Market Val	ue of Donation		
Business Entity	·					rair	viai ket vai	ue of Donation		
OIndividual	Date Received	Event#		Aggregate Value for the	nis Event			!		
OSole Proprietorship			· I SS SMC MAN AN AND EAST							
Name of Donor							NAME OF THE OWNER, WHEN THE OW	OPPORTUGUES OF THE PROPERTY OF		
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation					Fair ?	Market Val	ue of Donation		
OBusiness Entity	•					1	TAGET TO THE	ac or Dominion		
OIndividual	Date Received	Event #		Aggregate Value for t	his Event					
O Sole Proprietorship										
Name of Donor		j.								
Name of Donos										
Street Address			City				State	Zip Code		
Donation Given By:	Description of Donation					F.4?	Marshart X7.	ue of Donation		
O Business Entity	Description of Bonation					rair i	viarket v a	ue of Donation		
OIndividual	Date Received	Event #		Aggregate value for the	is Event					
O Sole Proprietorship	Date Recorded	12.50								
					1		<u> Signativa ya kana kana an</u>			
			UBTOTAL Sec	tion L4 — This Page	\$0					
		7	OTAL of addition	onal Section L4 Pages	\$0					
					10	<u> </u>				
TO	TAL OF ALL IN-KIN									
		(Enter total on Line 2	21, Column A of S	Summary Page Totals)						

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

NAME OF COMMITTEE (	(Provide Complete Name as Registered with Filing Re	pository)		er vite N	TYPE OF RE	PORT	
DiGiovanni Election Co	mmittee 2023				7thDay Preceding Election Filing		
Ls	5. In-Kind Donations Not Consid	ered (	Contributions Associa	ted with a l	House Part	y	en a salik
Name of Host Sam Pollastro				committee?		0	ne candidate or
Street Address			City	1 7 723, 00	mprete rumizz	State	Zip Code
11 Laurel Ave			Derby			СТ	06418
Description of Donation food and beverages							of Donation
Event # 102623A	Aggregate Value of this Event—all hosts \$200.00	- 1	gregate Value of all Events—this he	ost/candidate	\$200.00		
Name of Host				committee?	supporting mo OYes ON omplete Itemize	0	ne candidate or
Street Address		·	City	1		State	Zip Code
Description of Donation			<u></u>		Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			
Name of Host				committee?	supporting mo OYes ON omplete Itemize	0	one candidate or
Street Address		<del>,,, ,,, ,,,,,</del>	City	1 32 /		State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ha	ost/candidate			
Name of Host				committee?	supporting me OYes ON omplete Itemize	o	one candidate or
Street Address			City	<u> </u>	***************************************	State	Zip Code
Description of Donation			<u> </u>		Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event —all hosts	Ag	gregate Value of all Events—this he	ost/candidate	-		
		SUB	TOTAL Section L5 —	This Page	\$200.00		
		TOTA	AL of additional Section	L5 Pages	\$0		and the second contract of the second contrac
TOTAL (	OF ALL IN-KIND DONATIONS N I A HOUSE PARTY (Enter total or		ONSIDERED CONTRI		\$200.00		
						***************************************	

	u. NO							***************************************
NAME OF COMMITTEE (Provide Complete		gistered with	Filing Repository)		TYPE OF RE		otion F	lina
DiGiovanni Election Committee 202			NA T 171 1 7		7th Day Pre	ceaing Ele	cuon FI	mig
Name			M. In-Kind Con	itributions				
IVALUE								
Street Address				City			State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate Contributions	Description of In-Kin	nd Contribution		<u></u>	1
Olndividual / Sole Proprietorship Oother								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		excess of \$400 to a candid business he/she is associate \$5,000?					Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	ator a principal of a state c indicate which branch or ernment the contract is wit	r branches	state contractor?	8Yes No		
Name								
Street Address				City			State	Zip Code
nece muicos				City			Jiace	L.p. Code
Type of contributor: Committee	Date Rece	ived	Aggregate Contributions	Description of In-Kin	d Contribution		1	1
Individual / Sole Proprietorship Other	<u> </u>	<del></del>						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does co		n excess of \$400 to a cand business he/she is associa n \$5,000?					Market Value s Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes,	itor a principal of a state co indicate which branch or rriment the contract is with	branches	state contractor?  Legislative	8Yes No		
Name								
treet Address				City			State	Zip Code
Type of contributor: OCommittee  Individual / Sole Proprietorship Oother	Date Rece	ived	Aggregate Contributions	Description of In-Kin	d Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a cand business he/she is associan \$5,000?					Market Value s Contribution
T. 41.1		To contribu						
event reported listed in Section L1?	8 Yes	If yes,	itor a principal of a state co indicate which branch or ernment the contract is with	branches		8Yes No		
		If yes,	indicate which branch or rument the contract is with	branches h: Executive	Legislative			ne de consecuence de
event reported listed in Section L1?		If yes,	indicate which branch or runnent the contract is with SUBTOTAL	branches h: Executive  Section M — This P	Legislative square			
event reported listed in Section L1?		If yes,	indicate which branch or runnent the contract is with SUBTOTAL	branches h: Executive	Legislative square			
event reported listed in Section L1?  If yes, list Event #	Ŏ No	If yes, of gover	indicate which branch or runnent the contract is with SUBTOTAL TOTAL of add	branches h: Executive  Section M — This P  litional Section M Pa	Legislative \$0 age \$0			
event reported listed in Section L1?  If yes, list Event #	O No	If yes, of gover	indicate which branch or rrument the contract is with SUBTOTAL TOTAL of add Enter total on Line 23, Colu	b: Executive  Section M — This P  litional Section M Pa	Page \$0  Totals) \$0			
event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON	O No	If yes, of gover	indicate which branch or runnent the contract is with SUBTOTAL TOTAL of add	b: Executive  Section M — This P  litional Section M Pa	Page \$0  Totals) \$0	ŎNo	Date Depos	it Made
event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON	O No	If yes, of gover	substance of add content to the contract is with substance of add content total on Line 23, Columbia dable Deposit to T	b: Executive  Section M — This P  litional Section M Pa	Page \$0  Totals) \$0	ŎNo	Date Depos	it Made
event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON  ast Name of Individual	O No	If yes, of gover	substance of add content to the contract is with substance of add content total on Line 23, Columbia dable Deposit to T	b: Executive  Section M — This P  litional Section M Pa	Page \$0  Interpretation of the second of the	ŎNo	Date Depos	
event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON  ast Name of Individual  esidential Street Address	O No	If yes, of gover	SUBTOTAL TOTAL of add Enter total on Line 23, Colu dable Deposit to T	b: Executive  Section M — This P  litional Section M Pa	Page \$0  Interpretation of the second of the	MI	Date Depos	it Made  Amount of Deposit
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON  Last Name of Individual  Residential Street Address  Name of Telephone Company	O No	If yes, of gover	SUBTOTAL TOTAL of add Enter total on Line 23, Colu dable Deposit to T	b: Executive  Section M — This P  litional Section M Pa	Page \$0  Interpretation of the second of the	MI	Date Depos	Amount of
event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON  Last Name of Individual  Residential Street Address	O No	If yes, of gover	SUBTOTAL TOTAL of add Enter total on Line 23, Colu dable Deposit to T	b: Executive  Section M — This P  litional Section M Pa	Page \$0  Totals) \$0  Any  State Zip	MI	Date Depos	Amount of

### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
DiGiovanni Electi	on Committee 2023		7th Day Precedi	ng Election	Filing		
	P. Expenses	Paid by Committee					
Name of Payee			Date of Payment	Method o	f Payment:		
Big Y			10.10.23	Chec			
Street Address		City		O Debi	t Card OEFT Zip Code		
556 New Haven A	ve	Derby		CT	06418		
D 00 5			T				
Purpose of Expenditure by code) FOOD	Description candies for 10.11.23 fundraiser		Event # 101123A	\$26.1	Amount \$26.15		
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) 🚺 Indeper		D			
Name of Payee		- OTAMIE	Date of Payment	Method o	f Payment:		
Riverwalk Social			10.11.23	Chec O Debi			
Street Address	A CONTRACTOR OF THE CONTRACTOR	City		State	Zip Code		
7 Elizabeth St		Derby		СТ	06418		
Purpose of Expenditure	Description		Event #		Amount		
by code) FNDR	Paid for Food and Space		101123A	\$1248	3.91		
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re)	dent				
Name of Payee Date of Payment				1 —	f Payment:		
ista Print			10.06.23	Chec O Debi			
itreet Address		City	L	State	Zip Code		
75 Wyman St		Waltham		MA	02451		
urpose of Expenditure	Description		Event #		Amount		
A-SIGN	Yard Signs			\$925.	\$925.94		
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	ure) 🔘 Indepe	ndent zation A O B O C O				
Vame of Payee			Date of Payment	Method o	f Payment:		
/ista Print			10.20.23	O Deb			
treet Address		City		State	Zip Code		
75 Wyman St		Waltham		MA	02451		
turpose of Expenditure by code) A-DM	Description  Mailer for campaign		Event #		Amount		
	Imaner for campaign			\$\$31	925.22		
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ne) 🔘 Indepe		D			
		SUBTOTAL Section P -	– This Page \$3126.22				
	T	OTAL of additional Sect	ion P Pages \$456.80		usa ezarak kinin kirik elektri ali kirik kir		
	TOTAL OF ALL EXPI	ENSES PAID BY CO		282	3 <b>007</b> 31 AM		

## Section P. ADDITIONAL PAGE 1\_\_\_\_ of 1\_\_\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT	
DiGiovanni Electi	on Committee 2023		7th Day Precedi	ng Election Filing
Name of Payee	P. Expenses	Paid by Committee	Date of Payment	Method of Payment:
Judy Szewczyk			10.26.23	O Check #1003 O Debit Card O EFT
Street Address  166 Mt Pleasant S	t	City Derby		State Zip Code CT 06418
Purpose of Expenditure (by code) A-DM	Description Paid for Mailer		Event #	Amount \$456.80
Expenditure # tif applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)  ore)  Indepe	ndent	D
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	ommittee) re) Indepen	·	
Name of Payce		Organiz	Date of Payment	Method of Payment:  Check #  Debit Card  DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or concluded with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind control of the control of th	committee) ure)	•	) <sub>D</sub>
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card O EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co  Coordinated with reimbursement sought (joint expenditu  Coordinated without reimbursement sought (in-kind cont	ommittee) Indepe		DD
		SUBTOTAL Section P	AL MACA MALSON OF	

NAME OF COMMIT	TTEE (Provide Complete Name as Regist	tered with Filing Repository)	TYPE OF REPORT	
DiGiovanni Electi	on Committee 2023		7th Day Precedi	ng Election Filing
	Q	. Campaign Expenses Paid b	y Candidate	
Name of Payee (Name of	Vendor, Person or Entity who candidate p	aid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description	<u> </u>	Event #	Amount
(by code)				
Name of Payee (Name of	Vendor, Person or Entity who candidate p	aid directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
		Chy		
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Daviss (Name of	Vendor, Person or Entity who candidate p	aid directly)	Date of Payment	Is reimbursement claimed?
Name of Payee (Nume of	venuo, rerson or knuty wno canadane p	and anecity)	Date of Faymen	
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name & Daniel (Manage	TV. J. D. F.G. L. Eld.	and discorder	Date of Payment	Y
Name of Payee (Name of	Vendor, Person or Entity who candidate p	ana arrecuy)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event#	Amount
(by code)				
N(N	Vendor, Person or Entity who candidate p	aid diagada	Date of Payment	T
Name of Payee (Name of	v enaor, Person or Emny who canadate p	ala arrecuy)	Date of Fayment	Is reimbursement claimed?
				Yes No
Street Address		City		State Zip Code
Purpose of Expenditure	Description	<del></del>	Event #	Amount
(by code)				
Name of Payee (Name of	Vendor, Person or Entity who candidate po	and directly)	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
by code)				
		SUBTOTAL Se	ction Q — This Page \$0	
				Market Market Control of the Control
		TOTAL of addition	onal Section Q Pages \$0	
	TO	TAL OF ALL EXPENSES PAID (Enter total on Line 26, Column A c		2023 <b>0C</b> T 31 AN 3
		i r.nier ioiai on Line 20. Column A (	n summary rage Totals) l	LULU WW S LIE HIT .

IAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	<b>,</b> ,	TYPE OF REPORT	Maja.	
iGiovanni Electi	on Committee 2023		7th Day Preceding	Election	n Filing
	R. Expenses Incurr	ed on Committee Cred	it Card		
lame of Issuing Inst	itution	Type of Credit Card:			
		O Visa O Master Car	d ODiscover OAmeric	an Express	Other:
ame of Vendor, Person	or Entity			Date of T	ransaction
treet Address		City		State	Zip Code
rpose of Expenditure y code)	Description		Event #		Amount
xpenditure # fapplicables	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind	nditure) Independ			
ame of Vendor, Person	or Entity			Date of T	ransaction
treet Address		City		State	Zip Code
rpose of Expenditure y code)	Description		Svent #		Amount
penditure # applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expertional Coordinated without reimbursement sought (in-kind	nditure)   Independ			
me of Vendor, Person	or Entity			Date of T	ransaction
reet Address		City		State	Zip Code
upose of Expenditure y code)	Description		ëvent #		Amount
spenditure # applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind	nditure) Independ			
		SUBTOTAL Section R — TI	nis Page \$0		
	TC	OTAL of additional Section F	R Pages \$0		
The state of the s					

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filin	g Repository)	TYPE OF REPOR	raka da ka	
DiGiovanni Electi	on Committee 2023		7th Day Prece	ding Election	Filing
	S. Expenses Incurred	by Committee but No	t Paid During this Period		
Name of Creditor				Date Incurr	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	i	ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum  None of the below  Coordinated with reimbursement sought  Coordinated without reimbursement sough	(joint expenditure)	e below" is checked)  Independent  Organization: OA OB OC	O D	
Name of Creditor				Date Incum	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sough	(joint expenditure)		O D	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum  None of the below  Coordinated with reimbursement sought  Coordinated without reimbursement sough	(joint expenditure)	Independent	Op	
		SUBTOTAL	Section S-This Page \$0		
		TOTAL of addit	onal Section S Pages \$0		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITT (Ent.	TEE DURING THIS PER er total on Line 28, Column A			
	Previously rep	oorted Expenses Unpaid a	nd still Outstanding \$0		
	TOTAL OF ALL EXPENSES IN (Enter	NCURRED BY COMMIT total on Line 28a, Column A			

## IV. EXPENDITURES (Sections P—T)

Page 17 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
DiGiovanni Election Committee 2023					7th Day Preceding Election Filing				
	T. Itemization of Reimb	oursements a	and Second	lary Pay	ees				
Last Name of Worker/Con	First				MI		Payment to Vendor, or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		<u> </u>				n Section P:	_	Worker/Consultant as	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	nditure)	of the below" is  Independent	dent O	О С	) О			
Last Name of Worker/Con	sultant	First				MI		Payment to Vendor, or Entity	
Name of Vendor, Person o					n Section P:	_	Worker/Consultant as		
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe	nditure)	Indeper		О (	) () o c o b			
Last Name of Worker/Consultant		First				MI		f Payment to Vendor, or Entity	
Name of Vendor, Person of	<u> </u>			reported i	I to Reimburse in Section P: eck #	_	e Worker/Consultant as		
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		I.			State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount .	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization: O A O B O C O D								
		SUBTOTAI	∠ Section T —	– This Pag	se \$0				
TOTAL of additional Section T Pages \$						0			
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE V	WORKERS A	AND CONS	ULTANI	r <b>s</b> \$0				