SEEC FORM 20

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

RECEIVED FOR FILING
JUL 1 5 2019
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Stary graving, CCTC

Do Not Main in This Space For OfficTOWN CLERK

COVER PAGE

		COVE	K PA	GE				
1. NAME OF COMMITTEE								
Carfora 2019								
2. TREASURER NAME								
First		МІ	Last			Suffix		
Richard			Esposit	O				
3. TREASURER ADDRESS								
Street Address		City	,		State	Zip Code		
56 Morgan Ave		Ea	East Haven CT 06					
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete on	ly if Candidate	Committee)		6. DISTRICT NUMBER		
(mm/dd/yyyy) 11/05/2019	Mayor					(if applicable)		
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)						
First		ΜĬ	Last			Suffix		
Joseph			Carfor)				
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	7th day precee	ding primary	O7th	day preceding referendum	Initial Cor	ntribution or Disbursement		
O April 10 filing	30 days follow	ving primary	O45	days following referendum	Amendme	mendment to		
• July 10 filing	7th day preced	ding election	on Opericit Type of			eport:		
October 10 filing	Ol2th day preco		○ Te	mination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No							
9, PERIOD COVERED								
	Beginning Da	ite		Ending Date				
	April 1, 2019		thru	June 30, 2019				
					_			
10. CERTIFICATION								
I hereby certify and state, under policional periods and state of the periods and state.	penalties of false eriod covered is	statement, tha true, accurat	it all of the	e information set forth on t aplete.	his Itemized C	ampaign Finance		
Rectain Opose	6	Rio	chard Esp	osito		07/10/2019		
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	PR	INT NAME	OF SIGNER		DATE (mm/dd/yyyy)		
A person who is	s found to have kr	nowingly and	willfully v	iolated any provisions of t	he campaign fi	nance statutes		

faces a civil penalty or imprisonment or both.

Page 1 of 17

SEEC FORM 20

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						
	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 		0.00					
12. Balance on hand at the beginning of Reporting Period	0.00						
13. Contributions Received from Individuals (Sections A and B)	6,595.57	6,595.57					
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00					
15. Other Monetary Receipts (Sections D through K)	0.00	0.00					
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed							
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00					
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	6,595.57	6,595.57					
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6,595.57	6,595.57					
19. Expenses Paid by Committee (Section P)	636.01	636.01					
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	5,959.56	5,959.56					
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00					
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00					
23. In-Kind Contributions Received (Section M)	0.00	0.00					
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00					
25. Loan Balance	0.00						
25a. + Loans Received (Section D)	0.00	0.00					
25b. + Interest and Penalties on Loan	0.00	0.00					
25c Payments on Loan	0.00	0.00					
25d. Total Outstanding Loan Amount	0.00						
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00					
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00					
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00						
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00						

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Ra	egistered with Filing Repository)			TYPE OF REPORT				
Carfora 2019				July 10 filing				
A. Total Contributions from Small (See instructions for definition of Small Contri		d thi BTO	s Period ONLY TAL SECTION A	\$ 0.00				
	B Itemized Conf	rihu	itions from Individ	luals				
Last Name	D, HUMZUU CVA	Firs				ggfanelinn	MI	
Porter		Kr	isty					
Residential Street Address	Ci	ity			State	Zip (Code	
93 Austin Avenue	E	East F	laven		CT	065	512	
Principal Occupation			Name of Employer					
Administrative Assistant			State of CT, Judicial	Branch				
or dependent child of a lobbyist? • No does	ontribution is in excess of \$400 to s contributor or business he/she is ned at more than \$5,000?	a can	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branc of government the contract	h or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney (Order	05/23/2019	100.00				
Last Name		Fir	st				MI	
Deleso		P	atti					
Residential Street Address	C	ity			State	Zip	Code	
6 Jeffrey rd] [East I	Haven		CT	06	513	
Principal Occupation			Name of Employer					
Pricing Coordinator			Slocum and Sons					
or dependent child of a lobbyist? • No doe	ontribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, as contributor or business he/she is associated with have a contract with said municipality used at more than \$5,000? Amount of Contribution of the contract with said municipality and at more than \$5,000? Solution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract with said municipality and the				f Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or	branches	te contractor? Yes No Legislative	,			
Method of Contribution:	8		Date Received					
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction	Order	05/23/2019	50.00				
Last Name		Fi	rst				MI	
Deko		J	oseph					
Residential Street Address		City			State	Zip	Code	
147 Salerno Avenue						1		
Principal Occupation			Name of Employer					
Fire Fighter			Town of Guilford					
or dependent child of a lobbyist? No doc	contribution is in excess of \$400 t es contributor or business he/she i lued at more than \$5,000?	o a car is asso	ndidate for a chief executive interest on the contract of the	ve officer of a municipality t with said municipality	ļ	30unt (of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indicate which bran	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution:	_		Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order	05/23/2019	50.00				
	SUBT	OTA	AL Section B — Thi	s Page 200.00				
	TOTAL	, of a	dditional Section B	Pages 6,395.57				
TOTAL OF ALL	. CONTRIBUTIONS FROM (Enter total on Line)	I INI 13, Co	OIVIDUALS (Sections lumn A of Summary Page	A + B) c Totals) 6,595.57				

Section B ADDITIONAL PAGE 3a of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT							
Carfora 2019			July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$					
B. Itemized Contributions from Individuals								
Last Name		irst			(10) 1 2 2 2 3 3 4 5 5	MI		
Balter		Joshua						
Residential Street Address	City			State	Zip (Code		
35 Red Bluff Rd	East	t Haven		СТ	06!	513		
Principal Occupation		Name of Employer						
Attorney		Balter Law LLC						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, list Event # O Yes Is contributor a principal of a s If yes, list Event #	nch or	branches	e contractor? Yes OLegislative					
Method of Contribution:		Date Received	Aggregate Contributions					
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Orde	r 05/23/2019	50.00					
Last Name	F	First				MI		
Ruocco	1	Gennaro						
Residential Street Address	City			State	Zip	Code		
74 Bennett RD	East	t Haven		CT	06	513		
Principal Occupation		Name of Employer		I	1			
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vo does contributor or business he/she valued at more than \$5,000?					ount o	f Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch o	r branches	te contractor? Yes	3				
Method of Contribution:			Aggregate Contributions					
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde:	or 05/24/2019	250.00					
Last Name	F	First				MI		
DeGenaro		Lisa						
Residential Street Address	City		***************************************	State	Zip	Code		
25 Foxon Rd	Eas	t Haven		CT	06	513		
Principal Occupation		Name of Employer		······································				
Self Employed		Resturant Owner						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am 50.		of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No If yes, indicate which bra of government the contraction of government the contraction.	nch o	r branches	⊙ No					
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	o5/24/2019	50.00					
SUB [*]	гот	AL Section B — This	Page 350.00					
TOTA	L of :	additional Section B 1	Pages 6,045.57					
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections a						

Section B ADDITIONAL PAGE 3b of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)	Victoria:		TYPE OF REPORT				
Carfora 2019				July 10 Filing				
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$				
B. Itemi	ized Cont	ribu	tions from Indivi	duals				
East Name		First					MI	
Frosceno			nedict					
Residential Street Address	Cit	•	aven		State CT	Zip 0		
81 Eddon Dr		ast H				100:)12	
Principal Occupation Investigator			Name of Employer BenMar Investigation	nns				
	on of \$400 to	. aand	lidate for a chief executive		itsz I A ma	ownt of	Cantulbutian	
	ness he/she is		ated with have a contract OYes ONo			Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a print of the print of	which branch	ı or bı		e contractor? Ye				
Method of Contribution:			Date Received	Aggregate Contributions				
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney O	rder	05/24/2019	100.00				
Last Name		Firs	t				МІ	
Pellegrino		Ma	aryAnn					
Residential Street Address	Cit	-		•	State	Zip (
90 Gerrish ave	L,	ast ⊢	laven		CT	06	512	
Principal Occupation			Name of Employer					
Retired			Retired					
	ness he/she is		lidate for a chief executiv ated with have a contract Yes O No			ount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a print of the print	e which branc	h or b	ntractor or prospective statements Executive	te contractor? OY C Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money O	rder	05/24/1029	10.00				
Last Name		Firs					MI	
Marquardt			evin					
Residential Street Address	Ci	•	an a		State	1 -	Code 240	
177 GREAT BROOK RD		Groto			СТ	106	340	
Principal Occupation Truck Driver			Name of Employer A. P. Marquardt Inc	<u>.</u>				
	iness he/she is		didate for a chief executive intensity in the contract of the			aount o	f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate of government	which branc	h or b		te contractor?				
Method of Contribution:		•	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	1 OMoney C	rder	05/28/2019	50.00				
	SUBTO)TA	L Section B — This	Page 160.00				
	TOTAL	of ad	ditional Section B	Pages 5,885.57				
TOTAL OF ALL CONTRIBUTIO			VIDUALS (Sections amn A of Summary Page					

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT				
Carfora 2019				July 10 Filing				
A. Total Contributions from S (See instructions for definition of Small		医成形性病 医多数成合物质 新闻品 医自己结合性	Period ONLY AL SECTION A	\$				
	B. Itemized Con	ntribut	ions from Individ	duals				
Last Name		First	hael			MI		
Martino Residential Street Address		City	naei ————		State	Zip Cođe		
33 Spring Meadow Court		Cransto	on		RI	02921		
Principal Occupation		<u> </u>	Name of Employer		L			
Physician Associate		ı	Vichael J Martino, I	PA-C, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	pouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Am.					ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or bra	nches OExecutive	e contractor? Yes OLegislative				
Method of Contribution: Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney		Order Date Received Aggregate Contributions 25.00					
Last Name		First				MI		
Schumitz		Bok)					
Residential Street Address		City East Ha	wen		State	Zip Code 06512		
173 Borrmann Road	·	<u> </u>	Name of Employer			00012		
Principal Occupation Name of Employer Service Manager Roadone Intermodal								
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400				v Am	ount of Contribution		
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associa	ted with have a contract Yes No	with said municipality	50.			
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or br	anches	te contractor? Yes	5			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney		06/19/2019	50.00				
Last Name		First	rlene			MI		
Picagli		City	nene		State	Zip Code		
Residential Street Address 10-B First Avenue		East H	aven		CT	06512		
Principal Occupation		<u> </u>	Name of Employer		1			
Marketing Director			Hurley Group Prop	erty Management				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution		
	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	inch or br		te contractor? Yes				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	06/22/2019	100.00				
	SUB	TOTAL	Section B — This	Page 175.00				
	TOTA	L of ado	litional Section B l	Pages 5,710.57				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 3d of 17

NAME OF COMMITTEE (Provide Complete Name a		TYPE OF REPORT						
Carfora 2019				July 10 Filing				
A. Total Contributions from Small Co. (See instructions for definition of Small Co.			is Period ONLY OTAL SECTION A	\$				
B. Itemized Contributions from Individuals								
Last Name	100	Fi	rst				МІ	
Carfora		\ \	/larc					
Residential Street Address	City State Zip Code						Code	
8 Jeffrey Rd		East	Haven		CT	069	513	
Principal Occupation			Name of Employer					
Homemaker			Homemaker					
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 to loes contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	· · · · · · · · · · · · · · · · · · ·	ich or	branches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order	06/27/2019	50.00				
Last Name			rst				MI	
Milano			Dominic					
Residential Street Address		City			State	Zip (Code	
161 Borrmann Road	East Haven CT 0					06!	512	
Principal Occupation			Name of Employer					
Field Tech			CCi					
or dependent child of a lobbyist? O No d	f contribution is in excess of \$400 loes contributor or business he/she valued at more than \$5,000?				y, Am 20.		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	1 1 1	nch or	branches	Legislative No	5			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	d OPayroll Deduction OMoney	Order	06/28/2019	20.19				
Last Name			irst				MI	
Yaccarino		_ [1	David	M.				
Residential Street Address		City	Hayan		State	_	Code	
56 Robert Drive		East	Haven	www.	CT		512	
Principal Occupation			Name of Employer Thermo Fisher Scie	ntific				
Scientest								
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				30.		of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	Is contributor a principal of a If yes, indicate which brain of government the contract	nch or	branches					
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Car	d OPayroll Deduction OMoney	Order	06/30/2019	30.00				
	SUBT	ГОТА	AL Section B — This	Page 100.19	,			
	ТОТАІ	Lofa	ndditional Section B	Pages 5,610.38				
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections . Jumn A of Summary Page					

Section B ADDITIONAL PAGE 3E of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					PE OF REPORT				
Carfora 2019				July 10	0 Filig				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)			Period ONLY TAL SECTION A	\$					
B. Itemized Co	ntril	but	tions from Individ	duals					
Last Name	I	First						MI	
Pellegrino		Ma	ryAnn						
Residential Street Address	City					State	Zip (Code	
90 Gerrish Ave	Eas	t Ha	aven			CT	06!	512	
Principal Occupation			Name of Employer						
Retired			Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	socia	nted with have a contract OYes ONo	with said	municipality		Amount of Contribution 20.19		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Section L1? No Yes No If yes, indicate which bra of government the contra	nch o	r br	anches	e contrac OLegi	⊙ No				
Method of Contribution:		1	Date Received	Aggregat	e Contributions	1			
Cash Personal Check Credit/Debit Card Payroll Deduction OMone	y Orde	er	06/30/2019	30.19					
Last Name	1	First						MI	
Thompson Jr.		Pa	ul						
Residential Street Address	City					State	Zip	Code	
82 View Terrace	East Haven CT				CT	06	512		
Principal Occupation	1		Name of Employer						
Blind Rehab Specialist			Department of Vet	erans A	ffairs - Veter	ans Hea	alth <i>A</i>	dmininstrat	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes Is contributor a principal of a If yes, indicate which broad of government the contraction.	anch c	or bi	ranches	_	⊙ No				
Method of Contribution:			Date Received		e Contributions	1			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Ordo	er	06/30/2019	20.19	1				
Last Name		First	i	'		-		MI	
Carfora		All	bert						
Residential Street Address	City					State	1 -	Code	
4 Howard Ave	Bra	anfo	ord			СТ	06	405	
Principal Occupation			Name of Employer						
Teacher			New Haven Board	of Ed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?							ount (of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No Is contributor a principal of a If yes, indicate which brace of government the contributor.	anch (or bi	ranches _	_	⊙ No				
Method of Contribution:			Date Received		te Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction OMone	y Ord	ler	06/30/2019	1000.	00				
SUB	тот	ΓAI	L Section B — This	Page	1040.38				
ТОТА	L of	ad	ditional Section B	Pages	4,570.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line			VIDUALS (Sections . mn A of Summary Page						

Section B ADDITIONAL PAGE 3f of 17

IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Carfora 2019				July 10 Filing			
A. Total Contributions from Sma (See instructions for definition of Small Con			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Con	trib	utions from Individ	duals			
Last Name		Fir	st				MI
Deleso		P	atti				
Residential Street Address		ity			State	Zip C	
6 Jeffrey Road		East l	Haven		СТ	065	513
Principal Occupation			Name of Employer				
Pricing coordinator			Slocum and Sons				
or dependent child of a lobbyist? • No d	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				/s Amo	mount of Contribution	
Is this contribution associated with an event reported in Section L1? No. 15 Yes, list Event # 06302019A		ch or l	branches _	e contractor? Yes O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
②Cash ○Personal Check ○Credit/Debit Care	d OPayroll Deduction OMoney	Order	06/30/2019	100.00			
Last Name		Fir	rst		<u> </u>		MI
Longley		L	uzerne				
Residential Street Address		City			State	Zip (Code
33 Kimberly Cir	North Haven CT			СТ	064	473	
Principal Occupation			Name of Employer			-1	
			Tunnel Hill				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?	o a cat s asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019		ich or	branches	te contractor? Yes			
Method of Contribution:	* * * * * * * * * * * * * * * * * * *		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	d Payroll Deduction Money	Order	06/30/2019	30.00			
Last Name		Fi	irst		.		MI
Thompson Sr		F	Paul				
Residential Street Address		City			State	1 -	Code
843 Thompson St		East	Haven		CT	06	513
Principal Occupation			Name of Employer				
or dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				y, Am 50.		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	⊙ No	5		
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	06/30/2019	50.00			
	SUBT	OTA	AL Section B — This	Page 130.00			
	TOTAL	ofa	dditional Section B	Pages 4,440.00			
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line I		DIVIDUALS (Sections lumn A of Summary Page				

Section B ADDITIONAL PAGE 3g of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	γ)	TYPE OF REPORT			
Carfora 2019		July 10 Filing			
A. Total Contributions from Small Contributors-Rec	oived this Ported ONLY				
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$			
B. Itemized (Contributions from Indivi	iduals			
Last Name	First		MI		
Capone	Frank		State Zip Code		
Residential Street Address 20 Twin Lakes Rd					
Principal Occupation	Name of Employer		CT 06471		
Retired	, ,				
	400 to a candidate for a chief executive/she is associated with have a contract OYes ONo		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes Is contributor a principal of No If yes, indicate which of government the contributor of government the contributor aprincipal of the second section L1?		_ No			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Mo		200.00			
Last Name	First Gennaro		MI		
RUOCCO Residential Street Address	City		State Zip Code		
74 Bennett Rd	East Haven		CT 06513		
Principal Occupation	Name of Employer				
Retired					
	400 to a candidate for a chief executive/she is associated with have a contractory Yes No		Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No If yes, indicate which of government the co	of a state contractor or prospective state to branch or branches contract is with:	ate contractor? Yes No Legislative	***************************************		
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Mo		350.00			
Last Name Carfora	First Jen		MI		
Residential Street Address	City		State Zip Code		
8 Jeffrey Rd	East Haven		CT 06512		
Principal Occupation	Name of Employer		<u> </u>		
Homemaker					
· · · · · · · · · · · · · · · · · ·	\$400 to a candidate for a chief executive/she is associated with have a contract Yes No	1 ,	y, Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No If yes, indicate which of government the co		⊙ No			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction OM	Ioney Order 06/30/2019	15.00			
SI	UBTOTAL Section B — Thi	s Page 315.00			
TO:	TAL of additional Section B	Pages 4,125.00			
TOTAL OF ALL CONTRIBUTIONS FI		A TD			

Section B ADDITIONAL PAGE 3h of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Carfora 2019		July 10 Filig	July 10 Filig				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$					
B. Itemized Co	ontributions from Indivi	duals					
Last Name	First			МІ			
Thompson	Debbie			<u>,,</u>			
Residential Street Address	City		State CT	Zip Code			
119 Silver Sands Rd	East Haven		CI	06512			
Principal Occupation	Name of Employer						
Is 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 Yes Is contributor a principal of a state contractor or prospective state contractor? Yes							
event reported in Section L1? No If yes, indicate which brain of government the contra		OLegislative O No					
Method of Contribution:	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order 06/30/2019	15.00					
Last Name	First			MI			
Depalma	Patricia						
Residential Street Address	City		State	Zip Code			
10 Seaview ave	East Haven		CT	06512			
Principal Occupation	Name of Employer						
Teacher North Branford							
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?	0 to a candidate for a chief executive is associated with have a contractory Yes O No	ve officer of a municipality t with said municipality	50.0	ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019 Yes No Yes No If yes, indicate which be of government the contributor of government the contributor.	ract is with: Executive	Legislative No					
Method of Contribution:	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMond	ey Order 06/30/2019	50.00					
Last Name	First			MI			
Esposito	Joann						
Residential Street Address	City		State C+	Zip Cođe			
85 Francis st	East Haven		Ct	06512			
Principal Occupation Retired	Name of Employer						
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$40	00 to a candidate for a chief execution is associated with have a contract Yes O No	ve officer of a municipality	y, Am	ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019 Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ract is with:	Legislative ONo	_				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received 06/30/2019	Aggregate Contributions					
SU	BTOTAL Section B — Thi	s Page 80.00					
TOT.	AL of additional Section B	Pages 4,045.00					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	OM INDIVIDUALS (Sections to 13, Column A of Summary Page	A + B) e Totals)					

Section B ADDITIONAL PAGE 3i of 17

NAME OF COMMITTEE (Provide Complete Name as I		TYPE OF REPORT						
Carfora 2019				July 10 Filing				
A. Total Contributions from Smal (See instructions for definition of Small Cont			is Period ONLY OTAL SECTION A	\$				
B. Itemized Contributions from Individuals								
Last Name		Fir	st				MI	
Delucia		Já	aqueline					
Residential Street Address	C	City	,		State	Zip C	ode	
69 Venice Plaace		East I	Haven		CT	065	512	
Principal Occupation			Name of Employer					
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	s assoc	ciated with have a contract OYes ONo	with said municipality	y, Amo		Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 06302019A	Is contributor a principal of a st If yes, indicate which branch of government the contract	ch or l	branches	C Legislative				
Method of Contribution:	1		Date Received	Aggregate Contributions	_			
Ocash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	06/30/2019	20.00				
Last Name		Fir	st				МІ	
Pompano Sr.		R	aymond					
Residential Street Address		City			State	Zip (Code	
105 Sorrento Ave		East	Haven		CT	06!	512	
Principal Occupation			Name of Employer		1			
Retired								
or dependent child of a lobbyist? No does	contribution is in excess of \$400 to es contributor or business he/she i lued at more than \$5,000?				y, Amo		Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	te contractor? Yes				
Method of Contribution:			Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	06/30/2019	20.00				
Last Name		Fi	rst				MI	
Sangiovanni		P	'aul					
Residential Street Address	(City			State	Zip (Code	
48 Hansen Farm Rd		Nort	h Haven		CT	06	473	
Principal Occupation			Name of Employer		•	•		
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 t es contributor or business he/she i lued at more than \$5,000?				y, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ch or	branches th:					
Method of Contribution:	0	٠.	Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order	06/30/2019	30.00				
	SUBT	OTA	L Section B — This	Page 70.00				
	TOTAL	of a	dditional Section B I	Pages 3,975.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 3j of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE O	F REPORT				
Carfora 2019				July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)			Period ONLY ALSECTION A	\$					
B. Itemized Con	ntril	buti	ions from Individ	luals					
Last Name	F	First						MI	
Schumitz	1	Bob)						
Residential Street Address	City					State	Zip (Code	
173 Borrmann Road	East	t Ha	iven			CT	06	512	
Principal Occupation		N	Name of Employer						
Service Manager		F	Roadone Intermod	al					
	in excess of \$400 to a candidate for a chief executive officer of a municipality, or business he/she is associated with have a contract with said municipality han \$5,000? Ores ONo						Amount of Contribu		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Security of government the contract of government the government the government the government the government of government the government of government the government the government the government of government the government of government the government of government the government of government of government the government of gov	nch or	or bra	inches	e contract	No				
Method of Contribution:			Date Received		Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er	06/30/2019	80.00					
Last Name	F	First						MI	
Esposito		And	drew						
Residential Street Address	City					State	Zip	Code	
435 Strong St	Eas	st Ha	aven			CT	06	512	
Principal Occupation		1	Name of Employer				1		
Produce Clerk		- 1	CT Natural Food an	ıd Prodi	uce				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No If yes, indicate which bra of government the contra	nch o	or bra	anches	_	⊙ №				
Method of Contribution:		Ι	Date Received	Aggregate	Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er	06/30/2019	30.00					
Last Name		First						MI	
Paulson		Pat	trick						
Residential Street Address	City					State	Zip	Code	
919 North High St	Eas	st Ha	aven			СТ	06	512	
Principal Occupation	} 	1	Name of Employer						
Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						y, Am 20.		of Contribution	
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor?								
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	l,								
				4.05.00	80.00				
	145	100	Section B — This						
	41 N/40		litional Section B I	A March	3895.00				
TOTAL OF ALL CONTRIBUTIONS FROM			VIDUALS (Sections A nn A of Summary Page						

Section B ADDITIONAL PAGE 3k of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE O	F REPORT			
Carfora 2019			July 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$				
B. Itemized Co.	ntribu	tions from Indivi	duals				
Last Name	First					МІ	
Tarducci	Jol	nn		· 1"	G. 1	Zip Code	
Residential Street Address 25 Batt Lane	City East H	aven			State CT	06513	
Principal Occupation		Name of Employer					
Managment		William Raveis				1	
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?		Amount of Contribution 20.00					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes Is contributor a principal of a second to the s	nch or br	ranches : OExecutive	OLegis	lative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	/ Order	Date Received 06/30/2019	Aggregate 20.00	Contributions			
Last Name	Firs					MI	
Abbott		nda 					
Residential Street Address	City East H	laven			State CT	Zip Code 06512	
53 Laurel St Principal Occupation	Lasti	Name of Employer				00312	
Retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	oranches n: Executive	O Legi	slative O No			
Method of Contribution:		Date Received		: Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money		06/30/2019	15.00			MI	
Last Name Harding	Firs	ımes				IVII	
Residential Street Address	City				State	Zip Code	
84 Catherine st	1 '	Haven			CT	06512	
Principal Occupation	1	Name of Employer					
Self Employed							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cance is assoc	didate for a chief executive iated with have a contract Yes No	e officer of with said	of a municipality municipality	, Am	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes Is contributor a principal of a If yes, indicate which brateful of government the contra	ınch or b	ranches n: Executive	O Legi	⊚ No slative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 06/30/2019	Aggregate 20.00	e Contributions			
SUB	тота	L Section B — This	Page	55.00			
TOTA	L of ad	lditional Section B	Pages	3,840.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDI 13, Colu	VIDUALS (Sections . umn A of Summary Page	A + B) Totals)				

Section B ADDITIONAL PAGE 31 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Carfora 2019			July 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$				
				nerodnosti destant			
B. Itemized Cor		tions from Indivi	luals				
Last Name Domoldi	First Ma				MI		
Renaldi		H [G		State	Zip Code		
Residential Street Address 85 Richard Dr	City Hamd	en		CT	06514		
Principal Occupation	<u> </u>	Name of Employer		L			
* · · · · · · · · · · · · · · · · · · ·							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Ves does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associ	/, Am o	ount of Contribution				
	principal of a state contractor or prospective state contractor? Yes Attended to the contract of the contract of the contract of the contract is with: Observed to the contract is with:						
Method of Contribution:		Date Received					
● Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	06/30/2019	60.00				
Last Name	First				MI		
Porzycki	Al						
Residential Street Address	City			State	Zip Code		
106 Borrezili Rd	East H	laven		СТ	06512		
Principal Occupation		Name of Employer					
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?				y, Ame	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019 Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ranches	te contractor? Yes				
Method of Contribution:			Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/30/2019	30.00				
Last Name	Firs				MI		
Penn	Fr	ancesca					
Residential Street Address	City	I		State	Zip Code		
60 Coleman St	East H			CT	06512		
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?				y, Am 50.	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	al of a state contractor or prospective state contractor? OYes ONo						
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	06/30/2019	50.00				
SUB	TOTA	L Section B — This	Page 140.00				
TOTA)	L of ad	ditional Section B	Pages 3,700.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections . umn A of Summary Page					

Section B ADDITIONAL PAGE 3m of 17

NAME OF COMMITTEE (Provide Complete Name as I			TYPE OF REPORT					
Carfora 2019				July 10 Filing				
A. Total Contributions from Smal (See instructions for definition of Small Contr			is Period ONLY OTAL SECTION A	\$				
	B. Itemized Cor	ıtrib	utions from Indivi	duals				
Last Name		Fi	rst				М	
Luzzi		\ N	/lichael					
Residential Street Address	į	City			State	Zip C	Code	
434 Thompson Ave		East	Haven		CT	065	512	
Principal Occupation			Name of Employer					
Attorney			Law Offices Michae	el J Luzzi				
or dependent child of a lobbyist? ONO doe		n excess of \$400 to a candidate for a chief executive officer of a municipality, or business he/she is associated with have a contract with said municipality an \$5,000? One one of the contract of the contract with said municipality on \$5,000?					f Contribution	
Is this contribution associated with an event reported in Section L1? No No No No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	branches _	e contractor? Yes No Legislative				
Method of Contribution:			Date Received	_				
OCash Personal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	06/30/2019	1000.00				
Last Name	The state of the s		rst				МІ	
Sabetino		E	Ed .					
Residential Street Address		City			State	Zip (Code	
7 Deerfield St		East	Haven	Ct	06	512		
Principal Occupation			Name of Employer		J			
or dependent child of a lobbyist? • No doe	contribution is in excess of \$400 es contributor or business he/she used at more than \$5,000?					Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes	5			
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check Ocredit/Debit Card	OPayroll Deduction OMoney	Order (06/30/2019	40.00				
Last Name			irst				MI	
Zampano			Deborah 		T	T		
Residential Street Address		City	Hayon		State	-	Code 512	
2 Old Town Hwy		Cast	Haven			00	312	
Principal Occupation			Name of Employer					
or dependent child of a lobbyist? ONo do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?				y, A m		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	○ Legislative				
Method of Contribution:			Date Received	Aggregate Contributions				
Cash Personal Check Ocredit/Debit Card	OPayroll Deduction OMoney	y Ordei	06/30/2019	20.00				
	SUB ^r	ГОТА	AL Section B — This	Page 1060.00				
	TOTAL of additional Section B Pages 2,640.00							
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections dumn A of Summary Page					

Section B ADDITIONAL PAGE 3n of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF RE	PORT				
Carfora 2019			July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S		is Period ONLY OTAL SECTION A	\$					
·	ueres con S		Anna and a sale and a s		-2	-0.5 5 7 7 7 5 5 7 7 7		
B. Itemized Cor		utions from Indivi	duals					
Last Name		rst Michelle					МП	
Benivegna		Alcherie			State	Zip C	\oda	
	City Fast	Haven			CT	065	1	
Principal Occupation	LUJI	Name of Employer					, ,	
Finespai Occupation		Tune of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said muni	cipality	Amo	Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Is this contribution a principal of a second with an event reported in Section L1? No Second Pres, indicate which brane of government the contract								
Method of Contribution:		Date Received	ributions	1				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	06/30/2019	20.00					
Last Name	- 1	irst					MI	
Headly	K	Ceith						
	City	• •		State	Zip C	1		
84 Landing Place	East	Haven			СТ	06	512	
Principal Occupation		Name of Employer						
Laborer	·	Sims Metal						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution 20.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No If yes, indicate which bra of government the contra	ınch or	branches	te contractor? Legislativ	PYes No				
Method of Contribution:			Aggregate Cont					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	06/30/2019	20.00					
Last Name		irst					МІ	
Rossi	(Carolyn						
Residential Street Address	City	<i>r</i>			State	_	Code	
4 Howard Ave	Brar	nford			СТ	06	405	
Principal Occupation		Name of Employer	_65_1					
Teacher		East haven board						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	ndidate for a chief executive ociated with have a contractory Yes No	ve officer of a n t with said mun	nunicipality iicipality	, Am 30.		f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? C Legislativ	OYes ONo				
Method of Contribution:	Date Received Aggregate Contributions							
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Orde	r 06/30/2019	30.00					
SUB	тот	AL Section B — This	s Page 70.0	00				
		additional Section B		70.00				
TOTAL OF ALL CONTRIBUTIONS FROM	M INI 13, Ca	DIVIDUALS (Sections plumn A of Summary Page	A + B) Totals)					

Section B ADDITIONAL PAGE 30 of 17

NAME OF COMMITTEE (Provide Complete N	ime as i	Registered with Filing Repository)			TYPE OF REPORT				
Carfpra 2019									
A. Total Contributions from (See instructions for definition of Sma				is Period ONLY OTAL SECTION A	\$				
		B. Itemized Cor	ıtrib	utions from Indivi	duals				
Last Name			Fi					МІ	
Carbone			G	Geraldine					
Residential Street Address		1	City	11		State	1 -	Code	
171 Borrman Rd			East	Haven		СТ		512	
Principal Occupation				Name of Employer YNHH					
Analyst		20/00			CC C :::.1:	<u>- </u>		of Contribution	
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist? No	do	contribution is in excess of \$400 tes contributor or business he/she lued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality		30.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	Yes No	Is contributor a principal of a s If yes, indicate which brar of government the contract							
Method of Contribution:				Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debi	Card	OPayroll Deduction OMoney	Order	06/30/2019	30.00				
Last Name			Fi	rst		I		М	
Mucqueen			S	Gusan					
Residential Street Address			City			State	"	Code	
190 Clintonville Rd			Nort	h Haven		CT	06	5473	
Principal Occupation				Name of Employer					
	do va Yes	contribution is in excess of \$400 per contributor or business he/she alued at more than \$5,000? Is contributor a principal of a If yes, indicate which bra	is asso	ciated with have a contract Yes No Ontractor or prospective sta	with said municipality	20	Amount of Contribution 20.00		
event reported in Section L1? If yes, list Event # 06302019A) 110	of government the contra			C Legislative				
Method of Contribution:				Date Received	Aggregate Contributions				
Cash OPersonal Check OCredit/Debi	t Card	Payroll Deduction Money			20.00				
Last Name				irst Alvo				МІ	
Forte				Alva		State	7:-	Code	
Residential Street Address			City	th Haven		CT	T	6470	
128 Blue Hills Rd Principal Occupation			1401	Name of Employer		<u> </u>		3170	
rancipal Occupation				This of Billipso, or					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	de	Contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?	to a ca	andidate for a chief execution ociated with have a contract Yes No	ve officer of a municipal t with said municipality		mount	of Contributio	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	Yes No		ınch or	branches ith: C Executive	• O Legislative				
Method of Contribution: Cash Personal Check Credit/Deb	it Card	OPayroll Deduction OMoney	y Orde	Date Received r 06/30/2019	Aggregate Contributions 30.00				
Cash Oresonal Check Ocient/Deb	oaid Milit		, is the co				······································		
			. 11	AL Section B — Thi	7 7 7 6 V				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		additional Section B	Martin 1				
TOTAL O	F ALI	L CONTRIBUTIONS FROM Enter total on Line		DIVIDUALS (Sections olumn A of Summary Paga					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF	REPORT				
Carfora 2019			July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$					
	Dan Hajirin da		ta Thiggs and the design of					
		utions from Indivi	duals				Lag	
Last Name		_{rst} Ioreen					MI	
Clough	i` City	ioreer:			State	Zip (Tode.	
Residential Street Address 32 Chidsey Ave	•	Haven		1	CT	06!		
Principal Occupation		Name of Employer				<u> </u>		
r menpai Occupation		R.C Bigelow Inc						
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes					Amount of Contribut		
event reported in Section L1? If yes, list Event # 06302019A No If yes, list Event # 06302019A	ich or	branches	OLegis	No				
Method of Contribution:		Date Received	Aggregate	Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	06/30/2019	30.00					
Last Name	Fi	rst	**				MI	
Marcati	F	Paul						
Residential Street Address	City				State	1 -	Code	
39 Charnes Dr	East	Haven			СТ	06	512	
Principal Occupation	_	Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves No does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a	is asso	ociated with have a contract Yes No Ontractor or prospective sta	with said	municipality tor? OYes	40.0		f Contribution	
event reported in Section L1? No If yes, indicate which bra If yes, list Event # 06302019A of government the contra			C Legi	No slative				
Method of Contribution:	- 20 71	Date Received			1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	06/30/2019	40.00					
Last Name	F	irst					MI	
Stacey		John						
Residential Street Address	City		•		State	1 -	Code	
82 Forbes Place	East	t Haven			СТ	06	5512	
Principal Occupation Retired		Name of Employer				_		
	to a co	andidate for a chief executiv	ve officer	of a municipality	Am	niint 4	of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is ass	ociated with have a contrac O Yes •• No	t with said	municipality	30.0		. Communion	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch oı	r branches ith:	CLegi	⊚ No slative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMone	y Orde	Date Received r 06/30/2019	Aggregati 30.00	e Contributions				
	121434	AL Section B — Thi	s Page	100.00				
TOTA	L of a	additional Section B	Pages	2,390.00				
TOTAL OF ALL CONTRIBUTIONS FRO	M INI 13. C	DIVIDUALS (Sections olumn A of Summary Page	A + B) Totals)					

Section B ADDITIONAL PAGE 3q of 17

NAME OF COMMITTEE (Provide Complete Name as Registered	d with Filing Repository)			TYPE OF REPORT				
Carfora 2019				July 10 Filing			•	
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$				
	B. Itemized Con	tribu	itions from Indivi	duals				
Last Name		Firs	t				MI	
Glassman		Ki	mberly				Α	
Residential Street Address		ity			State	Zip C		
55 Sharon Dr.	[East F	laven		СТ	065	12	
Principal Occupation			Name of Employer					
Director			Foundation for fair					
or dependent child of a lobbyist? No does contri valued at n	does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					Amount of Contribution 50.00		
event reported in Section L1? No If	vent reported in Section L1? No If yes, indicate which branch or branches							
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayro	oll Deduction OMoney	Order	06/30/2019	50.00				
Last Name		Fir	s t				MI	
Albis		Ja	imes					
Residential Street Address		lity			State	Zip C		
55 Sharon Dr		East l	Haven		СТ	065	512	
Principal Occupation			Name of Employer					
Senior Advisor			State of CT					
or dependent child of a lobbyist? No does contri	tion is in excess of \$400 to ibutor or business he/she is more than \$5,000?				7, A mo		Contribution	
event reported in Section L1? No I	ontributor a principal of a s fyes, indicate which bran of government the contrac	ch or	branches	tte contractor? Yes No Legislative				
Method of Contribution:				Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayr	roll Deduction Money	Order	06/30/2019	50.00				
Last Name		Fir	st				MI	
Deko		J	oseph					
Residential Street Address	1	City			State	1 1	Code	
147 Salerno Dr		East	Haven		СТ	06	512	
Principal Occupation			Name of Employer					
Fire Fighter			Town of Guilford					
or dependent child of a lobbyist? No does contr	ution is in excess of \$400 tributor or business he/she more than \$5,000?	o a car is asso	ndidate for a chief executive ciated with have a contrace Yes O No	ve officer of a municipalit t with said municipality	y, Am 50.		f Contribution	
event reported in Section L1? O No I	ontributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	tte contractor?				
Method of Contribution:	_		Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card OPay	roll Deduction OMoney	Order	06/30/2019	100.00				
	SUBT	OTA	AL Section B — Thi	s Page 150.00				
			dditional Section B					
TOTAL OF ALL CON	TRIBUTIONS FROM (Enter total on Line I	I IND	IVIDUALS (Sections lumn A of Summary Page	A + B) c Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(יאי		TYPE OF REPORT					
Carfora 2019								
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$					
B. Itemized	Contri	butions from Indivi	duals					
Last Name		First			MI			
Cesare		Marianne						
Residential Street Address	City			State	Zip Code			
8 Felicia Dr	Eas	t Haven		СТ	06513			
Principal Occupation		Name of Employer						
ParaProfessional		EH Board of Ed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business he valued at more than \$5,000?	\$400 to a c e/she is ass	\$400 to a candidate for a chief executive officer of a municipality, e/she is associated with have a contract with said municipality OYes No 150						
event reported in Section L1? No If yes, indicate which	h branch o		e contractor? Yes No Legislative	3				
If yes, list Event # 06302019A of government the co		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Ord	er 06/30/2019						
Last Name		First			MI			
Maisano		Christine						
Residential Street Address	City			State	Zip Code			
28 Renshaw Dr	Eas	st Haven	CT	06512				
Principal Occupation	I	Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	\$400 to a one/she is as	candidate for a chief executive sociated with have a contract Yes O No	e officer of a municipali with said municipality		ount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes Is contributor a principal If yes, indicate which of government the contributor approach is contributor approach in the contributor approach is contributor.	ch branch		tte contractor? Ye	s o				
Method of Contribution:		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction Ov	Money Ord	ler 06/30/2019	500.00					
Last Name		First			MI			
Pacelli		Lou						
Residential Street Address	City			State	Zip Code			
845 Foxon Rd	Ea	st Haven		CT	06513			
Principal Occupation		Name of Employer		_				
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or does contributor or business by valued at more than \$5,000?	\$400 to a he/she is as	candidate for a chief executi ssociated with have a contrac O Yes O No	ve officer of a municipal t with said municipality		nount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No If yes, indicate whice of government the contribution of government the contribution associated with an event reported in Section L1?	ch branch		ate contractor? OYe					
Method of Contribution:								
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OP	Money Ord	der 06/30/2019	20.00					
	SUBTO	TAL Section B — Thi	s Page 670.00					
TO	OTAL of	f additional Section B	Pages 1,570.00					
TOTAL OF ALL CONTRIBUTIONS F (Enter total on	FROM II Line 13,	NDIVIDUALS (Sections Column A of Summary Pag	A + B) e Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Carfora 2019			July 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed th	is Period ONLY OTAL SECTION A	\$				
B. Itemized Co.	ntrib	utions from Individ	duals				
Last Name	1 1	irst				MI	
Marcus	E	Ed					
Residential Direct Nacion	City	_		State	1 -	Code	
100 Stoney Creek Rd	Bran	nford		СТ	06	405	
Principal Occupation		Name of Employer					
Retired							
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	00 to a candidate for a chief executive officer of a municipality he is associated with have a contract with said municipality OYes No				Amount of Contrib 500.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes Is contributor a principal of a If yes, indicate which brate of government the contraction.	nch or	branches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	orđei	06/30/2019	500.00				
Last Name		irst	1			МІ	
Vitale	-	Terri					
Residential Street Address	City			State	Zip	Code	
23 Hilltop Rd	East	t Haven		СТ	06	5513	
Principal Occupation	<u> </u>	Name of Employer		·	l		
•							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes O No	e officer of a municipali with said municipality		nount (of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes No If yes, indicate which branch of government the contributor a principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which branch of government the contributor as principal of a liftyes, indicate which because the liftyes of government the liftyes of gov	anch o	r branches	C Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	r 06/30/2019	50.00				
Last Name		First				MI	
Horton		Sherry			1		
Residential Street Address	City	A.1.1		State		Code	
6 Cutters Lookout	Las	t Haven		CT	U	6513	
Principal Occupation		Name of Employer All American LLC					
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?) to a c e is ass	andidate for a chief executi	ve officer of a municipal t with said municipality		mount 00.00	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A Yes Is contributor a principal of a If yes, indicate which broof government the contributor.	anch o	or branches with: C Executive	Legislative ON	es o			
Method of Contribution:		Date Received	Aggregate Contributions 500.00				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone							
SUB	тот	AL Section B — Thi	s Page 1050.00			± 7.700	
TOTA	L of	additional Section B	Pages 520.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M IN e 13, C	DIVIDUALS (Sections Column A of Summary Page	A + B) e Totals)		_		

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE O	FREPORT			
Carfora 2019				July 10 Filing				
A. Total Contributions from Sn (See instructions for definition of Small C	nall Contributors-Receive Contributor) S	ed thi UBTO	s Period ONLY OTAL SECTION A	\$				
	B. Itemized Con	itribu	itions from Indivi	duals				
Last Name		Firs	st					MI
Carfora Jr		Jo	oe			*******	·	
Residential Street Address		City				State	Zip (
8 Jeffrey Rd		East F	-laven			СТ	06	513
Principal Occupation			Name of Employer					
Driver								
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract OYes ONo	7, Am	f Contribution			
** **** **** **** **** **** **** **** ****	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	ich or b	oranches	e contract OLegis	⊙ No			
Method of Contribution:			Date Received	Aggregate	Contributions			
●Cash ●Personal Check ●Credit/Debit Co	ard OPayroll Deduction OMoney	Order	06/30/2019	50.00				
Last Name		Fir	st					МІ
Gaudioso		T	homas					
Residential Street Address		City				State		Code
46 Youngs Apple Orchard Rd		Nortl	hford			CT	06	472
Principal Occupation			Name of Employer					
Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	e officer of with said	of a municipality municipality	y, A m		f Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	inch or	branches	_	⊙ No			
Method of Contribution:			Date Received	Aggregat	e Contributions			
Ocash OPersonal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	y Order	06/30/2019	20.00	1			
Last Name		Fi	irst					MI
Barrett		V	Vlichael					
Residential Street Address		City				State		Code
30 Silver Sands Rd		East	Haven			CT	06	5512
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a ca e is asso	indidate for a chief executioniated with have a contract Yes No	ve officer t with said	of a municipalid I municipality		nount	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06302019A	No If yes, indicate which bra	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution:		0 1	Date Received 06/30/2019	Aggrega 50.00	te Contributions			
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMone	y Order	r 00/30/2019	30.00				
	SUB	TOTA	AL Section B — Thi	s Page	120.00			
			ndditional Section B		400.00			
TOTAL OF	ALL CONTRIBUTIONS FRO Enter total on Line	M INI 2 13, Co	DIVIDUALS (Sections Jumn A of Summary Pag	A + B) e Totals)				

NAME OF COMMITTEE (Provide Complete Name as Re		TYPE OF REPORT	TYPE OF REPORT						
Carfora 2019			July 10 Filing	July 10 Filing					
A. Total Contributions from Small (See instructions for definition of Small Contrib		this Period ONL BTOTAL SECTION	Y						
	B. Itemized Cont	ributions from Inc	dividuals						
Last Name		First			MI				
Cooke		Wayne		C4.44	Zip Code				
Residential Street Address	Cit R	y ranford		State CT	06405				
612 East Main st	D	Name of Employer] ,					
Principal Occupation Self Employed		-							
or dependent child of a lobbyist? • No does	ontribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	associated with have a co	ntract with said municipality No	100.0	unt of Contribution 00				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branch of government the contract i	h or branches							
Method of Contribution:	A MANAGEMENT AND A MANA	Date Received	Aggregate Contributions						
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney C	order 06/06/2019	100.00						
Last Name		First			MI				
Nastri		Dennis		Ctata	Zip Code				
Residential Street Address	Ci	ty East Haven		State CT	06512				
136 Huges St		Name of Employer		1 ,					
Principal Occupation		Chiropractor							
Nastri Chiropractor Is contributor a lobbyist, spouse, Yes If co	ontribution is in excess of \$400 to	· · · · · · · · · · · · · · · · · · ·	ecutive officer of a municipalit	ty, Amo	unt of Contribution				
or dependent child of a lobbyist? • No does	s contributor or business he/she is ned at more than \$5,000?	associated with have a co	ontract with said municipality No	100	.00				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or branches is with: Exe	cutive () Legislative						
Method of Contribution:		Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money (100.00		Liv				
Last Name		First			MI				
Pompano sr	I	Raymond		State	Zip Code				
Residential Street Address	l	Sity East Haven		CT	06512				
105 Sorrento ave		Name of Employer	Man		<u> </u>				
Principal Occupation Retired									
or dependent child of a lobbyist? • No doe	contribution is in excess of \$400 to es contributor or business he/she i ued at more than \$5,000?	s associated with have a c	xecutive officer of a municipal ontract with said municipality No	ity, Ame 50.0	ount of Contributio				
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a surfyes, indicate which bran of government the contract	ch or branches is with: OExe	ecutive O Legislative						
Method of Contribution:	0	Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card		ggreen two and the following to the first	70.00						
		OTAL Section B —	1 1 1 1 1 1 1 1 1 1 1 1	.,,,,,,	. Delin				
	TOTAL	of additional Secti	on B Pages 150.00						
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1)	I INDIVIDUALS (Sec 3, Column A of Summar	etions A + B) y Page Totals)						

NAME OF COMMITTEE (Provide Complete Nan	me as Registered with Filing Reposito	יניי)		TYPE OF REPORT			
Carfora 2019				July 10 Filing			
A. Total Contributions from S (See instructions for definition of Small	Small Contributors-Red (Contributor)	ceived th SUBTO	is Period ONLY OTAL SECTION A	\$			
	B. Itemized	Contrib	utions from Indivi	duals			
Last Name		Fir					MI
Narracci		S	teven				
Residential Street Address		City			State CT	Zip C	
247 Bayard Ave		Nort	h Haven		73		
Principal Occupation			Name of Employer				
Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of does contributor or business h valued at more than \$5,000?	ne/she is asso	ciated with have a contract OYes ONo	with said municipality	y, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	orted in Section L1? No If yes, indicate which branch or branches						
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction ON	vIoney Order	05/29/2019	100.00			
Last Name			irst	1			MI
Esposito		F	Richard				
Residential Street Address		City			State	Zip (
56 Morgan ave		East	Haven		512		
Principal Occupation			Name of Employer				
Financial Advisor			MW financial				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of does contributor or business I valued at more than \$5,000?	\$400 to a ca he/she is asso	indidate for a chief executive ciated with have a contract Yes No	ve officer of a municipalit t with said municipality	y, A m 50.		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ch branch oi	contractor or prospective start branches with:	ate contractor? Ye	s >		
Method of Contribution:			Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit	Card Payroll Deduction	Money Order	r 04/24/2019	50.00			
Last Name		F	First				MI
		low			State	Zin	Code
Residential Street Address		City			Build		
Principal Occupation	Address, Add	E	Name of Employer			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess o does contributor or business valued at more than \$5,000?	he/she is ass	andidate for a chief execution contract of the	ct with said municipality	ity, An	nount c	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a princip If yes, indicate whi of government the	ich branch o		ate contractor? Ye ON Aggregate Contributions			
Method of Contribution: Cash Personal Check Ocredit/Debit	t Card OPavroll Deduction O	Money Orde	1	- 1861 4 DAMI OUR HOUSE			
Cash Personal Check Octedio Deor		ger a Artista	er i de en egyptek kennen falle	150.00			
		SUBTOT	AL Section B — Thi	is Page 150.00		wn.	
	T	OTAL of	additional Section B	Pages			
TOTAL OI	F ALL CONTRIBUTIONS (Enter total o	FROM IN n Line 13, C	DIVIDUALS (Sections olumn A of Summary Pag	(A + B) te Totals)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMM	HTTEE (Provide Comple	ete Name as Registered w	vith Filing Reposi	tory)		TYPE OF REPORT	
		Ci. C	Contributio	ns from C	and the control of the control of the		
Name of Committee					Name of T	reasurer	
Address				Is this cont	ted in Section	ciated with an Yes No n L1? es, list Event #	Amount of Contribution
City		State	Zip Code	Date Rec		Aggregate Contributions	
lame of Committee				<u> </u>	Name of T	reasurer	
Address				Is this contevent repo	rted in Sectio	es, list Event #	Amount of Contribution
City		State	Zip Code	Date Re	ceived	Aggregate Contributions	
Name of Committee					Name of T	Treasurer	
Address				Is this con event repo	Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #		Amount of Contribution
City		State	Zip Code	Date Re		Aggregate Contributions	
Name of Committee	C2.]	Reimbursemen	its or Surp	lus Distril	Name of	om other Committees Treasurer	State Zip Code
Idatoss							
Date Received	Expenditure # (If applicable)	Payment Type OReimburser	nent for shared	expense C	Surplus Dist	ribution	Amount of Receipt
Description							
Name of Committee					Name of	Treasurer	
Address				City		11-11-11-11-11-11-11-11-11-11-11-11-11-	State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	sement for share	ed expense	Surplus D	sistribution	Amount of Receipt
Description				-			
			SUBT	OTAL Sect	ion C — ′	This Page	1
				of additio		A242, 43 (44) To 4242 (4)	
		F ALL COMMIT ns C1 + C2) (Enter					

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Reposito	17)		ТҮРЕС	DF REPORT	
Name of Lender	D. Loans 1	Appropriate and the second	d this Period			Date of Receipt
			OBank O Cano	lidate 🔘 Individ	ual Other Committee	-
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)				· · · · · · · · · · · · · · · · · · ·	1	Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: OBank O Cand	didate () Individ	lual Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				•		Amount Received
Street Address	City			State	Zip Code	-
Name of Lender			Source of Loan: OBank Can	didate () Individ	dual Other Committee	Date of Receipt
Street Address	City	······································		State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)				•		Amount Received
Street Address	City			State	Zip Code	-
			TOTAL SECT	ION D		
E. Receipts from Ent	ities other than Indiv	iduals o	or Other Com	mittees <i>(Refe</i>	rendum Committ	ees ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Co	ntributions	
Name of Entity		l				
Street Address			<u> </u>	Date Received		Amount Received
City		State	Zîp Code	Aggregate Co	ntributions	
Name of Entity		<u> </u>				
Street Address				Date Received	1	Amount Received
City		State	Zip Code	Aggregate Co	ntributions	•••
		1	TOTAL SEC	TION E		

I. MONETARY RECEIPTS (Sections A-K)

	. Amount Transferred fr			
e of Receipt	Is this transaction associated event reported in Section L		list Event #	Amount
te of Receipt	Is this transaction associate event reported in Section L	od with an Yes If yes,	, list Event #	Amount
te of Receipt	Is this transaction associate event reported in Section L		, list Event#	Amount
te of Receipt	Is this transaction associate event reported in Section L		, list Event#	Amount
			TOTAL SECTION F	
G. Amount I	Transferred from Affiliate	d Labor Union or Oth		easury (Organization Committees
ate of Receipt	D	ate of Receipt	Da	te of Receipt
1200	Amount	Amount		Amount
	Amount			Amount
	Amount		OTAL SECTION G	Amount
	Amount			Amount
	Amount H. Personal Funds of the	Т	OTAL SECTION G	ate Committees ONLY)
ate of Receipt	H. Personal Funds of the Method of payment:	T he Candidate Received	OTAL SECTION G I this Period (Candida	ate Committees ONLY) Amount
ate of Receipt	H. Personal Funds of the Method of payment:	Т	OTAL SECTION G	ate Committees ONLY) Amount
•	H. Personal Funds of the Method of payment: Cash Method of payment:	he Candidate Received O Personal Check	OTAL SECTION G I this Period (Candidate) O Credit/Debit Card	ate Committees ONLY) Amount Amount
•	H. Personal Funds of the Method of payment:	T he Candidate Received	OTAL SECTION G I this Period (Candida	ate Committees ONLY) Amount Amount
ate of Receipt	H. Personal Funds of the Method of payment: Cash Method of payment:	he Candidate Received O Personal Check	OTAL SECTION G I this Period (Candidate) O Credit/Debit Card	ate Committees ONLY) Amount Amount
ate of Receipt ate of Receipt	H. Personal Funds of the Method of payment: Cash Method of payment: Cash	he Candidate Received O Personal Check	OTAL SECTION G I this Period (Candidate) O Credit/Debit Card	Amount Amount Amount
ate of Receipt ate of Receipt	H. Personal Funds of the Method of payment: Cash Method of payment: Cash Method of payment:	he Candidate Received Personal Check Personal Check	OTAL SECTION G d this Period (Candida Control Candida Control Candida	Amount Amount Amount
ate of Receipt	H. Personal Funds of the Method of payment: Cash Method of payment: Cash Method of payment: Cash Method of payment:	he Candidate Received Personal Check Personal Check	OTAL SECTION G d this Period (Candida Control Candida Control Candida	Amount Amount Amount Amount

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete i	Name as Registered with Filing Repository)	TYPI	E OF REI	PORT	
	J. Interest from Deposits in Autho	orized Accounts			
Name of Institution			Received		Amount
Street Address	City	State	Zip	Code	
		Date	Received		Amount
Name of Institution					1 MANUTAL CONTRACTOR OF THE PARTY OF THE PAR
Street Address	City	State	Zip	Code	
	TO	TAL SECTION J		<u> </u>	
K. M	liscellaneous Monetary Receipts not C	Considered Contri	bution	S	
Name			Date of T	ransaction	Amount Received
Street Address	City	Sta	te	Zip Code	
Description					
			Date of T	ransaction	
Name			Date of 1	lansaction	Amount Received
Street Address	City	Sta	ite	Zip Code	
Description	<u> </u>				
Name			Date of T	ransaction	Amount Received
Street Address	City	Sta	ite	Zip Code	
Description					
Name			Date of 1	Transaction	Amount Received
Street Address	City	St	ate	Zip Code	
Description					
•					
	TOTA	L SECTION K			
SUMMA	ARY OF OTHER MONETARY REC	EIPTS (Sections I	throu	ıgh K)	
Total Loans Received this Period (Se	ection D)				
Total Receipts from Entities other tha	an Individuals or Other Committees (Section	E) +			
Total Amount Transferred from Affi	liated Business Treasury (Section F)	+			
Total Amount Transferred from Affi	liated Labor Union or Other Organization Tr	easury (Section G) +			
Total Amount of Personal Funds of t	he Candidate Received this Period (Section H	D) +			
Total Amount of Interest from Depos	sits in Authorized Accounts (Section J)	4	-		
Total Miscellaneous Monetary Recei	pts not Considered Contributions (Section K)		-		
(4.3	Total of O d Sections D through K) (Enter total on Line 15, 0	ther Monetary Re			

Revised January 2015	E (
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		July 10 Filing		
Carfora 2019	t Information	July 10 Filling		
	t imormanon			
Event # Date of Event			Vas this a fu Yes	ndraising event? No
Location: Street Address	City		State	Zip Code
91 Taylor ave	East Haven		СТ	06512
Subpart 1: (All Committees) Was this event hosted at a personal residence?		In-Kind Donations not se Party and complete a (s) for food, beverage an	required info	rmation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		t Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Rec	eipts here.)		
with purchases from an individual of up to \$100?	⊙ No	 →	\$	
		Committees		
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section L.	3 Purchases of Advertis blete required informati		a Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Rec	eipts here.) ——→ [\$	
Event # Description			Was this a f	undraising event?
Date of Event Letter			OYes	
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?	Yes (If yes, go to Section L Associated with a Ho purchases made by hos	5 In-Kind Donations no use Party and complete tt(s) for food, beverage an	required inf	ormation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required No		ot Considere	d Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (<i>If yes</i> , enter Total Re No	ceipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Yes (If yes, go to Section I	Committees) 3 Purchases of Advertic plete required information		a Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Red	ceipts here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	from Sale of Donated Items —	This Page		
SUBTOTAL Sec	ction L1—Subpart 3 <i>(Town Comm</i> ceipts from Food Purchases —	ittees ONLY)		
	TOTAL of additional Section	n L1 Pages		
TOTAL OF ALL REC	EIPTS FROM SMALL PU on Line 16a, Column A of Summa	RCHASES y Page Totals)		

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

NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	חי)	TYPE OF REPO	RT		
	L3. Purchase	s of Advertisir	ig in a Progra	am Book or on a Sign	. ·	a Mad- D-	
Name of Purchaser						e Made By: siness Entity	Other
					1 -	siness Entity lividual/Sole Pi	_
Ctt Add			City			State State	Zip Code
Street Address			City			State	Zip Couc
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purchas	se Made By:	
					OBu	siness Entity	Other
					One	lividual/Sole P	roprietorship
Street Address			City	· · · · · · · · · · · · · · · · · · ·	1	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
THAIRING OF LANCHASEL					l _	isiness Entity	Other
					1 =	dividual/Sole P	-
Street Address			City			State	Zip Code
*							
		T			- 1	1 60	P
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					OB	usiness Entity	Other
					Oln	diviđual/Sole P	roprietorship
Street Address			City			State	Zip Code
D. D. L. I	Front #	Aggregate Purchases	e for All Events	Amount of Program Ad Purch	1256	Amount of Si	an Purchase
Date Received	Event #	rappregate ruicitases	, vot viii mieniio	Amount of Linking var and		TYMOUNE OF DI	P-r - at chase
		<u> </u>					
Name of Purchaser						ise Made By:	_
					1 =	usiness Entity	Other
			1		Oh	dividual/Sole F	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purcl	nase	Amount of Si	gn Purchase
	SUBTOTAL Section L3 T	otal Purchases o	f Advertising in	Program Book — This Page			
	SUBTOTAL Sect	ion L3 Total Pur	chases of Adver	tising on a Sign — This Page			
			TOTAL of	f additional Section L3 Pages			
тота	L OF ALL PURCHASES (OF ADVERTISE	NG IN A PROG	RAM BOOK or ON A SIGN in A of Summary Page Totals)			
		(AZINEOZ FORME OZI	100, COM	7 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

				D CONTRIBUTIONS	,	
				tion L4 — This Page onal Section L4 Pages		
O Individual O Sole Proprietorship	Date Received	Event#		Aggregate value for this Event	:	
onation Given By: Business Entity	Description of Donation				Fair Marke	t Value of Donation
reet Address			City		State	Zip Code
ame of Donor						
) Individual) Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event		
onation Given By: Business Entity	Description of Donation				Fair Market	Value of Donation
reet Address		A Maria Mariana	City		State	Zip Code
nme of Donor						
) Individual) Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event		
onation Given By: Business Entity	Description of Donation				Fair Market	Value of Donation
cet Address			City		State	Zip Code
me of Donor						
) Individual) Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event		
nation Given By:) Business Entity	Description of Donation				Fair Market	Value of Donation
eet Address			City		State	Zip Code
me of Donor						la: c
	L4	. In-Kind Donatio	ons Not Consi	dered Contributions		

**************************************	tered with Filing Repos	110737		TYPE OF REI	OKI	
L5. In-Kind Donations	Not Consider	ed Contributions Asso		***************************************		
Name of Host			Is this event s committee? (0	
Street Address		City	I		State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
event # Aggregate Value of this Eve	ent—all hosts	Aggregate Value of all Events-	this host/candidate			
Name of Host	···		Is this event s	supporting me	ore than o	ne candidate c
			committee?			
			If yes, co	mplete Itemiza	,	
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	ket Value	of Donation
1						
Event # Aggregate Value of this Ev	ont all hosts	Aggregate Value of all Events-	this host/randidate			
Event # Aggregate Value of this Ev	em—m nosis	Aggregate value of thi bronts	DIS HOLVERIAL			
			1			
Name of Host			Is this event committee?	supporting m	ore than c	ne candidate o
			E .	omplete Itemiz		dendum L5
0		City	17 763, 00	лирисс холиг	State	Zip Code
Street Address		City				
Description of Donation				Fair Ma	rket Value	of Donation
Event # Aggregate Value of this Ev	ent—all hosts	Aggregate Value of all Events-	-this host/candidate			
Name of Host			Is this event	supporting m	ore than o	one candidate
			committee?	_		
			If yes, co	omplete Itemiz		
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event # Aggregate Value of this Ev	vent—all basts	Aggregate Value of all Events-	-this host/candidate	-		
Event # Aggregate value of this Ev	YOR AII NOSIS	7.66.06mt value 01 m2 2700m				
		SUBTOTAL Section L	5 — This Page			
		FOTAL of additional Se	ction L5 Pages			
TOTAL OF ALL IN-KIND D	ONATIONS NO	OT CONSIDERED CON	TRIBUTIONS			
ASSOCIATED WITH A HOUSE PARTY	(Enter total on	Line 22, Column A of Sum	mary Page Totals)			
						

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	wame as Reg	zisierea wiin I	uing Repository					ORT			
			M. In-Kind Co	ntr	ibutions						
fame											
treet Address				Ci	ty				State	Zip Code	
O C :::	Date Recei	irad	Aggregate Contributions		Description of In-Kind	Contribution	n				
Type of contributor: Committee Individual / Sole Proprietorship Oother	Date Recei	vou	riggioguic Commoditions		Besetipsion of the same		•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	bution is in on the contributor or the contributor	excess of \$400 to a can cousiness he/she is assoc	didat iated	e for a chief executive with have a contract w Yes No	officer of a	munici ınicipal	pality, ity		Fair Market Value	
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yanted a	×									
lame									Laur	Tz:- 0-1-	
treet Address				C	ity				State	Zip Code	
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Rece	ived	Aggregate Contributions		Description of In-Kind	Contributio	'n				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,							Fair Market Value of this Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	Is contribu	ator a principal of a state indicate which branch firmment the contract is v	or b	tractor or prospective s	_		8Yes No			
Name		,									
Street Address				C	lity			·	State	Zip Code	
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Rece	ived	Aggregate Contributions		Description of In-Kine	l Contributio	on				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	does c	tribution is in contributor or l at more tha	n excess of \$400 to a car business he/she is asson \$5,000?	ndid	ate for a chief executived with have a contract	e officer of with said r	a muni nunicip	cipality, ality	i	Market Value is Contributio	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	<u> </u>	Is contribu	ntor a principal of a state indicate which branch contract is	or b	ranches _			SYes No			
			SUBTOTA	L S	ection M — This P	age					
			TOTAL of a	ddit	ional Section M Pa	ges					
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (Enter total on Line 23, C	olun	ın A of Summary Page	Totals)					
	30,20,200		dable Deposit to								
Last Name of Individual	1.	(i illum	First					MI	Date Depo	sit Made	
Residential Street Address	***************************************	<u></u>	City			State	Zip (Code		Amount of Deposit	
Name of Telephone Company	***************************************						<u> </u>				
Street Address			City			State	Zip	Code			

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

evised January 2015 NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Carfora 2019			July 10 Filing	
	P. Expenses	s Paid by Committee	The state of the s	
Name of Payee Anedot.com			Date of Payment 06/30/2019	Method of Payment: Check # Debit Card DEFT
Street Address		City	-	State Zip Code
120 Mckinney ave	e	Dallas		TX 75201
Purpose of Expenditure (by code) BNK	Description Online donations fees through Anedot.com		Event #	Amount 46.13
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ure) 🕜 Indepe	endent zationOAOBOCOD	
Name of Payee			Date of Payment	Method of Payment: Check #
Key Bank			06/28/2019	O Debit Card
Street Address		City		State Zip Code
245 Main St		East Haven		CT 06512
Purpose of Expenditure (by code) BNK	Description Bank servicing fees for the period		Event #	Amount 24.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ure) 🔘 Indepe		
Name of Payee			Date of Payment	Method of Payment:
Stop and Shop			06/30/2019	Check # Debit Card
Street Address		City		State Zip Code
370 Hemingway	ave	east haven		CT 06512
Purpose of Expenditure (by code) FNDR	Milk, Cream, Ice for meet and greet		Event # 06302019A	Amount 45.18
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required O None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	fiture)		D
Name of Payee			Date of Payment	Method of Payment:
Stop and Shop			06/30/2019	Check # Debit Card DEFT
Street Address		City		State Zip Code
370 Hemingway	ave	east haven		ct 06512
Purpose of Expenditure (by code) FNDR	Paper goods, Ice, items for meet and greet.		06302019A	Amount 29.94
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend	liture) 🔘 Indep	'is checked) pendent pization A B OC O	D
		SUBTOTAL Section F	This Page 145.25	
		FOTAL of additional Sc	ction P Pages 490.76	
17.7	TOTAL OF ALL EX	PENSES PAID BY Co		

Section P. ADDITIONAL PAGE 13a of 17

IAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT	1		
Carfora 2019			July 10 Filing			
	P. Expenses	Paid by Committ	ee ·			
Name of Payee Dollar Tree			Date of Payment 06/30/2019	Method of Payment: O Check # O Debit Card OEFT		
Street Address		City		State Zip Code		
120 Universal dr		north haven		ct 06473		
urpose of Expenditure by code) FNDR	Description Trays and misc. items for meet and greet		Event # 06302019A	Amount 27,65		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	committee) ure)	" is checked) pendent nization OA OB OC)p		
Name of Payee BJs Whole Sale Cl	ub		Date of Payment 06/30/2019	Method of Payment: Check # Debit Card DEFT		
Street Address 555 Universal dr.		City North Haven		State Zip Code CT 06473		
Purpose of Expenditure by code) FNDR	FNDR Meats, and all other goods for meet and greet. 06302019A					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	committee) ture)) p		
Name of Payee Street Address		City	Date of Payment	Method of Payment: Check # Debit Card OEF State Zip Code		
	1					
Purpose of Expenditure (by code)	Description		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement)	r committee) diture)	w" is checked) dependent ganization OA OB OC	Ор		
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card El		
		City		State Zip Code		
Street Address						
Purpose of Expenditure (by code)	Description		Event#	Amount		
Purpose of Expenditure	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of	r committee)				

IV. EXPENDITURES (Sections P—T)

Page 14 of 17

NAME OF COMMITT	EE (Provide Complete Name as Register	ed with Filing Repository)	TYPE OF REPORT			
Name of Payee (<i>Name of V</i>	Q_{ullet} endor, Person or Entity who candidate paid	Campaign Expenses Paid by C	Candidate Date of Payment	_	bursement claimed? Yes No	
Street Address		City		State	Zip Code	
Alcot I Address						
Purpose of Expenditure by code)	Description		Event #		Amount	
ame of Payee (Name of Vendor, Person or Entity who candidate paid directly)		id directly)	Date of Payment	Is reimbursement claimed? Yes No		
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of)	Vendor, Person or Entity who candidate pa	id directly)	Date of Payment	1 .	Is reimbursement claimed? Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of	Vendor, Person or Entity who candidate pa	iid directly)	Date of Payment	Is rei	mbursement claimed? Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payec (Name of Vendor, Person or Entity who candidate paid directly)		aid directly)	Date of Payment		Is reimbursement claimed? O Yes O No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #	nt# Amo		
Name of Payee (Name of	1 Vendor, Person or Entity who candidate p	aid directly)	Date of Payment		imbursement claimed? Yes No	
Street Address		City	1	State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #		Amount	
		SUBTOTAL Sect	ion Q — This Page			
		TOTAL of addition	AN AND AND TO SERVICE AND THE REPORT OF THE PROPERTY OF THE PR			
	TO	TAL OF ALL EXPENSES PAID (Enter total on Line 26, Column A of	BY CANDIDATE Summary Page Totals)			

IV. EXPENDITURES (Sections P-T)

Name of Vendor, Person or Entity Street Address Purpose of Expenditure (by code) Expenditure # (if applicable) Type of Expenditure (Coord)	penditure (Itemization in Addend of the below linated with reimbursement sough linated without reimbursement so linated without reimbursement so linated without reimbursement so linated without reimbursement so	ight (joint expenditure) sought (in-kind contribution) City	Master Card Disco	B OC OD	Transaction Zip Code Amount Zip Code Amount
Purpose of Expenditure by code) Expenditure # (If applicable) Name of Vendor, Person or Entity Street Address Purpose of Expenditure (by code) Expenditure # (If applicable) Type of Expenditure (by code) Type of Expenditure # (If applicable) Type of Expenditure # (If applicable)	penditure (Itemization in Addend of the below linated with reimbursement sough linated without reimbursement so linated without reimbursement so linated without reimbursement so linated without reimbursement so	dum R Required unless "Non aght (joint expenditure) sought (in-kind contribution)	ne of the below" is checked) Independent Organization OA	B OC D D	Zip Code Amount Transaction Zip Code
Purpose of Expenditure by code) Expenditure # If applicable) Type of Expenditure Coord Coord Coord Name of Vendor, Person or Entity Street Address Purpose of Expenditure by code) Expenditure # If applicable Type of Expenditure # If applicable Coord Coord Coord Type of Expenditure # If applicable	penditure (Itemization in Addend of the below linated with reimbursement sough linated without reimbursement so linated without reimbursement so linated without reimbursement so linated without reimbursement so	dum R Required unless "Non aght (joint expenditure) sought (in-kind contribution)	ne of the below" is checked) Independent Organization OA	B OC D Date of	Amount Transaction Zip Code
by code) Expenditure # (if applicable) Type of Expenditure None Coord Coord Name of Vendor, Person or Entity Street Address Purpose of Expenditure (by code) Expenditure # (if applicable) Type of Expenditure Coord None Coord None Coord None Coord Type of Expenditure Coord None Coord Non	penditure (Itemization in Addend of the below linated with reimbursement sough linated without reimbursement so linated without reimbursement so linated without reimbursement so linated without reimbursement so	ight (joint expenditure) sought (in-kind contribution) City	ne of the below" is checked) Independent Organization OA	Date of	f Transaction Zip Code
None Coord C	of the below linated with reimbursement soughinated without reimbursement s	ight (joint expenditure) sought (in-kind contribution) City	☐ Independent ☐ Organization:☐A ☐	Date of	Zip Code
Purpose of Expenditure by code) Expenditure # (if applicable) Type of Expenditure # Coordinate	penditure (Itemization in Addena		Event #		Zip Code
Purpose of Expenditure by code) Expenditure # If applicable) Type of Expenditure # Coordinate	penditure (Itemization in Addena		Event#	State	
Expenditure # (if applicable) Type of Ex None	penditure (Itemization in Addena	dum R Required unless "No	Event #		Amount
(1) applicable) None Coor		dum R Required unless "No			
O Coor	of the below dinated with reimbursement sou dinated without reimbursement	ught (joint expenditure)	one of the below" is checked) Independent Organization OA)в Ос О р	
Name of Vendor, Person or Entity				Date o	of Transaction
Street Address		City		State	Zip Code
Purpose of Expenditure Description (by code)	n		Event #		Amount
O Non	penditure (Itemization in Adden- e of the below dinated with reimbursement sou dinated without reimbursement	ught (joint expenditure)	One of the below" is checked) Independent Organization:)в Ос Ор	
		SUBTOTA	L Section R — This Page		
		TOTAL of ad	lditional Section R Pages		
TOTAL OF	ALL EXPENSES INC Æ	URRED ON COMMI Inter total on Line 27, Colum	ITTEE CREDIT CARD un A of Summary Page Totals)		

	S. Expenses Incurre	d by Committee but Not	Paid During this Period				
lame of Creditor					Date Incurred		
reet Address		City		State	Zip Code		
rpose of Expenditure y code)	Description	<u> </u>	Event#				
openditure # applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	zht (joint expenditure)	below" is checked) Independent Organization: A B C	Оъ			
ame of Creditor				Date Incu	nrred		
treet Address		City		State	Zip Code		
urpose of Expenditure by code)	Description		Event #	I	mount Incurred Estimate or Actual)		
xpenditure #							
	Type of Expenditure (Itemization in Addendation None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure)	below" is checked) Independent Organization: OA OB OC				
if applicable)	None of the below	ght (joint expenditure)) Independent	Date Inc	urred		
Name of Creditor Street Address	None of the below	ght (joint expenditure)) Independent		urred Zip Code		
if applicable) Name of Creditor	None of the below	ght (joint expenditure) Sought (in-kind contribution)) Independent	Date Inc	Zip Code		
Vame of Creditor Street Address Purpose of Expenditure	None of the below Coordinated with reimbursement sou	ght (joint expenditure) sought (in-kind contribution) City dum S Required unless "None of the	Independent Organization: A B C Event #	Date Inc State A	Zip Code mount Incurred		
Vame of Creditor Street Address Purpose of Expenditure by code) Expenditure #	Description Type of Expenditure (Itemization in Addentication of the below Coordinated with reimbursement source).	ght (joint expenditure) sought (in-kind contribution) City dum S Required unless "None of the aght (joint expenditure) sought (in-kind contribution)	Event # be below" is checked) Independent	Date Inc State A	Zip Code mount Incurred		
Varpose of Expenditure by code) Expenditure #	Description Type of Expenditure (Itemization in Addentication of the below Coordinated with reimbursement source).	ght (joint expenditure) sought (in-kind contribution) City dum S Required unless "None of the sought (joint expenditure) sought (in-kind contribution)	Event # e below" is checked) Independent Organization: A B C Description: B C Organization: A B C	Date Inc State A	Zip Code mount Incurred		
Jame of Creditor Etreet Address Eurpose of Expenditure by code) Expenditure # (if applicable)	Description Type of Expenditure (Itemization in Addented One Coordinated without reimbursement sout One Coordinated without reimbursement of Coordinated with reimbursement of Coordinated without	ght (joint expenditure) sought (in-kind contribution) City City dum S Required unless "None of the sought (joint expenditure) sought (in-kind contribution) SUBTOTAL TOTAL of additi	Event # e below" is checked) Independent Organization: A B C Section S-This Page onal Section S Pages OD BUT NOT PAID	Date Inc State A	Zip Code mount Incurred		
Variet Address Purpose of Expenditure by code) Expenditure # (if applicable)	Description Type of Expenditure (Itemization in Addention Coordinated without reimbursement sour Coordinated with reimbursement of Coordinated with reimbursement sour Coordinated with reimbursement coordinated without reimbursement Coordinated without reimbursement	ght (joint expenditure) sought (in-kind contribution) City City dum S Required unless "None of the ght (joint expenditure) sought (in-kind contribution) SUBTOTAL TOTAL of additi	Event # below" is checked) Independent Organization: A B C Event # below" is checked) Independent Organization: A B C Section S-This Page onal Section S Pages OD BUT NOT PAID of Summary Page Totals)	Date Inc State A	Zip Code mount Incurred		

			Dien en einste intelligen als eines ge-			samerokarak	
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Reposito	ייי)		YPE OF RE	PORT		
				nga Padagagi nagaja da as	\$2++010++0305500.0000++0		Agranda garanta da Mari Astringian da Sand
	T. Itemization of Reim	bursements a	and Secondary P	ayees			
Last Name of Worker/Consultant		First	First		МІ	Date of Payment to Vendor Person or Entity	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>				Committee	Worker/Consultant as
				reported i	n Section P:	OD	ebit Card CEFT
Street Address of Vander B	erson or Entity Paid by Committee Worker/Consultant	City		1 Circ	UK II	State	Zip Code
Street Address of Venuor, P	erson or entity raid by Committee worker Consultant	Спу				State	
Purpose of Expenditure (by code)	Description		Event #				Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	enditure)	Of the below" is checked Independent Organization: 0	0	Э О в		
Last Name of Worker/Cons	uitant	First			МІ		Payment to Vendor, or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				in Section P:	_	Worker/Consultant as
Street Address of Vendor, F	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 Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	of the below" is checke Independent Organization: 0	0 0) () o c o b		
Last Name of Worker/Cons	Palkant	First			MI		Payment to Vendor, or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					in Section P:	_	e Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·	Event #				Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	of the below" is checked Independent Organization: 0	0 0	O O		
		SUBTOTA	Section T — This	Page			
		TOTAL of ad	ditional Section T P	ages			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSULTA	NTS			* ***/*********************************