SEEC FORM 20

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



Electronic Filing

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Page 1 of 55

COVER PAGE

			VEKTA	GE			
1. NAME OF COMMITTEE							
Bridgeport Democratic Town Commit	tee						
2. TREASURER NAME							
First Maria			MI J	Last Heller		Suffix	
3. TREASURER ADDRESS							
Street Address		City			State	2	Zip Code
20 Emerald Ridge Ct		Shelto	on		СТ		06484
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	GHT (Co)	mplete only if C	andidate Committee)		6. DISTRI	CT NUMBER (if applicable)
			, , , ,			0. 210111	or months approach
7. CANDIDATE NAME (Complete only if Cand	lidate or Exploratory Co	ommittee	<u>;</u>)				_
First			MI	Last			Suffix
8. TYPE OF REPORT							
January 10 Filing - Original							
9. PERIOD COVERED							
	Beginning Date			Ending Date			
	10/31/2016		thru	12/31/2016			
10 CERTIFICATION							
I hereby certify and state, under Itemized Campaign Finance complete.							
-	Maria Heller PRINT NAME OF THE SIGNER				10/2017 1 : E CERTIFIED		I
A Person who is found to have kn penalty or imprisonment or both.	owingly and willfully	/ violate	ed any provis	ions of the campaign financ	e statutes fa	ces a civil	

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	TYPE OF REPORT						
Bridgeport Democratic Town Committee	January 10 Filing - Original							
	COLUMN A This Period	COLUMN B Aggregate						
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$9,857.65						
12. Balance on hand at the beginning of Reporting Period	\$3,042.21							
13. Contributions received from Individuals (Section A and B)	\$41,770.00	\$41,770.00						
14. Receipts from Other Committees (Sections C1 and C2)	\$1,250.00	\$1,775.48						
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00						
16a. Total Proceeds from Small Puchases (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)	\$43,020.00	\$43,545.48						
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$46,062.21	\$53,403.13						
19. Expenses Paid by Committee (Section P)	\$21,909.10	\$29,250.02						
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$24,153.11	\$24,153.11						
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$172.00	\$172.00						
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(s)	\$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 RECEIPT	S (Secti	ion A	-K)			
NAME OF COMMITTEE (Provide Complete		,		,	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Bridgeport Democratic Town Committee	<u> </u>	огу)			l YPE OF REPORT	al	
A. Total Contributions from Small	Contributors-Received this Peri	od ONI	_Y		\$0.00		
(See instructions for definition of Small Contributor)	Subt	otal Sec	ction A	40.00		
	B. Itemized Contributions from I	ndividu	als				
Last Name		F	irst Nam	e			MI
Boucher			Paul				
Residential Street Address		City				State	Zip Code
37 Forest Ct Principal Occupation		Bri	dgepor	e of Employer		СТ	06604
Principal Occupation			Name	of Employer			
Zoning Inspector				City of Bridgepor	t		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee fo	or a chief	executive		Am	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busine		sociated	with have	Yes No		
X No	a contract with said municipality valued at more th	an \$5000?					
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective stat	e contrac	tor?	Yes X No		
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	П	Executiv		-		
If yes, list Event # No	government the contract is with:		Executi	ve Legislative			
Method of Contribution			I	Date Received	Aggregate Contributions		
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money Ord	ler				
				11/03/2016	\$250.00		\$250.00
Last Name		F	irst Nam	e			MI
Christopher			Fice	to			
Residential Street Address		City				State	Zip Code
13 Diamond Rock Rd		Wo	lcott			CT	06716
Principal Occupation			Name	e of Employer			•
				Student			
			<u> </u>	Student			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or business.				Yes No	Am	ount of Contribution
or dependent child of a lobbyist?	a contract with said municipality valued at more th		sociated	with have			
x No							
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pros	spective stat	e contrac	tor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Executiv	ve Legislative	•		
Method of Contribution	1			Date Received	Aggregate Contributions	-	
				sale received	1 iggregate commonions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Ord	ler	11/03/2016	\$10.00		\$10.00
					<u> </u>		
Last Name		F	irst Nam	e			MI
Residential Street Address		City	Gill		1	Ctata	E Zin Codo
244 Sailors Ln		City	dgepor	+		State CT	Zip Code 06605
Principal Occupation		Dil		e of Employer		CI	1 00003
1 mopal occupation			- tuni	or Employer			
Administration			'	Northeast Medica	al Group		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee fo	or a chief	executive	Yes No	Am	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busine		sociated	with have	Yes No		
x _{No}	a contract with said municipality valued at more th	an \$5000?					
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective stat	e contrac	tor?	Yes X No		
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	П	Executiv				
1,505, 150 27010 11	government the contract is with:		LACCUIT	Logisiative			
Method of Contribution			1	Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Ord	ler				
	· —	-	:	11/03/2016	\$250.00		\$250.00

	I. MONETARY RECEIPTS	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete N		,		, 	TYPE OF REPORT			
Bridgeport Democratic Town Committee					January 10 Filing - Origin	al 		
	B. Itemized Contributions from I	ndivi	duals					
Last Name			First Na					MI
Raymond Residential Street Address		City	La	rracuente		State	7: 6:	.1.
318 Dover St		City	Bridgep	ort		CT	Zip Co 0661	
Principal Occupation		<u> </u>		me of Employer		Ci	1 0001	.0
Deputy Sealer				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	1	Amount of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	state cont		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
X Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$100.	00
Last Name			First Na		•			MI
Ezequiel				antiago				IVII
Residential Street Address		City				State	Zip Co	ode
991 State St		'1	Bridgep	ort		СТ	0660	15
Principal Occupation			Na	me of Employer			-	
Special Projects Coordinator				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	1	Amount of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	state cont		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
X Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$100.	00
Last Name			First Na	nme				MI
Roger			Re	eid				
Residential Street Address		City				State	Zip Co	ode
300 Congress St		1	Bridgep	ort		СТ	0660	14
Principal Occupation			Na	me of Employer				
Police Officer				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	1	Amount of Co	ontribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Exec					
Method of Contribution				Date Received	Aggregate Contributions			
X Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money	Order	11/02/2016	#100.00		+400	00

\$100.00

\$100.00

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	I. MONETARY RECEIPT	ΓS (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Comple		,		ĺ	TYPE OF REPORT			
Bridgeport Democratic Town Committ	ee				January 10 Filing - Origina	al		
	B. Itemized Contributions from	Individ	duals					
Last Name			First Na					MI
Santa				rala				I
Residential Street Address		City				State	Zip Cod	le
194 Marigold Ave		E	Bridgep	ort		СТ	06606	5
Principal Occupation			Na	me of Employer				
Registrar of Voters				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associat		Yes No	Am	nount of Con	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	ospective	Exec		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Rersonal Check Credit	/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$100.0	00
Last Name			First Na	ıme	•	•		MI
Elaine			Piv	virotto				
Residential Street Address		City				State	Zip Cod	le
2625 Park Ave		E	Bridgep			СТ	06606	5
Principal Occupation			Na	me of Employer				
Process Server				Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associat		Yes No	Am	nount of Con	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	ospective :	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:		Exec					
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit	/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$200.00		\$200.0	00
Last Name			First Na	ıme				MI
Aidee			Ni	eves				
Residential Street Address		City				State	Zip Cod	
348 Park St		E	Bridgep			СТ	06608	3
Principal Occupation Office Coordinator			Na	me of Employer Achievement Fi	rst Bpt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin	ness he/sh	e associat		Yes No	Am	nount of Con	ntribution
x _{No}	a contract with said municipality valued at more t	than \$5000	D'? 					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of	ospective :	-		Yes X No	_		
If yes, list Event # No	government the contract is with:	L	Exec	utive Legislati	ve			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit	/Debit Card Payroll Deduction	Money	Order	11/02/2016	#100.00		#100 C	10

\$100.00

\$100.00

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	I. MONETARY RECEIPT	S (Section	n A-K)			
NAME OF COMMITTEE (Provide Compl		·	ŕ	TYPE OF REPORT		
Bridgeport Democratic Town Committ		.01y)		January 10 Filing - Origina	l	
Driagoport Democrate 10wn Committee	B. Itemized Contributions from	Individual	L S			
Last Name		First	Name			MI
Christopher			Alarcon			
Residential Street Address		City			State	Zip Code
30 Kenwood Ln		Trum	bull		CT	06611
Principal Occupation			Name of Employer			
Financial Coordinator	.		City of Bridgepor	t		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	oenactiva etata c	antractor?			
event reported in Section L1? If yes, list Event # Ye X No	If yes, indicate which branch or branches of government the contract is with:	_	xecutive Legislativ	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Cred	/Debit Card Payroll Deduction	Money Order	11/03/2016	\$250.00		\$250.00
Last Name		First	Name			MI
Kathryn			Bukovsky			
Residential Street Address		City	,		State	Zip Code
54 Seaside Ave		Bridg	eport		СТ	06605
Principal Occupation			Name of Employer			
Sales			Dunn & Bradstre	et/MDR		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	ospective state c	ontractor?	Yes X No		
event reported in Section L1? If yes, list Event # Ye X No	If yes, indicate which branch or branches of	П	xecutive Legislativ			
Tyes, his Evenen	government the contract is with:					
Method of Contribution	_		Date Received	Aggregate Contributions		
Cash X Personal Check Credi	/Debit Card Payroll Deduction	Money Order	11/03/2016	\$100.00		\$100.00
Last Name		First	Name			MI
Vetro			Matthew			
Residential Street Address		City			State	Zip Code
20 Scattergood Cir		Trum			СТ	06611
Principal Occupation Realtor			Name of Employer Self Employed			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for s	chief evecutive		I Am	ount of Contribution
or dependent child of a lobbyist? Yes X No	officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/she asso		Yes No	Am	ount of Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	ospective state c	ontractor?		_	
event reported in Section L1? If yes, list Event # Ye X No	If yes, indicate which branch or branches of government the contract is with:		xecutive Legislativ	Yes X No		
Method of Contribution			Date Received	Aggregate Contributions	\dashv	
Cash X Personal Check Cred	/Debit Card Payroll Deduction	Money Order	11/02/2016	4250.00		±250.00

\$250.00

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	I. MONETA	RY RECEIPTS	(Section 2	A-K)			
NAME OF COMMITTEE (Provide Com			•		TYPE OF REPORT		
Bridgeport Democratic Town Comm		iui riiiig Kepository	<u>') </u>		anuary 10 Filing - Origina	al	
Bridgeport Bemocratic Town Comm		ributions from Ind	lividuale	<u>l</u> _			
	B. Itemizeu Conti	Tibutions from the	aiviuuais				
Last Name			First Na	me			MI
Cathleen				mpson			A
Residential Street Address			City			State	Zip Code
115 Balmforth St			Bridgep	ort		CT	06605
Principal Occupation		•	Na	me of Employer			•
Attorney				Depatment of La	hor		
Actorney				Department of Ear			
Is contributor a lobbyist, spouse,		of \$400 to a candidate com			Yes No	Am	nount of Contribution
or dependent child of a lobbyist?		oes contributor or business ipality valued at more than		ed with have			
		0					
	Yes	of state contractor or prosper	ctive state conti	ractor?	Yes X No		
If yes, list Event #	No If yes, indicate which bran government the contract is		Execu	ative Legislative	•		
Method of Contribution				Date Received	Aggregate Contributions		
					-58-18-1-1-1-1-1		
Cash Personal Check Cr	redit/Debit Card Payroll	Deduction Mo	oney Order	11/03/2016	\$1,000.00		\$1,000.00
					<u> </u>		1.0
Last Name Michael			First Na				MI
Residential Street Address			City	ımpieri	1	State	Zip Code
6 Saley Rd			Milford			CT	06460
Principal Occupation		<u> </u>	Na	me of Employer			1
				C''			
Sealer				City of Bridgepor	t		
Is contributor a lobbyist, spouse,		of \$400 to a candidate com			Yes No	Am	nount of Contribution
or dependent ential of a loody ist:		oes contributor or business ipality valued at more than		ed with have			
x _{No}							
Is this contribution associated with an event reported in Section L1?	Yes	of state contractor or prospec	ctive state conti	ractor?	Yes X No		
- I v I	No If yes, indicate which bran government the contract is		Execu	ative Legislative	;		
Method of Contribution				Date Received	Aggregate Contributions	-	
	_			Date Received	Aggregate Contributions		
Cash Personal Check Cr	redit/Debit Card Payroll	Deduction Mo	oney Order	11/03/2016	\$200.00		\$200.00
				1	1 7-2222		
Last Name			First Na				MI
Dennis				into		Gr. i	1 7: 0 1
Residential Street Address 2641 Madison Ave		'	City	ort		State CT	Zip Code 06606
Principal Occupation			Bridgep Na	me of Employer			00000
Timeipai occupation			144	ine of Employer			
Housing Code				City of Bridgepor	t		
Is contributor a lobbyist, spouse,	If contribution is in excess	of \$400 to a candidate com	nmittee for a ch	ief executive	Yes No	Am	nount of Contribution
or dependent child of a lobbyist?		oes contributor or business		ed with have	Yes No		
X No	a contract with said munic	ipality valued at more than	\$5000?				
Is this contribution associated with an	Yes Is contributor a principal o	of state contractor or prospec	ctive state conti	ractor?	Yes X No		
event reported in Section L1?	If yes, indicate which bran		Execu				
	government the contract is	with:			1		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check Cr	redit/Debit Card Payroll	Deduction Me	oney Order	11/02/2016	#300.00		±200.00

\$200.00

\$200.00

								1 45	C 0 01 33
		I. MONETARY RE	CEIPTS (Se	ection	A-K)				
NAME OF COMMITTEE (Provide	Complete 1		,		,	TYPE OF REPORT			
Bridgeport Democratic Town C	•	Tame as registered with riming	5 repository)			January 10 Filing - Origina	al		
		B. Itemized Contribution	s from Indiv	iduals					
Last Name				First Na					MI
Scott			l c:	1	ppleby		G	7: 0.1	Т
Residential Street Address 93 Knorr Rd			City	Monroe			State CT	Zip Code 06468	
Principal Occupation					ame of Employer		Ci	1 00+00	•
Director of OEM					City of Bridgep	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to officer of a municipality does contribute a contract with said municipality value.	utor or business he/s	he associa		Yes No	Amo	ount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state cont If yes, indicate which branch or branc government the contract is with:		_	tractor?	Yes X No			
Method of Contribution					Date Received	Aggregate Contributions			
Cash X Personal Check	Credit/Deb	oit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.0	0
Last Name				First N	ame				MI
Joseph			_	G	audett				
Residential Street Address			City				State	Zip Code	
36 Brookwood Dr Principal Occupation				Newtov	vn ame of Employer		СТ	06470	1
Consultant					Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to officer of a municipality does contribute a contract with said municipality value.	utor or business he/s	he associa		Yes No	Amo	ount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state cont If yes, indicate which branch or branc government the contract is with:		_	tractor?	Yes X No			
Method of Contribution	-				Date Received	Aggregate Contributions			
Cash X Personal Check	Credit/Deb	oit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.0	0
Last Name				First Na	ame				MI
John				0	lson				
Residential Street Address			City				State	Zip Code	
25 Cartright St Unit 5H Principal Occupation				Bridgep	ame of Employer		СТ	06604	•
ттера оссирания				l No	Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to officer of a municipality does contribute a contract with said municipality value.	utor or business he/s	he associa		Yes No	Amo	ount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state cont If yes, indicate which branch or branc government the contract is with:		_	eutive Legislat	Yes X No			
Method of Contribution					Date Received	Aggregate Contributions			
Cash Rersonal Check	Credit/Deb	oit Card Payroll Deduction	Money	Order	11/02/2016	4135.00		+425.0	•

\$125.00

\$125.00

						1 ag	e 9 01 33
	I. MONETARY RECEIPT	S (Section	ı A-K)				
NAME OF COMMITTEE (Provide Complete		·	,	TYPE OF REPORT			
Bridgeport Democratic Town Committee	Name as Registered with Filling Repositi	51 y)		January 10 Filing - Origina	al		
znageport z emetant Town Commune	B. Itemized Contributions from 1	Individuals	L				
Last Name		First	Name				MI
Brian		,	Williams				
Residential Street Address		City			State	Zip Cod	le
350 Waverly St		Shelto	on		CT	06484	1
Principal Occupation		1	Name of Employer				
Administrator			GBT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin			Yes No	Amo	ount of Con	tribution
x No	a contract with said municipality valued at more th		lated with have				
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective state co	ntractor?	Yes X No			
event reported in Section L1? If yes, list Event # X No	If yes, indicate which branch or branches of	Exc	ecutive Legislativ				
	government the contract is with:		_		_		
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Do	bit Card Payroll Deduction	Money Order	11/03/2016	\$100.00		\$100.0	0
Last Name		First	Name				MI
Justin		ı	Kronholm				
Residential Street Address		City			State	Zip Cod	le
10 Old Depot Rd		Chest			СТ	06412	<u> </u>
Principal Occupation]	Name of Employer				
Senior Advisor			State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin			Yes No	Amo	ount of Con	tribution
x No	a contract with said municipality valued at more th		lated with have				
Is this contribution associated with an	Is contributor a principal of state contractor or pro	amantiva atata an	ntwastar?				
event reported in Section L1?	If yes, indicate which branch or branches of	spective state co	intractor?	Yes X No			
If yes, list Event # X No	government the contract is with:	Ex	ecutive Legislativ	e			
Method of Contribution			Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Do	ebit Card Payroll Deduction	Money Order					
Cledio De	on Card Taylon Deduction	Wioney Order	11/03/2016	\$150.00		\$150.0	0
Last Name		First	Name				MI
Julian		ı	Dominick				
Residential Street Address		City			State	Zip Cod	le
155 Burr St		Fairfie			СТ	06824	
Principal Occupation		1	Name of Employer				
Construction			Anthony Julian R	Railroad			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate			Yes No	Amo	ount of Con	ntribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busin a contract with said municipality valued at more the		iated with have				
	In contributor a principal of state accept	amaatiyya -t-t-	ntroator?				
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	spective state co	muacioi!	Yes X No			
If yes, list Event # X No	government the contract is with:	Exc	ecutive Legislativ	e			
Method of Contribution			Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money Order					_

\$500.00

\$500.00

						Page 10 01 3
	I. MONETARY RECEIPTS	S (Sectio	on A-K)			
NAME OF COMMITTEE (Bravida Complete N		,	<u>, </u>	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete N Bridgeport Democratic Town Committee	Name as Registered with Filling Reposito	ory)		January 10 Filing - Origina	al	
Bridgeport Bernoeratie Town Committee	B. Itemized Contributions from In	ndividua	le			
	B. Itemized Contributions from fr	nuiviuua	15			
Last Name		Firs	st Name			MI
Edward			Adams			М
Residential Street Address		City			State	Zip Code
2 Blake Dr		Fairf	field		СТ	06824
Principal Occupation			Name of Employer			•
Attorney			City of Bridgep	ort		
Attorney			City of Bridgep			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c			Yes No	Am	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more that		ociated with have			
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pros	spective state	contractor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Executive Legislat	ive		
Method of Contribution			Date Received	Aggregate Contributions		
				riggiogate Contributions		
Cash Personal Check Credit/Deb	oit Card Payroll Deduction	Money Order	r 11/03/2016	\$500.00		\$500.00
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·
Last Name		Firs	st Name			MI
Megan		Levi	Carroll		G	1 7: 0 1
Residential Street Address 255 Pumpkinground Rd		City	tford		State CT	Zip Code 06614
Principal Occupation		3010	Name of Employer		Ci	00014
			Homemaker			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	committee for	a chief executive	Yes No	Am	nount of Contribution
of dependent entitle of a loopyist:	officer of a municipality does contributor or busine		ociated with have	L Yes L No		
x _{No}	a contract with said municipality valued at more than	an \$5000?				
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective state	contractor?	Yes X No		
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of		Executive Legislat			
	government the contract is with:					
Method of Contribution			Date Received	Aggregate Contributions		
Cash Rersonal Check Credit/Deb	oit Card Payroll Deduction	Money Order	r 11/02/2016	#F00.00		* F00.00
			11/03/2016	\$500.00		\$500.00
Last Name		Firs	st Name			MI
Vazzano			John			
Residential Street Address		City			State	Zip Code
1395 Huntington Pke		Trun	nbull		СТ	06611
Principal Occupation			Name of Employer			
Restaurantor			Proprietor			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	committee for	a chief executive		Am	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busine		ociated with have	Yes No		
x _{No}	a contract with said municipality valued at more than	an \$5000?				
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective state	contractor?	Yes X No		
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of		Executive Legislat			
	government the contract is with:					
Method of Contribution	_		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Deb	oit Card Payroll Deduction	Money Order	r 11/02/2016	#350.00		±250.00

\$250.00

	I. MONETARY RECEIPTS	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete N		,		,	TYPE OF REPORT			
Bridgeport Democratic Town Committee	danie as Registered with 1 ming Reposito	луј			January 10 Filing - Origin	al		
	B. Itemized Contributions from I	ndivio	luals					
Last Name			First Na	ıme				MI
Lawrence			La	Conte				
Residential Street Address		City				State	Zip Co	de
389 Booth Hill Rd		1	Γrumbu			СТ	0661	1
Principal Occupation			Na	me of Employer				
Restaurantor				Windmill Taver	n			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Aı	nount of Co	ntribution
event reported in Section L1? Yes X	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective	Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money	Ondon					
Casn Personal Check Credit/Debi	rayron Deduction	Money	Order	11/03/2016	\$500.00		\$500.0	00
Last Name			First Na	ıme				MI
Thomas				audett				J
Residential Street Address		City				State	Zip Co	de
96 Beechmont Ave		E	Bridgep	ort		СТ	0660	6
Principal Occupation			Na	me of Employer				
Office of the Mayor				City of Bridgep	ort			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Aı	nount of Co	ntribution
event reported in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of	spective :	-		Yes X No			
If yes, list Event # No	government the contract is with:	L	Exec	utive Legislat	ive			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money	Order	11/03/2016	\$500.00		\$500.0	00
Last Name			First Na	ıme				MI
Karen				ısick				Т
Residential Street Address		City				State	Zip Co	de
6 Diana Dr		\	Woodbr	idge		СТ	0652	5
Principal Occupation			Na	me of Employer				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	Aı	nount of Co	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective :	state cont	ractor?		—		
event reported in Section I 12	If yes, indicate which branch or branches of government the contract is with:		Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions	\neg		
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money	Order	11 (02 (2016	4250.00		+250	20

\$250.00

		I. MONETARY RECEIPT	S (Se	ction .	A-K)					
NAME OF COMMITTEE (Prox	vide Complete	Name as Registered with Filing Repositor	,		,	TYPE OF REPORT				
Bridgeport Democratic Town	<u>-</u>	Traine as registered with 1 ming reposite	Oly)			January 10 Filing - Origin	nal			
		B. Itemized Contributions from 1	Individ	duals		•				
Last Name				First Na	me					MI
James				Ho	onis					
Residential Street Address			City				State		Zip Co	
516 Lakeside Dr			1	Bridgep	me of Employer		СТ		0660	5
Principal Occupation				l\a	me of Employer					
Police Officer					City of Bridgep	ort				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin				Yes No		Amou	unt of Co	ntribution
	x _{No}	a contract with said municipality valued at more th			ed with have					
Is this contribution associated with an		Is contributor a principal of state contractor or pro	spective	state conti	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	X No	If yes, indicate which branch or branches of government the contract is with:		Execu	utive Legisla					
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Пата	bit Card Payroll Deduction								
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00			\$250.0	00
Last Name				First Na	me					MI
Adam				Не	eller					М
Residential Street Address			City				State		Zip Co	de
20 Emerald Ridge Ct			9	Shelton			СТ		0648	4
Principal Occupation				Na	me of Employer					
Director, ITS					City of Bridgep	ort				
Is contributor a lobbyist, spouse,	Yes	If contribution is in excess of \$400 to a candidate				Yes No		Amou	unt of Co	ntribution
or dependent child of a lobbyist?	x _{No}	officer of a municipality does contributor or busin a contract with said municipality valued at more the			ed with nave					
Is this contribution associated with an	△ No	Is contributor a principal of state contractor or pro	om a ativia	ototo contr	enator?					
event reported in Section L1?	Yes	If yes, indicate which branch or branches of	spective :	٦ .		Yes X No				
If yes, list Event #	x No	government the contract is with:	L	Exect	utive Legisla	tive				
Method of Contribution					Date Received	Aggregate Contributions				
Cash Rersonal Check	Credit/De	ebit Card Payroll Deduction	Money	Order						
	Creaters	Taylor Sedadion			11/03/2016	\$250.00			\$250.0	00
Last Name				First Na	me					MI
Milta				Fe	liciano					
Residential Street Address			City				State		Zip Co	
302 Huntington Rd			E	Bridgep			СТ		0660	8
Principal Occupation				Na	me of Employer					
Director					City of Bridgep	ort				
Is contributor a lobbyist, spouse,	Yes	If contribution is in excess of \$400 to a candidate	committe	e for a ch	ief executive	Yes No		Amoi	unt of Co	ntribution
or dependent entitle of a loody ist:		officer of a municipality does contributor or busin a contract with said municipality valued at more the			ed with have	L res L No				
<u></u>	x No	a contract with said municipality valued at more if	a.ı 53000	v:						
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of state contractor or pro	spective	state conti	ractor?	Yes X No				
If yes, list Event #	x No	If yes, indicate which branch or branches of government the contract is with:		Execu	utive Legisla	tive				
Method of Contribution					Date Received	Aggregate Contributions	\dashv			
	—	ebit Card Payroll Deduction				00.00				
Cash Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	11/02/2016	4100.00			+400	20

\$100.00

\$100.00

							1 45	,c 15 01 5
	I. MONETARY RECEIPTS	S (Se	ction A	A-K)				
NAME OF COMMITTEE (Provide Com Bridgeport Democratic Town Comm	nplete Name as Registered with Filing Reposito	Ì		ŕ	TYPE OF REPORT January 10 Filing - Origina	al		
Bridgeport Democratic Town Commi	B. Itemized Contributions from In	ndivid	luals					
	B. Itemized Contributions from it	iidivic	iuais					
Last Name Lou			First Na	me naldo				MI
Residential Street Address		City				State	Zip Cod	le
510 E Main St		5	Stratfor	d		СТ	06614	1
Principal Occupation			Na	me of Employer				
				City of Bridgepo	rt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/she	e associate		Yes No	Am	ount of Con	ıtribution
event reported in Section L1?	Yes No Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
X Cash Personal Check C	Credit/Debit Card Payroll Deduction	Money (Order	11/03/2016	\$100.00		\$100.0	00
Last Name			First Na	me				MI
Lydia			Ma	artinez				
Residential Street Address		City				State	Zip Cod	le
92 Grant St		E	Bridgep			СТ	06610)
Principal Occupation			Na	me of Employer				
City Clerk				City of Bridgepo	rt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/she	e associate		Yes No	Am	ount of Con	ıtribution
Is this contribution associated with an	Yes Is contributor a principal of state contractor or pros	spective s	state contr	ractor?	Yes X No			
event reported in Section L1?	No If yes, indicate which branch or branches of government the contract is with:		Execu					
Method of Contribution	!			Date Received	Aggregate Contributions			
Cash X Personal Check Cr	Credit/Debit Card Payroll Deduction	Money (Order	11/03/2016	\$100.00		\$100.0	00
Last Name			First Na	me				MI
Mark			An	astasi				
Residential Street Address		City				State	Zip Cod	
25 Sullivan Pl		E	Bridgep			СТ	06610)
Principal Occupation Attorney			Nai	me of Employer City of Bridgepo	rt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate c officer of a municipality does contributor or busine a contract with said municipality valued at more than	ess he/she	e associate		Yes No	Am	ount of Con	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective s	state contr	ractor?				
event reported in Section L1?	Yes No If yes, indicate which branch or branches of government the contract is with:		Execu	'	Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Cr	Credit/Debit Card Payroll Deduction	Money (Order	11/02/2016	¢1,000,00		±1.000	00

\$1,000.00

\$1,000.00

I. MONETARY RI	ECEIPTS (Secti	ion A-K)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	g Repository)		TYPE OF REPORT		
Bridgeport Democratic Town Committee			January 10 Filing - Origin	al	
B. Itemized Contribution	ns from Individu	als			
Last Name	Fi	irst Name			MI
Christopher		Anastasi			М
Residential Street Address	City			State	Zip Code
25 Sullivan Pl	Brid	dgeport		СТ	06610
Principal Occupation		Name of Employer			
Project Manager		City of Bridger	port		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to officer of a municipality does contrib			Yes No	Ame	ount of Contribution
x No a contract with said municipality value	ued at more than \$5000?				
Is this contribution associated with an Yes Yes	tractor or prospective state	e contractor?	Yes X No		
event reported in Section L1? If yes, list Event # If yes, indicate which branch or branc government the contract is with:	ches of	Executive Legisla			
Method of Contribution		Date Received	Aggregate Contributions	_	
Cash Personal Check Credit/Debit Card Payroll Deduction	П.,				
Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Ord	11/03/2016	\$250.00		\$250.00
Last Name	Fi	irst Name			MI
Tiago		Jose			С
Residential Street Address	City			State	Zip Code
2445 Park Ave Apt 50	Brid	dgeport		СТ	06606
Principal Occupation		Name of Employer			
Deputy Dir./Public Facilities		City of Bridgep	port		
Is contribution a lobbyist, spouse, Yes Yes Yes			Yes No	Am	ount of Contribution
or dependent child of a lobbyist?		sociated with have			
x No a contract with said municipality value					
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of state con If yes, indicate which branch or branch		e contractor?	Yes X No		
If yes, list Event # If yes, indicate which branch or b	ches of	Executive Legisla	tive		
Method of Contribution		Date Received	Aggregate Contributions	$\overline{}$	
Cash Personal Check Credit/Debit Card Payroll Deduction	П.,				
Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Ord	11/03/2016	\$500.00		\$500.00
Last Name	Fi	irst Name			MI
Frederick		Hall			А
Residential Street Address	City			State	Zip Code
51 S Country	Bel	lport		NY	11713
Principal Occupation		Name of Employer			
Transport Executive		Bpt Port Jeffer	son		
Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Yes officer of a municipality does contribution.			Yes No	Am	ount of Contribution
of dependent clind of a loboyist:		sociated with have			
x No a contract with said municipality value					
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of state con If yes, indicate which branch or branch		e contractor?	Yes X No		
If yes, list Event # If yes, indicate which branch or branch or branch government the contract is with:		Executive Legisla	tive		
Method of Contribution		Date Received	Aggregate Contributions	\dashv	
Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Ord	er			
		111/02/2016	4350.00	i	#350.00

\$250.00

		I. MONETARY RECEIPTS	S (Se	ction A	A-K)					
NAME OF COMMITTEE (Provide Co	omplete N	Name as Registered with Filing Reposito	,		,	TYPE OF REPORT				
Bridgeport Democratic Town Con	-	tame as registered with rining resposite	,1)			January 10 Filing - Origin	al			
		B. Itemized Contributions from I	ndivid	luals						
Last Name				First Na					N	MI
Terrance			l an	0'0	Connor		T a		0.1	
Residential Street Address 5 Breton Wood Rds			City	Γrumbu	II		State	- 1 1	p Code 5611	
Principal Occupation			<u> </u>		me of Employer				5011	
Executive Director					Sheehan Cente	er				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	S	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associate		Yes No		Amount o	of Contri	ibution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No				
Method of Contribution					Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Debi	it Card Payroll Deduction	Money (Order	11/03/2016	\$100.00		\$1	00.00	
Last Name				First Na	me				ı	MI
Russell				Lis	skov					
Residential Street Address			City				State	- 1 '	p Code	
59 Clover Hill Rd Principal Occupation]	rumbu	me of Employer		СТ	06	5611	
Timeipai Occupation				ING	me of Employer					
Attorney					City of Bridgep	ort				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	s	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associate		Yes No		Amount o	of Contri	bution
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or pros	spective s	state contr	actor?	Yes X No				
event reported in Section L1? If yes, list Event #	X No	If yes, indicate which branch or branches of government the contract is with:		Execu	ntive Legislat					
Method of Contribution	-				Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/Debi	it Card Payroll Deduction	Money (Order	11/03/2016	\$250.00		\$2	50.00	
Last Name				First Na	me				N	MI
Tyisha				То	ms					
Residential Street Address			City				State	- 1	p Code	
96 Beachview Ave			<u> </u>	Bridgep			СТ	06	5605	
Principal Occupation Attorney				INai	me of Employer City of Bridgep	ort				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No	s	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associate		Yes No		Amount o	of Contri	ibution
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or pros	spective s	state contr	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	X No	If yes, indicate which branch or branches of government the contract is with:		Execu	utive Legislat					
Method of Contribution					Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Debi	it Card Payroll Deduction	Money (Order		+250.00				

\$250.00

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	I. MONETARY RECEIPT	ſS (Se	ction	A-K)			
NAME OF COMMITTEE (Provide Comple					TYPE OF REPORT		
Bridgeport Democratic Town Committee		- 37			January 10 Filing - Origina	al	
	B. Itemized Contributions from	Indivi	duals				
Last Name			First Na				MI
Ralph Residential Street Address		City	Fo	ord		State	R Zip Code
1057 Broad St		1 1	Bridgep	ort		CT	06604
Principal Occupation				me of Employer			
Psychologist				Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associat		Yes No	An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective	state control		Yes X No		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Rersonal Check Credit	Debit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.00
Last Name			First Na	ame			MI
Raul			La	ffitte			
Residential Street Address		City				State	Zip Code
225 Intervale Rd Principal Occupation			Trumbu	me of Employer		СТ	06611
Timelpai Occupation			INA				
Transportation Coord.				City of Bpt/Boa	rd of Educ.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associat		Yes No	An	nount of Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective	state cont	ractor?	Yes X No		
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:		Exec				
Method of Contribution				Date Received	Aggregate Contributions		
Cash Rersonal Check Credit	Debit Card Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$100.00
Last Name			First Na	ame			MI
Kelly			Pe	erez			A
Residential Street Address		City	Di al			State	Zip Code
76 Evers PI Principal Occupation		'	Bridgep Na	me of Employer		СТ	06610
Executive Assist.				City of Bridgepo	ort		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associat		Yes No	An	nount of Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	ospective	state cont	ractor?	Yes X No		
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:		Exec				
Method of Contribution				Date Received	Aggregate Contributions	1	
X Cash Personal Check Credit	Debit Card Payroll Deduction	Money	Order	11/02/2016	±100.00		+100.00

\$100.00

\$100.00

											I ag	50 17 01 3
		I. M	ONETAR	Y RECEI	IPTS (Se	ction .	A-K)					
NAME OF COMMITTEE (Provide O Bridgeport Democratic Town Co	<u> </u>				,			TYPE OF REPORT January 10 Filing - Origin	al			
Bridgeport Democratic Town Co.	iiiiiiittee	R Itami	ized Contri	hutions fro	m Individ	duale						
		D. Itelli	izeu Conti i	Dutions 11 0	oni marvic	iuais						
Last Name Andrew						First Na	_{me} ophet					MI
Residential Street Address					City		<u>. </u>		State	\top	Zip Cod	le
45 Queen St					9	Stratfor	d		СТ		06614	1
Principal Occupation						Na	me of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a	on is in excess of municipality doe vith said municipa	s contributor or	business he/sh	e associat		Yes No		Amour	nt of Cor	ntribution
event reported in Section 1.17	Yes X No	If yes, indic	or a principal of s ate which branch the contract is w	or branches of	or prospective :	Exec		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions				
X Cash Personal Check	Credit/Deb	oit Card	Payroll D	Deduction	Money	Order	11/03/2016	\$100.00			\$100.0)0
Last Name						First Na	me					MI
Lawrence						Qι	ıellette					
Residential Street Address					City				State		Zip Cod	
11 Fernwood Ln					(Clinton			СТ	\perp	06413	3
Principal Occupation						Na	me of Employer					
Attorney							City of Bridgep	ort				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a	on is in excess of municipality doe with said municipal	s contributor or	business he/sh	e associat		Yes No		Amour	nt of Cor	ntribution
Is this contribution associated with an		Is contribute	or a principal of s	state contractor of	or prospective :	state cont	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	X No		ate which branch the contract is w			Exec	utive Legislat					
Method of Contribution							Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/Deb	oit Card	Payroll D	Deduction	Money	Order	11/03/2016	\$250.00			\$250.0	00
Last Name						First Na	me					MI
Jonathan						На	arris					
Residential Street Address 17 Scarsdale Rd					City	West Ha	artford		State CT		Zip Cod 06107	
Principal Occupation							me of Employer		<u> </u>		00107	
Commissioner							State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		officer of a	on is in excess of municipality doe with said municipal	s contributor or	business he/sh	e associat		Yes No		Amour	nt of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	If yes, indic	or a principal of s ate which branch the contract is w	or branches of	or prospective :	Exec		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions	\neg			
Cash Rersonal Check	Credit/Deb	oit Card	Payroll D	eduction	Money of	Order	11/02/2016	* F0.00			+ E0.0	0

\$50.00

\$50.00

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	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Comp Bridgeport Democratic Town Commit	lete Name as Registered with Filing Reposito	,		Ź	TYPE OF REPORT January 10 Filing - Origina	al		
Bridgeport Bemoetatie Town Commit	B. Itemized Contributions from I	ndivid	luals					
	B. Itemized Contributions from I	individ	iuais					
Last Name Rosa			First Na	anco				MI
Residential Street Address		City				State	Zip Coo	de
91 Elmwood Pl		E	Bridgep	ort		СТ	06605	5
Principal Occupation			Na	me of Employer				
				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Cor	ıtribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Y X N	If yes, indicate which branch or branches of	spective :	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Cree	dit/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$200.00		\$200.0)0
Last Name			First Na	ıme				MI
Louis			Va	az				
Residential Street Address		City				State	Zip Coo	le
186 Canoe Brook Rd			Γrumbu			СТ	06611	L
Principal Occupation			Na	me of Employer				
Proprietor				Vaz Quality Wor	rks			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Cor	ıtribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Y X N	If yes, indicate which branch or branches of	spective :	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Cree	dit/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$500.00		\$500.0)0
Last Name			First Na	ıme				MI
Kimberly			St	aley				
Residential Street Address		City				State	Zip Coo	le
17 Farm Rd		١	Nest Ha			СТ	06107	7
Principal Occupation CAO			Na	me of Employer City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Cor	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective	Exect		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Rersonal Check Creek	dit/Debit Card Payroll Deduction	Money	Order	11/02/2016	#3E0.00		±250 (20

\$250.00

	I. MONETARY RECEIPTS	S (Se	ction .	<u>A-K)</u>				
NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Reposito	ry)			TYPE OF REPORT			
Bridgeport Democratic Town Committee					January 10 Filing - Origina	al		
]	B. Itemized Contributions from I	ndivid	luals					
Last Name			First Na					MI
Daniel Residential Street Address		City	RO	oach		State	Zip Co	S
19 Quinlan Ave			Bridgep	ort		CT	0660	
Principal Occupation		<u> </u>		me of Employer			1	
Mayor's Office				City of Bridgepo	ort			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busine a contract with said municipality valued at more that	ess he/sh	e associat		Yes No	A	mount of Co	ontribution
event reported in Section L1? Yes X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions	\neg		
Cash X Personal Check Credit/Debit	Card Payroll Deduction	Money (Order	11/03/2016	\$1,000.00		\$1,000	00
				1	\$1,000.00		\$1,000	
Last Name Janene			First Na	_{ame} awkins				MI
Residential Street Address		City				State	Zip Co	de
116 Haven Ave		1	4t Verr	ion		NY	1055	3
Principal Occupation			Na	me of Employer				
Labor Relations Dir.				City of Bridgepo	ort			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate conflicer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	A	mount of Co	ontribution
event reported in Section L1? Yes X	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit	Card Payroll Deduction	Money (Order	11/03/2016	\$250.00		\$250.	00
Last Name			First Na	ame				MI
Sam				arks				
Residential Street Address		City				State	Zip Co	de
2677 Main St		E	Bridgep	ort		СТ	0660	6
Principal Occupation			Na	me of Employer				
Receptionist				City of Bridgepo	ort			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate conflicer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	A	mount of Co	ontribution
Voc	Is contributor a principal of state contractor or pros	spective s	state cont	ractor?	Yes X No			
event reported in Section L1?	If yes, indicate which branch or branches of government the contract is with:		Exec					
Method of Contribution				Date Received	Aggregate Contributions			
X Cash Personal Check Credit/Debit	Card Payroll Deduction	Money (Order	11/02/2016	#100.00		+400	00

\$100.00

\$100.00

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		I, MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Pro Bridgeport Democratic Tow	· · · · · · · · · · · · · · · · · · ·	Name as Registered with Filing Repositor	ory)		,	TYPE OF REPORT January 10 Filing - Origin	al		
Bridgeport Democratic Tow	VII COIIIIIIIttee	B. Itemized Contributions from 1	Individ	luale					
		B. Itemizea Contributions from I	illulvic	iuais					
Last Name Michelle				First Na	me				MI
Residential Street Address			City	_,	0113		State	Zi	p Code
91 Jewett St			1 1	Bridgep	ort		СТ	- 1	5606
Principal Occupation				Na	me of Employer				
Para Professional					Board of Educa	tion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amount o	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective	Execu		Yes X No			
Method of Contribution					Date Received	Aggregate Contributions			
X Cash Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$1	00.00
Last Name				First Na	me				MI
Carmela				Di	Santo				
Residential Street Address			City				State	Zi	p Code
80 Woodlown Rd			1	Monroe			СТ	06	5468
Principal Occupation				Na	me of Employer				
Receptionist					City of Bridgep	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No		Amount of	of Contribution
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or pro	spective :	state conti	ractor?	Yes X No			
event reported in Section L1? If yes, list Event #	x No	If yes, indicate which branch or branches of government the contract is with:		Execu	ative Legislat				
Method of Contribution					Date Received	Aggregate Contributions			
X Cash Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$1	00.00
Last Name				First Na	me				MI
Kenneth				Fla	atto				
Residential Street Address			City				State	- 1	p Code
130 Orchard Hill Ln			F	airfield			СТ	06	5430
Principal Occupation Finance Director				Na	me of Employer City of Bridgep	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin				Yes No		Amount o	of Contribution
	x _{No}	a contract with said municipality valued at more th							
Is this contribution associated with an		Is contributor a principal of state contractor or pro	spective :	state conti	ractor?	Yes X No			
event reported in Section L1? If yes, list Event #	X Yes	If yes, indicate which branch or branches of government the contract is with:		Execu	utive Legislat				
Method of Contribution					Date Received	Aggregate Contributions			
Cash Rersonal Check	Credit/De	bit Card Payroll Deduction	Money	Order	11 (02 (2016	±200.00		+2	00.00

\$200.00

\$200.00

	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete		Ì		,	TYPE OF REPORT			
Bridgeport Democratic Town Committee		01 y <i>)</i>			January 10 Filing - Origin	al		
	B. Itemized Contributions from	Individ	duals					
Last Name			First Na	me				MI
Thomas			Ge	ecewicz				E
Residential Street Address		City				State	Zip	Code
3900 Park Ave Unit 7E		E	Bridgep			СТ	066	506
Principal Occupation			Na	me of Employer				
Public Health/Lead				City of Bridger	port			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin				Yes No		Amount of	Contribution
x No	a contract with said municipality valued at more th			od with have				
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective	state conti	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Execu	utive Legisla				
Method of Contribution	!			Date Received	Aggregate Contributions			
Cash Rersonal Check Credit/D	ebit Card Payroll Deduction	Money (Ondon					
Casn Personal Check Credit/L	Payron Deduction	Money (Order	11/03/2016	\$300.00		\$30	0.00
Last Name			First Na	me				MI
Ronell			Ov	vens				R
Residential Street Address		City				State	Zip	Code
399 Main Ave Apt 721		1	Norwalk	(СТ	068	351
Principal Occupation Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committe		me of Employer			Amount of	Contribution
or dependent child of a lobbyist? Yes X No	officer of a municipality does contributor or busin a contract with said municipality valued at more th	ess he/sh	e associat		Yes No		iniount of	Controution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro	spective s	state conti	ractor?	Yes X No			
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		Execu	itive Legisla	itive			
Method of Contribution	9			Date Received	Aggregate Contributions			
				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/E	ebit Card Payroll Deduction	Money (Order	11/03/2016	\$250.00		\$25	0.00
Last Name			First Na	me				MI
Michael			Lic	camele				
Residential Street Address		City				State	1 -	Code
18 Wells Hill Rd Principal Occupation		1	Easton	me of Employer		СТ	066	512
Renewable Energy Dir.			Iva	MSL Group, In	c.			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committe	e for a ch	ief executive			Amount of	Contribution
or dependent child of a lobbyist? Yes X No	officer of a municipality does contributor or busin a contract with said municipality valued at more the			ed with have	Yes No			
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective	state contr	ractor?				
event reported in Section L1?	If yes, indicate which branch or branches of	рессиче :	_		Yes X No			
If yes, list Event # No	government the contract is with:	L	Execu	ıtive Legisla	itive			
Method of Contribution	•			Date Received	Aggregate Contributions	\Box		
Cash X Personal Check Credit/D	ebit Card Payroll Deduction	Money (Order	11 (00 (001 -	11 000 0-			

\$1,000.00

\$1,000.00

	I. MONETARY RECEIPTS	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete N		Ì		ĺ	TYPE OF REPORT			
Bridgeport Democratic Town Committee	vanie as registered with I fining reposito	11 y)			January 10 Filing - Origin	al		
	B. Itemized Contributions from I	ndivid	luals					
Last Name			First Na	ame				MI
Scott			В	ırns				
Residential Street Address		City				State	Zip Co	de
29 Eames Blvd		E	Bridgep			СТ	0660	5
Principal Occupation			Na	ime of Employer				
Coach				Town of Westpo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with said municipality valued at more than the contract with the contract wit	ess he/she	e associat		Yes No	A	mount of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	-	ractor?	Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debi	it Card Payroll Deduction							
Cash Personal Check Credit/Debi	it Card Payroll Deduction	Money (Order	11/03/2016	\$100.00		\$100.	00
Last Name			First Na	ame	-	-		MI
Nicholas				rtiz				
Residential Street Address		City				State	Zip Co	de
20 Ridge Rd		1	Ansonia	a		СТ	0640	1
Principal Occupation			Na	me of Employer				
Police Officer				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associat		Yes No	A	mount of Co	ontribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	pective s	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	Г	Exec	utive Legislati				
	government the contract is with:		LACC	Legislati				
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money (Order	11/03/2016	\$250.00		\$250.	00
Last Name			First Na	ame				MI
Tammy			Pa	ара				
Residential Street Address		City				State	Zip Co	de
223 Algonquin Trl		1	Γrumbι			СТ	0661	1
Principal Occupation			Na	me of Employer				
Light House				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associat		Yes No	A	mount of Co	ontribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective s	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Exec					
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debi	it Card Payroll Deduction	Money (Order	11/02/2016	4250.00		+250	00

\$250.00

					Page 23 01 3
	I. MONETARY RECEIPT	S (Section A-K)			
NAME OF COMMITTEE (Braville Co.	mplete Name as Registered with Filing Reposito	, ,	TYPE OF REPORT		
Bridgeport Democratic Town Com	- ·	луј	January 10 Filing - Origin	nal	
Briageport Bemeeratie Town Comm	B. Itemized Contributions from I	ndividuals			
	b. Itemized Contributions from I	narradas			
Last Name		First Name			MI
Fabio		Mazo			
Residential Street Address		City		State	Zip Code
97 Randall Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Empl	loyer		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate	committee for a chief executiv	re \square	Am	ount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of a municipality does contributor or busine		Voc No	Alli	iount of Contribution
x _{No}	a contract with said municipality valued at more th	nan \$5000?			
Is this contribution associated with an	Is contributor a principal of state contractor or pro-	spective state contractor?	Yes X No		
event reported in Section L1? If yes, list Event #	Yes If yes, indicate which branch or branches of	Executive	_		
If yes, list Event #	No government the contract is with:	Executive	Legislative		
Method of Contribution	•	Date Rece	eived Aggregate Contributions		
X Cash Personal Check	Credit/Debit Card Payroll Deduction	Money Order			
		11/03/2	2016 \$100.00		\$100.00
Last Name		First Name			MI
Aaron		Truner			
Residential Street Address		City		State	Zip Code
184 Primrose Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Empl	loyer		
Leg. Aide		CT Gen	eral Assembly		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of		Voc No	Am	ount of Contribution
of dependent child of a loobyist:	officer of a municipality does contributor or busing a contract with said municipality valued at more th		е 🚨 гез 🚨 но		
x _{No}					
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of state contractor or pro-	spective state contractor?	\square Yes $\boxed{\mathbf{x}}$ No		
If yes, list Event #	No If yes, indicate which branch or branches of government the contract is with:	Executive	Legislative		
Method of Contribution	5	Date Rece	eived Aggregate Contributions	$\overline{}$	
		Date Reed	Aggregate Contributions		
X Cash Personal Check	Credit/Debit Card Payroll Deduction	Money Order 11/03/2	2016 \$60.00		\$60.00
Last Name		First Name			MI
Salvatore		DiNardo			K
Residential Street Address		City		State	Zip Code
323 North Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Empl	loyer		
Proprietor		DiNardo	o Enterprise		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee for a chief executiv	ye Yes No	Am	ount of Contribution
or dependent child of a loobyist:	officer of a municipality does contributor or busing a contract with said municipality valued at more the		e Lies Lino		
x _{No}	a contract with said municipantly valued at more in	ιαπ φ2000:			
Is this contribution associated with an	Yes Is contributor a principal of state contractor or pro-	spective state contractor?	Yes X No		
event reported in Section L1? If yes, list Event #	1 10 1 1 1 1 1 1 0	Executive	Legislative		
	government the contract is with:				
Method of Contribution	_	Date Rece	eived Aggregate Contributions		
Cash X Personal Check	Credit/Debit Card Payroll Deduction	Money Order	2016		±1 000 00

\$1,000.00

\$1,000.00

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	I. MONETARY RECEIPT	S (Se	ction 2	A-K)				
NAME OF COMMITTEE (Provide Com	lete Name as Registered with Filing Reposito				TYPE OF REPORT			
Bridgeport Democratic Town Commi		013)			January 10 Filing - Origina	al		
	B. Itemized Contributions from 1	Indivi	duals					
Last Name			First Na					MI
Chaven ristine Residential Street Address		City	Ва	ertlett		State	Zip Code	Н
1 University Pl		1	New Ha	ven		CT	06511	
Principal Occupation				me of Employer			1	
Consultant				DNA Campaigns	S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective	Exect		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Cre	dit/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$100.0	0
Last Name			First Na	ıme				MI
Maritza			Вс	ond				
Residential Street Address		City				State	Zip Code	
Principal Occupation		<u> </u>	West Ha	me of Employer		СТ	06616	
			l Na					
Health Director				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Con	tribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective	state conti	ractor?	Yes X No			
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		Execu					
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Cre	dit/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.0	0
Last Name			First Na	ime				MI
Michael			Ma	auzerall				
Residential Street Address		City				State	Zip Code	
95 Copper Kettle Dr Principal Occupation			Stratfor	me of Employer		СТ	06614	
Contractor			Na	M & M Fence				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Con	tribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective	State contr		Yes X No			
Method of Contribution	ı			Date Received	Aggregate Contributions			
Cash X Personal Check Cre	dit/Debit Card Payroll Deduction	Money	Order	11 (02 (2016	4250.00		+250.0	•

\$250.00

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	I. MONETARY RECEIPT	ſS (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Comp.	ete Name as Registered with Filing Reposit	,		,	TYPE OF REPORT			
Bridgeport Democratic Town Commit		013)			January 10 Filing - Origina	al		
	B. Itemized Contributions from	Indivi	duals					
Last Name			First Na					MI
Neal Residential Street Address		City	Ja	in		State	Zip Code	K
95 Sawyer Rd		1	Fairfield	l		CT	06824	
Principal Occupation				me of Employer			1	
Land Surveyor				Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associat		Yes No	Am	nount of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	If yes, indicate which branch or branches of	ospective	state control		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Cred	it/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$750.00		\$750.00	0
Last Name			First Na	ıme				MI
Jose			Va	ız				
Residential Street Address		City				State	Zip Code	
26 Kings Hwy Principal Occupation			Shelton	me of Employer		СТ	06484	
Timelpai Occupation			INA	me of Employer				
Contractor				Vaz Constructio	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more to	ness he/sh	e associat		Yes No	Am	nount of Cont	tribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective	state cont	ractor?	Yes X No	_		
event reported in Section L1? If yes, list Event # You X No	If yes, indicate which branch or branches of		Exec					
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Cred	it/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.00	0
Last Name			First Na	ıme				MI
Frank			Ge	ennarini				
Residential Street Address		City				State	Zip Code	
2 Honek St Principal Occupation		'	Monroe Na	me of Employer		СТ	06460	
Real Estate			144	D'addario Indus	tries			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the said municipality valued at more than the said municipal	ness he/sh	e associat		Yes No	Am	nount of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # You X No	If yes, indicate which branch or branches of	ospective	state cont		Yes X No			
	government the contract is with:		LACC		,	_		
Method of Contribution	_			Date Received	Aggregate Contributions			
Cash Personal Check Cred	it/Debit Card Payroll Deduction	Money	Order	11/02/2016	#350.00		±250.00	0

\$250.00

							Page 26 01 3
	I. MONETARY RECEIPT	S (Sect	ion A	A-K)			
NAME OF COMMITTEE (Provide Complete		,		,	YPE OF REPORT		
Bridgeport Democratic Town Committee	<u> </u>	ну)			anuary 10 Filing - Origina	al	
Bridgeport Bemoeratie Town Committee	B. Itemized Contributions from I	ndividu	ıals	<u>l</u>			
	B. Itemized Contributions from I	Huiviuu	iais				
Last Name		F	irst Na	me			MI
Gaetana				ttitte			A
Residential Street Address		City				State	Zip Code
130 Horsetavern Rd		Tru	umbul	II		CT	06611
Principal Occupation			Nar	ne of Employer			
President				T. Arduini Compa	ny		
rresident				1. Arddilli Collipa	ily .		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of the second of the				Yes No	An	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more th		ssociate	ed with have			
						_	
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pros	spective stat	te contr	actor?	Yes X No		
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Execu	tive Legislative			
Method of Contribution	1-			Date Received	Aggregate Contributions	\dashv	
				Bute Received	riggregate controutions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Ord	der	11/03/2016	\$250.00		\$250.00
					· · · · · · · · · · · · · · · · · · ·		
Last Name		F	irst Na				MI
Daniel Residential Street Address		City	ва	rtoli		State	Zip Code
51 Hills Point Rd		1	umbul	II.		CT	06611
Principal Occupation				ne of Employer			1 00011
Project Manager				T. Arduini Compa	ny		
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee f	for a chi	ef executive	Yes No	An	nount of Contribution
or dependent clind of a lobbyist:	officer of a municipality does contributor or busine a contract with said municipality valued at more th		ssociate	ed with have	Li res Li No		
x _{No}	a contract with said municipanty valued at more th	an \$5000:					
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective star	te contr	actor?	Yes X No		
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:		Execu	tive Legislative			
W. J. 100 - 17 - 1	government the contract is with.			la.a	<u> </u>		
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	der	11/03/2016	\$250.00		\$250.00
				11/03/2010	\$250.00		\$250.00
Last Name		F	irst Na	me			MI
Thomas			Fol	ldy			
Residential Street Address		City				State	Zip Code
326 Folino Dr		Bri	idgepo			СТ	06606
Principal Occupation			Nar	ne of Employer			
Process Server				Self Employed			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee f	for a chi	ef executive		Ar	nount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or business		ssociate	ed with have	Yes No		
x _{No}	a contract with said municipality valued at more th	an \$5000?					
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective stat	te contr	actor?	Yes X No	\neg	
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	П	Execu				
n yes, not Event #	government the contract is with:		LACCU	Legisidiive			
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check Credit/D	ebit Card Payroll Deduction	Money Or	der	11/02/2016	#2.000.00		+2 000 00

\$2,000.00

\$2,000.00

	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete		,		,	TYPE OF REPORT			
Bridgeport Democratic Town Committee		<i>J</i> 1 <i>y j</i>			January 10 Filing - Origina	al		
	B. Itemized Contributions from I	ndivio	luals					
Last Name			First Na	ime				MI
Albert			Co	ortina				
Residential Street Address		City				State	Zip Coo	
65 Lilac Ln		į i	aston			СТ	06612	2
Principal Occupation			Na	me of Employer				
Electrician				County Electric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Ar	mount of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of							
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order					
Cash Cresonal Cheek Credible	Taylon Beduction	Wolley	oruci	11/03/2016	\$250.00		\$250.0	00
Last Name			First Na	ime				MI
Michael			Co	ortina				
Residential Street Address		City				State	Zip Coo	de
73 Tuckahoe Rd		E	aston			СТ	06612	2
Principal Occupation			Na	me of Employer				
Electrician				County Electric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Ar	mount of Co	ntribution
Is this contribution associated with an Yes	Is contributor a principal of state contractor or pro-	spective :	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of		Exec					
	government the contract is with:							
Method of Contribution	_			Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.0	00
Last Name			First Na	ime				MI
Luis			Ca	arrena				
Residential Street Address		City				State	Zip Coo	de
24 Tuckahoe Rd		E	Easton			СТ	06612	2
Principal Occupation			Na	me of Employer				
				Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	Ar	mount of Co	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective :	state cont	ractor?	Yes X No	\neg		
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:		Exec					
Method of Contribution	 			Date Received	Aggregate Contributions	\dashv		
X Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	11/02/2016	4100.00		+400	20

\$100.00

\$100.00

							1 46	5C 20 01 3
	I. MONETARY RECEIPT	S (Sec	ction A	A-K)				
	ete Name as Registered with Filing Reposite	·		Í	TYPE OF REPORT January 10 Filing - Origina	al		
Bridgeport Democratic Town Commit	B. Itemized Contributions from 1	Individ	luala		oundary to timing onguin			
	B. Itemized Contributions from 1	maivia	iuais					
Last Name Virginia			First Na	me risi				MI
Residential Street Address		City		-		State	Zip Cod	de
151 Astoria Ave		E	Bridgep	ort		СТ	06604	4
Principal Occupation			Na	me of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/she	e associate		Yes No	An	nount of Cor	ntribution
event reported in Section L1?	Yes Yes No							
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Cred	t/Debit Card Payroll Deduction	Money (Order	11/03/2016	\$200.00		\$200.0	00
Last Name Thomas			First Na	_{me} alsh				MI
Residential Street Address		City				State	Zip Cod	
55 Magnolia Rd		Т	rumbu			СТ	06611	1
Principal Occupation CPA			INai	me of Employer Blum Shapiro				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/she	associate		Yes No	An	nount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yee X No	If yes, indicate which branch or branches of	ospective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Cred	t/Debit Card Payroll Deduction	Money (Order	11/03/2016	\$250.00		\$250.0	00
Last Name			First Na	me				MI
Barbara			Go	onzalez				
Residential Street Address 114 Intervale Rd		City	rumbu	II		State CT	Zip Cod 06611	
Principal Occupation		<u> </u>		me of Employer		Ci	1 00011	
· p. · · · · · · · · ·				Beyond Homeca	are			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/she	associate		Yes No	An	nount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	ospective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Cred	t/Debit Card Payroll Deduction	Money (Order	11 (02 (2016	#500.00		+500.6	

\$500.00

\$500.00

									1 42	50 27 01 3
		I. MONETARY RECEIPT	S (Se	ction	A-K)					
	•	Name as Registered with Filing Reposit	,		,	TYPE OF REPORT January 10 Filing - Origin	nal			
Bridgeport Democratic Tov	vn Committee	B. Itemized Contributions from	Indivi	duala		Tourist Timing Stright				
		B. Itemized Contributions from	inaivi	uuais						
Last Name Robert				First Na	nme olger					MI
Residential Street Address			City		9		State		Zip Coo	de
81 Towerview Dr			-	Trumbu	II		СТ		0661	1
Principal Occupation			•	Na	me of Employer					
Attorney					Q & R Associat	es				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associat		Yes No		Amou	unt of Coi	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes x No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	ospective	State control		Yes X No				
Method of Contribution		•			Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	11/03/2016	\$500.00			\$500.0)0
Last Name				First Na	ime					MI
Jordan				Вс	chanis					
Residential Street Address			City				State		Zip Coo	le
33 High Acre Rd			'	Weston			СТ		06883	3
Principal Occupation				Na	me of Employer					
Proprietor					Amalgamated	Concept Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associat		Yes No		Amoi	unt of Coi	ntribution
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or pro	spective	state cont	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	x No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legisla					
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00	\perp		\$250.0)0
Last Name				First Na	ime					MI
Dunn				Da	avid					J
Residential Street Address			City	a			State		Zip Coo	
484 Curtis Rd Principal Occupation			:	Stratfor	me of Employer		СТ		06615	<u> </u>
Personnel Director				INA	City of Bridgep	ort				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associat		Yes No		Amou	unt of Co	ntribution
Is this contribution associated with an	Yes	Is contributor a principal of state contractor or pro	spective	state cont	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	x No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legisla					
Method of Contribution					Date Received	Aggregate Contributions				
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money	Order	11/02/2016	¢500.00			+500.0	20

\$500.00

\$500.00

	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete		,			TYPE OF REPORT			
Bridgeport Democratic Town Committee		луј			January 10 Filing - Origin	al		
	B. Itemized Contributions from I	ndivi	duals		l			
Last Name			First Na	me				MI
Kenneth			Ca	ırr				R
Residential Street Address		City				State	Zip	Code
2 Oak Point Clb			New Mil	ford		СТ	067	776
Principal Occupation			Na	me of Employer				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of				Yes No		Amount of	Contribution
or dependent entia of a tobbyist:	officer of a municipality does contributor or busine a contract with said municipality valued at more th			ed with have	L res L No			
x _{No}	a contract with said municipanty valued at more in	ian \$500	<i>o</i> :					
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:		Exec	ative Legislat	tive			
Method of Contribution	government and contact to wran			Date Received	A corocata Contributions			
				Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	11/03/2016	\$2,000.00		\$2,00	00.00
				1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	1 ,	_
Last Name			First Na					MI
Alma Residential Street Address		City	Ma	aya		State	7 in /	Code
220 Funston Ave		1 '	Bridgep	ort		CT	066	
Principal Occupation		<u> </u>		me of Employer			1 000	
				C'' (D : 1				
				City of Bridgep	oort			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of				Yes No		Amount of	Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more th			ed with nave				
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of	spective	state conti	ractor?	Yes X No			
If yes, list Event # X No	government the contract is with:	L	Exec	utive Legislat	tive			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Rersonal Check Credit/De	🗆							
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250	0.00
Last Name			First Na	me				MI
Alberto				ala				
Residential Street Address		City				State	Zip	Code
18 Abbott St		1	Bridgep	ort		СТ	066	606
Principal Occupation			Na	me of Employer				
				Retired				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committe	e for a ch	ief executive	Yes No		Amount of	Contribution
of dependent entitle of a loopyist:	officer of a municipality does contributor or busine			ed with have	L Yes L No			
x _{No}	a contract with said municipality valued at more th	.a.i \$300	v:					
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pros	spective	state cont	ractor?	Yes X No			
If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legislat				
Mathod of Contribution	So comment to comment to write.			Date Received	Aggragata Cartuiliuti	_		
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/De	ebit Card Payroll Deduction	Money	Order	14/02/2016	#3F0.00		+25	

\$250.00

							1 ug	,0 31 01 3
	I. MONETARY	RECEIPTS (Se	ction A	A-K)				
NAME OF COMMITTEE (Provide Con		,		·	TYPE OF REPORT			
Bridgeport Democratic Town Comn	nittee				January 10 Filing - Origina	al		
	B. Itemized Contribu	tions from Indivi	duals					
Last Name			First Na					MI
Derek Residential Street Address		City	VV	ashington		State	Zip Cod	le .
9 Tashua Pkwy			Trumbu	II		CT	06611	
Principal Occupation				ne of Employer			1	
				Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$4 officer of a municipality does or a contract with said municipality	ontributor or business he/sh	e associate		Yes No	Am	nount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of state No government the contract is with:	branches of	state contr	'	Yes X No			
Method of Contribution	'			Date Received	Aggregate Contributions	\neg		
Cash X Personal Check C	Payroll Dedu	uction	Order	11/03/2016	\$250.00		\$250.0	10
Last Name			First Na	me				MI
Fausto			Ug	una				
Residential Street Address		City	•			State	Zip Cod	le
291 Clermont Ave			Bridgep	ort		СТ	06610)
Principal Occupation			Nai	ne of Employer Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$4 officer of a municipality does co a contract with said municipality	ontributor or business he/sh	e associate		Yes No	Am	nount of Con	itribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of state No government the contract is with:	branches of	state contr	'	Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check C	Credit/Debit Card Payroll Dedu	uction	Order	11/03/2016	\$250.00		\$250.0	10
Last Name			First Na	me				MI
Max			Pe	rez				
Residential Street Address		City				State	Zip Cod	le
25 Driftwood Ln		·	Trumbu			СТ	06611	
Principal Occupation			Nai	ne of Employer				
Project Manager				City of Bridgepo	rt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$4 officer of a municipality does coa contract with said municipality	ontributor or business he/sh	e associate		Yes No	Am	nount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of state If yes, indicate which branch or government the contract is with:	branches of	state contr	'	Yes X No			
Method of Contribution	·			Date Received	Aggregate Contributions			
Cash Personal Check	Credit/Debit Card Payroll Dedu	uction Money	Order	11/02/2016	¢350.00		#2E0 0	10

\$250.00

I.	MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete Name a				ŕ	TYPE OF REPORT			
Bridgeport Democratic Town Committee	o regional with rining response	013)			January 10 Filing - Origina	al		
B. Ito	emized Contributions from 1	Individ	duals					
Last Name			First Na					MI
Tom Residential Street Address		City	Br	ennan		State	7:- C-	1-
680 Kings Hwy E		City	Fairfield	l		CT	Zip Co. 0682	
Principal Occupation		<u> </u>		me of Employer		<u> </u>	1 0002	
Real Estate				Self Employed				
or dependent child of a lobbyist? Yes officer	ibution is in excess of \$400 to a candidate of a municipality does contributor or busin tet with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Co	ntribution
event reported in Section L1? If yes, i	ibutor a principal of state contractor or pro ndicate which branch or branches of ment the contract is with:	spective :	Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction	Money	Order	11/03/2016	\$500.00		\$500.0	00
Last Name			First Na	ame				MI
Alyssa			Ga	arcia				
Residential Street Address		City				State	Zip Co	de
323 Fairfield Ave		E	Bridgep			СТ	0660	4
Principal Occupation			Na	me of Employer				
Accounting				City of Bridgepo	ort			
or dependent child of a lobbyist? Yes officer	ibution is in excess of \$400 to a candidate of a municipality does contributor or busin act with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Co	ntribution
event reported in Section L1? If yes, i	ibutor a principal of state contractor or pro ndicate which branch or branches of ment the contract is with:	ospective :	state cont		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
X Cash Personal Check Credit/Debit Card	Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$100.0	00
Last Name			First Na	ame				MI
Nancy			OI	Donnell				
Residential Street Address		City				State	Zip Co	de
10 Eastern Pkwy		1	Milford			СТ	0646)
Principal Occupation Police Officer			Na	me of Employer City of Bridgepo	ort			
Is contributor a lobbyist, spouse,	ibution is in excess of \$400 to a candidate	committe	e for a ch	ief executive		L Δn	nount of Co	ntribution
or dependent child of a lobbyist? Yes officer	of a municipality does contributor or busin act with said municipality valued at more th	ess he/sh	e associat		Yes No		nount of Co.	introducion
Vac	ibutor a principal of state contractor or pro	spective	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, i	ndicate which branch or branches of ment the contract is with:		Exec					
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction	Money	Order	11/02/2016	±350.00		+250	

\$250.00

	I. MONETARY RECEIPTS	S (Sec	ction	A-K)				
NAME OF COMMITTEE (Provide Complete	e Name as Registered with Filing Reposito			,	TYPE OF REPORT January 10 Filing - Origin	al		
Bridgeport Democratic Town Committee	B. Itemized Contributions from I	'n divid	luala		Canadary 10 1 ming Singin			
	B. Itemized Contributions from 1	naivio	iuais					
Last Name Christine			First Na	me ale				MI
Residential Street Address		City				State	Zip (Code
116 Waverly Rd		9	Shelton			СТ	064	
Principal Occupation			Na	me of Employer			-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate confficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/she	e associat		Yes No		Amount of C	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	Evocutivo I ociolativo						
Method of Contribution	-			Date Received	Aggregate Contributions	_		
Cash X Personal Check Credit/I	Debit Card Payroll Deduction		2.1					
Cash Personal Check Credit/L	Debit Card Payroll Deduction	Money (Order	11/03/2016	\$50.00		\$50	.00
Last Name			First Na	me				MI
Peter				rroll				
Residential Street Address		City				State	Zip (Code
18 Fairlea Ave		9	Stratfor	d		СТ		
Principal Occupation			Na	me of Employer				
Business Mgr				I.B.E.W.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associat		Yes No		Amount of C	Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective s	state conti	actor?	Yes X No			
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	Г	Execu	itive Legislat				
ii yes, iist Evelit#	government the contract is with:		LACCI	itive <u> </u>				
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/L	Debit Card Payroll Deduction	Money (Order	11/03/2016	\$250.00		\$250	0.00
Last Name			First Na	me				MI
Juan			Не	ernandez				
Residential Street Address		City				State	Zip (Code
585 E Main St		E	Bridgep			СТ	066	08
Principal Occupation			Na	me of Employer Retired				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate c	nammitta	a for a ah	iaf avagutiva		$\overline{}$	Amount of C	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	officer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/she	e associat		Yes No		Amount of C	Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pros	spective s	state conti	actor?	Yes X No	—		
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:		Execu	ntive Legislat				
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money (Order	11/02/2015	44 000 00		+4.00	

\$1,000.00

\$1,000.00

							Page 34 01 3
		I. MONETARY RECEIP	TS (Section	A-K)			
NAME OF COMMITTEE (Pro	ovida Complete	Name as Registered with Filing Repos	,	Ź	TYPE OF REPORT		
Bridgeport Democratic Tow	· · · · · · · · · · · · · · · · · · ·	Name as Registered with Filling Repos	itory)		January 10 Filing - Origin	al	
		B. Itemized Contributions from	Individuals				
Last Name			First N	Name			MI
Joao			0	Gomes			
Residential Street Address			City			State	Zip Code
150 Alpine St			Bridge	port		СТ	06610
Principal Occupation			N	Name of Employer			
CAO				City of Bridgepo	rt		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candida officer of a municipality does contributor or bus	siness he/she associ		Yes No	Am	nount of Contribution
	x No	a contract with said municipality valued at more	e than \$5000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes	Is contributor a principal of state contractor or p If yes, indicate which branch or branches of	prospective state con	_ '	Yes X No		
		government the contract is with:					
Method of Contribution				Date Received	Aggregate Contributions		
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money Order	11/03/2016	\$1,000.00		\$1,000.00
Last Name			First N	Name			MI
Ramon				Garcia			
Residential Street Address			City			State	Zip Code
72 Brookdale Rd			Seymo			СТ	06483
Principal Occupation			N	Name of Employer			
Police Officer				City of Bridgepo	rt		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candida officer of a municipality does contributor or bus a contract with said municipality valued at more	siness he/she associ		Yes No	Am	nount of Contribution
	x No						
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of state contractor or p	prospective state con	ntractor?	Yes X No		
If yes, list Event #	x No	If yes, indicate which branch or branches of government the contract is with:	Exe	ecutive Legislativ	ve		
Method of Contribution				Date Received	Aggregate Contributions	-	
			٦		1-00-10-1-1		
Cash X Personal Check	Credit/De	bit Card Payroll Deduction	Money Order	11/03/2016	\$500.00		\$500.00
Last Name			First N	Name			MI
Pizarro				Daniel			
Residential Street Address			City			State	Zip Code
Principal Occupation			Trumb	Name of Employer		СТ	06611
Blight			,	City of Bridgepo	rt		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	If contribution is in excess of \$400 to a candida officer of a municipality does contributor or bus a contract with said municipality valued at more	siness he/she associ		Yes No	An	nount of Contribution
Is this contribution associated with an		Is contributor a principal of state contractor or p	prospective state con	ntractor?		—	
event reported in Section L1? If yes, list Event #	Yes X No	If yes, indicate which branch or branches of government the contract is with:		ecutive Legislativ	Yes X No		
Method of Contribution		<i>G </i>		Date Received	Aggregate Contributions	\dashv	
			7	Date Received	raggiogate Contitiontions		
Cash Personal Check	Credit/De	bit Card Payroll Deduction	Money Order	11/02/2016	# F00.00		+ F00.00

\$500.00

\$500.00

							1 4 5	,c 33 01 3
	I. MONETARY RECEIPT	S (Se	ction A	A-K)				
NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Filing Reposit	,		,	TYPE OF REPORT January 10 Filing - Origina			
Bridgeport Democratic Town Committee		r 1· ·			January 10 1 lilling - Origina	21		
	B. Itemized Contributions from	Individ	duals					
Last Name Stephen			First Na	me elson				MI
Residential Street Address		City				State	Zip Cod	le
24A Stoneridge Rd			Bridgep	ort		СТ	06606	5
Principal Occupation			Na	me of Employer				
City Sheriff								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associate		Yes No	Am	nount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Ye X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective :	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Credi	/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.0	00
Last Name			First Na	me				MI
John			Во	hannon				
Residential Street Address		City				State	Zip Cod	le
115 Balmforth St		E	Bridgep			СТ	06605	5
Principal Occupation			Na	me of Employer				
Attorney				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associate		Yes No	Am	nount of Cor	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective :	state contr	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:		Execu					
Method of Contribution				Date Received	Aggregate Contributions	\neg		
Cash X Personal Check Credi	/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$1,000.00		\$1,000.	.00
Last Name			First Na	me				MI
Mark			St	raubel				
Residential Street Address		City				State	Zip Cod	ie
23 Gorham Pl			Trumbu			СТ	06611	L
Principal Occupation Police Officer			Na	me of Employer City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more t	ness he/sh	e associate		Yes No	Am	nount of Cor	ntribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective :	state contr	ractor?	Yes X No	-		
event reported in Section L1? Ye If yes, list Event # X No	If yes, indicate which branch or branches of government the contract is with:	[Execu					
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credi	/Debit Card Payroll Deduction	Money	Order	11/02/2016	#350.00		#350 (10

\$250.00

	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Comple		,		,	TYPE OF REPORT			
Bridgeport Democratic Town Committee		лу)			January 10 Filing - Origin	al		
	B. Itemized Contributions from I	ndivio	luals					
Last Name			First Na	ame				MI
John			Ri	cci				К
Residential Street Address		City				State	Zip Co	ode
2675 Park Ave		E	Bridgep			СТ	0660	16
Principal Occupation			Na	me of Employer				
Director/Public Fac.				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	A	Amount of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective :	Exec		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit	/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$1,000.00		\$1,000	0.00
Last Name			First Na	· · · · · · · · · · · · · · · · · · ·	!			МІ
Nestor				(WO				IVII
Residential Street Address		City				State	Zip Co	ode
75 Eaton St			Bridgep	ort		СТ	0660	14
Principal Occupation		•	Na	me of Employer		•		
Budget Director				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate of officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	A	Amount of Co	ontribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	spective :	state cont		Yes X No			
Method of Contribution	-			Date Received	Aggregate Contributions			
Cash Personal Check Credit	/Debit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.	00
Last Name			First Na	ame		•		MI
Harry				eichsel				
Residential Street Address		City				State	Zip Co	ode
64 Janet Cir Apt 6		6	Bridgep	ort		СТ	0660	16
Principal Occupation			Na	me of Employer				
Real Estate Broker				Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	A	Amount of Co	ontribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro-	spective :	state cont	ractor?	Yes X No			
event reported in Section L1? If yes, list Event # No	If yes, indicate which branch or branches of government the contract is with:		Exec	utive Legislati				
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check Credit	/Debit Card Payroll Deduction	Money	Order	11/02/2016	#350.00		4250	00

\$250.00

						Page 37 01 3
	I. MONETARY RECEIPT	S (Section	A-K)			
NAME OF COMMITTEE (Provide Comple			, i	ΓΥΡΕ OF REPORT		
Bridgeport Democratic Town Committee		лу)		January 10 Filing - Origina	al	
Bridgeport Bernovius Town Committee	B. Itemized Contributions from I	ndividuals	L			
	2, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10					
Last Name		First Na	ame			MI
Dennis		Ві	uckley			
Residential Street Address		City			State	Zip Code
357 Commerce Dr # 462		Fairfield	d		CT	06825
Principal Occupation		Na	ame of Employer			
Zoning Inspector			City of Bridgepor	t		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busing	ess he/she associat		Yes No	Am	ount of Contribution
x _{No}	a contract with said municipality valued at more th	ian \$5000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of	spective state cont		Yes X No		
If yes, list Event # No	government the contract is with:	Exec	utive Legislative			
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit	/Debit Card Payroll Deduction	Money Order	11/03/2016	\$125.00		\$125.00
Last Name		First Na	ame			MI
R. Christopher			eyer			
Residential Street Address		City			State	Zip Code
3223 Main St		Bridgep	oort		CT	06606
Principal Occupation		Na	ame of Employer			•
Attorney			City of Bridgepor	t		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she associat		Yes No	Ame	ount of Contribution
X No						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	spective state cont		Yes X No		
Method of Contribution			Date Received	Aggregate Contributions		
	/Debit Card Payroll Deduction	Money Order	11/03/2016	\$1,000.00		\$1,000.00
			I	\$1,000.00		\$1,000.00
Last Name		First Na				MI
Raymond Residential Street Address			zio		Ct-t-	7:- C-1-
1 Post Rd		City Fairfield	1		State CT	Zip Code 06824
Principal Occupation			ame of Employer		Ci	1 00024
Attorney			Q & R Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin			Yes No	Am	ount of Contribution
x No	a contract with said municipality valued at more th	nan \$5000?				
Is this contribution associated with an	Is contributor a principal of state contractor or pro	spective state cont	ractor?	Yes X No		
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:	Exec				
Method of Contribution			Date Received	Aggregate Contributions		
Cash Personal Check Credit	/Debit Card Payroll Deduction	Money Order	11/02/2016	+2.000.00		+2 000 00

\$2,000.00

\$2,000.00

							1 42	50 01 3
	I. MONETARY RECEIPTS	S (Se	ction .	A-K)				
	mplete Name as Registered with Filing Reposito	,		,	TYPE OF REPORT			
Bridgeport Democratic Town Comm					January 10 Filing - Origina	al 		
	B. Itemized Contributions from I	ndivid	luals					
Last Name			First Na					MI
Daniel Residential Street Address		City	Po	ortanova		State	Zip Coo	da
3221 Main St		1 1	Bridgep	ort		CT	06606	
Principal Occupation				me of Employer		<u> </u>	1 00000	
Attorney				Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	Am	nount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		spective s	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check	Credit/Debit Card Payroll Deduction	Money (Order	11/03/2016	\$250.00		\$250.0	00
Last Name			First Na	ıme				MI
Bruce			Le	vin				
Residential Street Address		City				State	Zip Coo	de
40 Penny Ln		١	Noodbr			СТ	06525	5
Principal Occupation			Na	me of Employer				
Attorney				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more the	ess he/sh	e associat		Yes No	An	nount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash Personal Check	Credit/Debit Card Payroll Deduction	Money (Order	11/03/2016	\$500.00		\$500.0	00
Last Name			First Na	ıme				MI
Veronica			Or	tiz				
Residential Street Address		City				State	Zip Coo	
88 Raleigh Rd		E	Bridgep			СТ	06606	5
Principal Occupation PT Constituent Service			Na	me of Employer City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate cofficer of a municipality does contributor or busine a contract with said municipality valued at more th	ess he/sh	e associat		Yes No	Am	nount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of government the contract is with:	spective s	Exect		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check	Credit/Debit Card Payroll Deduction	Money (Order	11/02/2016	¢100.00		±100 (20

\$100.00

\$100.00

							1 45	0 37 01 3
	I. MONETARY RECEIPT	ſS (Se	ction A	A-K)				
NAME OF COMMITTEE (Provide Complet	e Name as Registered with Filing Reposit	,		,	TYPE OF REPORT			
Bridgeport Democratic Town Committe					January 10 Filing - Origina	al 		
	B. Itemized Contributions from	Individ	luals					
Last Name Brian			First Na	me :Allister				MI
Residential Street Address		City	MC	Allistei		State	Zip Code	le
448 7th St		1 1	Brookly	า		NY	11215	
Principal Occupation			Na	me of Employer		1	•	
Transportation Executive				McAllister Towi	ng			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more to	ness he/sh	e associate		Yes No	Am	nount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	ospective :	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money	Order	11/03/2016	\$250.00		\$250.0	0
Last Name			First Na	me				MI
John			Co	tter				
Residential Street Address		City				State	Zip Code	le
265 Congress St		E	Bridgep			СТ	06604	1
Principal Occupation	I to a section in the section of the			me of Employer			nount of Con	4-:14:
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the said municipality valued at more than the said municipal	ness he/sh	e associate		Yes No	Am	iount of Con	uribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	ospective :	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Rersonal Check Credit/	Debit Card Payroll Deduction	Money	Order	11/03/2016	\$500.00		\$500.0	0
Last Name			First Na	me				MI
Lisa			Die	ckerson				
Residential Street Address		City				State	Zip Code	
111 Crescent Dr		1	Milford			СТ	06460)
Principal Occupation			Na	me of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/sh	e associate		Yes No	Am	nount of Con	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro- If yes, indicate which branch or branches of government the contract is with:	ospective	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash Personal Check Credit/I	Debit Card Payroll Deduction	Money	Order	44 (02 (204 6	#3F0.00		+250.0	•

\$250.00

\$250.00

							1 45	,c +0 01 <i>3</i>
	I. MONETARY RECEIPT	S (Sec	ction A	A-K)				
NAME OF COMMITTEE (Provide Compl Bridgeport Democratic Town Commit	ete Name as Registered with Filing Reposito	,			TYPE OF REPORT January 10 Filing - Origina	al		
Bridgeport Democratic Town Commit	B. Itemized Contributions from 1	Individ	luals					
	B. Itemized Contributions if on i	murric	iuais					
Last Name Robert			First Na	me linger				MI
Residential Street Address		City		-		State	Zip Cod	ile
183 Meadows End Rd		N	Monroe			СТ	06468	3
Principal Occupation			Na	me of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/she	e associate		Yes No	Am	ount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # X No	If yes, indicate which branch or branches of	ospective s	Execu		Yes X No			
Method of Contribution	•			Date Received	Aggregate Contributions			
Cash X Personal Check Cred	t/Debit Card Payroll Deduction	Money (Order	11/03/2016	\$250.00		\$250.0	00
Last Name			First Na	me				MI
Sean			Ca	rroll				
Residential Street Address 11 Old Barn Rd		City	Гrumbu	II.		State CT	Zip Cod 06611	
Principal Occupation		<u> </u>		me of Employer		CI	1 00011	
Insurance				Merit Insurance				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/she	e associate		Yes No	Am	ount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	If yes, indicate which branch or branches of	ospective s	Execu		Yes X No			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Cred	t/Debit Card Payroll Deduction	Money (Order	11/03/2016	\$500.00		\$500.0	00
Last Name			First Na	me				MI
Craig			Na	drizny				
Residential Street Address 126 Harborview Ave		City	Bridgep	ort		State CT	Zip Cod 06605	
Principal Occupation		'		me of Employer		CI	1 00003	,
Foreman				City of Bridgepo	ort			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ness he/she	e associate		Yes No	Am	ount of Cor	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of	ospective s	Execu					
Method of Contribution				Date Received	Aggregate Contributions			
X Cash Personal Check Cred	t/Debit Card Payroll Deduction	Money (Order	44 (02 (2046	±100.00		+400.6	

\$100.00

\$100.00

	I. MONETARY RECEIPT	S (Se	ction	A-K)				
NAME OF COMMITTEE (Provide Complete Name		,		,	TYPE OF REPORT			
Bridgeport Democratic Town Committee					January 10 Filing - Origin	al		
В.	Itemized Contributions from I	ndivio	luals					
								_
Last Name			First Na	ame				MI
Jose			De	eMoura				
Residential Street Address		City	- · ·			State	Zip Co	
24 Moose Hill Rd Principal Occupation		,	Shelton			СТ	0648	4
тпісіраї Оссираціон			INa	ame of Employer				
Foreman				City of Bridgepo	ort			
or dependent child of a lobbyist? Yes office	entribution is in excess of \$400 to a candidate of the error of a municipality does contributor or busine intract with said municipality valued at more th	ess he/sh	e associat		Yes No	A	mount of Co	ontribution
Is this contribution associated with an Is co	ontributor a principal of state contractor or pros	spective :	state cont	ractor?	Yes X No	_		
event reported in Section L1? If you list Event #	es, indicate which branch or branches of ernment the contract is with:		Exec	utive Legislati				
Method of Contribution				Date Received	Aggregate Contributions			
					00 10 11			
Cash Personal Check Credit/Debit Car	d Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$100.	00
Last Name			First Na	ame	•			MI
Emilio				ernandes				
Residential Street Address		City				State	Zip Co	de
123 Harral Ave		E	Bridgep	oort		СТ	0660	4
Principal Occupation			Na	ame of Employer				
Maintainer				City of Bridgepo	ort			
or dependent child of a lobbyist? Yes office	ontribution is in excess of \$400 to a candidate of the contribution or business of a municipality does contributor or business of the contribution	ess he/sh	e associat		Yes No	A	mount of Co	ontribution
Is this contribution associated with an	ontributor a principal of state contractor or pros	spective :	state cont	ractor?	Yes X No	_		
avant reported in Section I 19	es, indicate which branch or branches of	Г	Exec	utive Legislati				
if yes, list event # gove	ernment the contract is with:		Exec	Legislati	·			
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debit Car	rd Payroll Deduction	Money	Order	11/03/2016	\$100.00		\$100.	00
Last Name			First Na	ame				MI
Dennis			M	iko				
Residential Street Address		City				State	Zip Co	de
2839 Main St		E	Bridgep	ort		СТ	0660	6
Principal Occupation			Na	ame of Employer				
				Self-Employed				
or dependent child of a lobbyist? Yes office	ontribution is in excess of \$400 to a candidate of the error of a municipality does contributor or busines intract with said municipality valued at more th	ess he/sh	e associat		Yes No	A	mount of Co	ontribution
Is this contribution associated with an Is co	ontributor a principal of state contractor or pros	spective :	state cont	ractor?		—		
event reported in Section L1? Yes If ye	es, indicate which branch or branches of	Г	_	_	Yes X No			
If you list Event #	ernment the contract is with:	_ L	Exec	utive Legislati	ive	[
Method of Contribution				Date Received	Aggregate Contributions			
Cash X Personal Check Credit/Debit Car	rd Payroll Deduction	Money	Order	11/02/2016	# F00.00		# F02	00

\$500.00

\$500.00

\$41,770.00

(Total on Line 13 of Summary Page)

					Page 42 01 53
I. MONETARY	RECEIPTS (Secti	ion A-K)			
NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)		TYPE OF REPORT		
Bridgeport Democratic Town Committee			January 10 Filing - Original		
B. Itemized Contribu	utions from Individua	als			
Last Name	Fi	irst Name			MI
James		Holloway			
Residential Street Address	City			State	Zip Code
171 Prince St	Brid	dgeport		СТ	06610
Principal Occupation		Name of Employer			
Permit Inspector		City of Bridgepo	rt		
Vac	4400 to a candidate committee for contributor or business he/she as ty valued at more than \$5000?		Yes No	Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No Is contributor a principal of stat If yes, indicate which branch or government the contract is with		e contractor? [Executive Legislativ	Yes X No		
Method of Contribution		Date Received	Aggregate Contributions		
Cash X Personal Check Credit/Debit Card Payroll Ded	duction Money Ord	er 11/03/2016	\$250.00		\$250.00
Last Name	F	irst Name			MI
Nessah	''	Smith			""
Residential Street Address	City			State	Zip Code
500 Evers St	Brid	dgeport		СТ	06610
Principal Occupation	•	Name of Employer	•		
		Unemployed			
Van	4400 to a candidate committee for contributor or business he/she as ty valued at more than \$5000?		Yes No	Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of stat Yes X No If yes, indicate which branch or government the contract is with		e contractor? Executive Legislativ	Yes X No		
Method of Contribution		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Ded	duction Money Ord	11/03/2016	\$100.00		\$100.00
		, ,	Total of Section 1	3	\$41,770.00

(Sections A & B)

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS

I. MO	NETAR	Y RECEIPTS	S (Section A-	-K)						
NAME OF COMMITTEE (Provide Complete Name as Regis					TYPE OF RE					
Bridgeport Democratic Town Committee					January 10 Filing	g - Origi	inal			
C1. Contril	butions f	rom Other Con	nmittees		•					
Name of Committee				Name of Treasure	r					
IRON-PAC 424				James Dohen	у					
Address	x Yes	s 🔲 No								
15 Bernhrd Roab		event reported in Sec If yes, list Eve		110320	16A		Amount of Contribution			
City	State	Zip Code	Date Received	Aggrega	ate Contributions		\$250.00			
North Haven	North Haven CT 06473 11/03/2016					\$250.00				
Name of Committee	Name of Treasure	r								
Roofers Political Education	Harold Davids	arold Davidson								
Address		Is this contribution as event reported in Sec		x Ye	s 🔲 No					
15 Bernhard Rd		If yes, list Eve		110320	16A		Amount of Contribution			
City	State	Zip Code	Date Received	Aggrega	te Contributions		\$250.00			
North Haven	СТ	06473	11/03/2016		\$250	0.00	\$250.00			
Name of Committee				Name of Treasurer						
U.A. Plubers & Steamfitters				Petrie Alfier						
Address		Is this contribution as event reported in Sec		x Yes						
1250 E Main St		If yes, list Eve		110320	16A		Amount of Contribution			
City	State	Zip Code	Date Received	Aggrega	ate Contributions		\$500.00			
Meriden	СТ	06450	11/03/2016		\$500	0.00	\$300.00			
Name of Committee				Name of Treasure	r					
Roofers Political Education Legislative Fund Of Ct.				Harold (Butch	n) F Davidson					
Address		Is this contribution as event reported in Sec		x Yes	s 🔲 No					
19 Bernhard Rd	If yes, list Event #			110320	16A		Amount of Contribution			
City	red Aggregate Contributions			\$250.00						
North Haven	СТ	06473	11/03/2016		\$250	0.00	\$230.00			
					Total of Section	n C1	\$1,250.00			

Total of Section D

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE						TY	PE OF REPORT			
Bridgeport Democratic Town Cor	mmittee					Jani	uary 10 Filing - Origi	nal		
	C2. Reimbursemen	ts or Surplu	s Distri	butions fr	om other Committe	ees				
Name of Committee					Name of Treasurer					
								_		
Address					Date Received			Amount of Receipt		
City State Zip Code Payment Type Reimbursement for shared expe										
Expenditure # (if applicable) Description										
						To	otal of Section C2	2		
	I. MON	ETARY R	ECEIP	TS (Sect	ion A-K)					
NAME OF COMMITTEE (Provide O	Complete Name as Regis	stered with Fi	ling Repo	ository)		TYPE OI	F REPORT			
Bridgeport Democratic Town Co	mmittee					January 10) Filing - Original			
	D. Loa	ns Received	this Pe	riod						
Name of Lender				Source of Lo	oan:			Date of Receipt		
				Bank	Candidate	Individual	Other			
Street Address City State Zip Code							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			

		I. M	ONETAR	RY RECEIPTS (Section A	-K)			
NAME OF COMMITTE	Œ					TYPE OF REPORT		
Bridgeport Democrati	c Town Commi	ittee				January 10 Filing - Origi	inal	
E. R	eceipts from E	ntities other t	han Indiv	iduals or Other Committees	(Referendur	n Committees ON	LY)	
Name of Entity								
					_			
Street Address					Date Rec	eived		Amount Received
City	Aggregat	e Contributions						
						Total of S	ection E	
		I. M	ONETAI	RY RECEIPTS (Section A	-K)			
NAME OF COMMITTE	EE (Provide Com	nlete Name as I	Registered w	vith Filing Repository)		TYPE OF RI	EPORT	
Bridgeport Democrati						January 10 Filing		
	F. Amount	Transferred	from Affi	liated Business Treasury (Bu	siness Entit	y Committees ON	LY)	
Date of Receipt	Is this transaction as reported in Section		ent	Yes No If yes, list	Event #		Amount	:
	!					Total of Section F		
		I. 1	MONETA	ARY RECEIPTS (Section	A-K)			
NAME OF COMMITTE	E					TYPE OI		
Bridgeport Democrati	c Town Commi	ttee				January 10 Fili	ng - Origir	nal
G. Amount Transfe	erred from Affi	liated Labor	Union or (Other Organization Treasury	(Organizat	ion Committees O	NLY)	
Date of Receipt		Amount						
						Total of Section (G	

	I. MONE	TARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE				TYPE OF REPOR	RT			
Bridgeport Democratic To	wn Committee			January 10 Filing - Orig	ginal			
H. Personal	Funds of the Candidate Re	ceived this Period (Candidate Committe	es ONLY)					
Date of Receipt	Method of Payment			1	Amount			
	Cash	Personal Check Credit/Deb	it Card					
			7	Total of Section H				
	I. Mo	netary Receipts (Section A-K)						
NAME OF COMMITTEE (P	Provide Complete Name as Regi	stered with Filing Repository)		TYPE OF REPOR	RT			
Bridgeport Democratic To	Bridgeport Democratic Town Committee January 10 Filing - Original							
	J. Interest from	n Deposits in Authorized Accounts						
Name of Institution Date Received Amount								
Street Address		City	State	Zip Code				
				Total of Section J				
			· · ·					
	1. M	ONETARY RECEIPTS (Section A-	K)					
NAME OF COMMITTEE				TYPE OF R				
Bridgeport Democratic To	own Committee			January 10 Filing -	Original			
	K. Miscellane	ous Monetary Receipts not Considered	Contributio	ons				
Name			Date of Tr	ansaction	Amount			
					Received			
Street Address		City	State	Zip Code				
Description					-			
				Total of Section K				

		II. EVENT	ACTIVITY (S	Section	s L1 -	L5)					
NAME OF COM	MITTEE (Prov	ride Complete Name as R	egistered with Filing	g Reposi	tory)			TYPE OF 1	REPORT		
Bridgeport Dem	nocratic Town	n Committee						January 10 F	iling - Origin	al	
			L1. Eve	ent Info	rmatio	n		•			
Event # Date of Event	Letter	Description							I	nis a fundra	ising event?
11/03/2016	А	Dinner Event				1			x	Yes	No
Location: Street Addre	ess					Cit	y		State		Zip Code
1775 Madison Av	/e					Bri	idgeport		СТ		06606
Subpart 1: (All Comm. Was this event hosted		ence?		X	Yes No	Conti	es, go to Section L5 In- ributions Associated with mation for any puchases i titions.)	a House Party	and complete	e required	
Did this fundraiser inc up to \$200 or items do	-	ces donated by a business entity of ual of up to \$100?	of	X	Yes No		es, go to Section L4 In- ributions and complete re			ered	
Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No							\$0.00				
		l Candidates and Political Comm	-	x	ittees) Yes No		es, go to Section L3 Pu or on a Sign and comple			ce in a Pro	ogram
Subpart 3: (Town Con Did your committee se within the state with th	ell food or beverage	at a fair or similar mass gatherin	g held	X	Yes No	(If ye	es, enter Total Receipts	here.)			\$0.00
							To	otal of Section	L1		\$0.00
		II.	EVENT ACTI	IVITY	(Section	ons L	L1 - L5)				
NAME OF COM	MITTEE (Prov	vide Complete Name as R	egistered with Filin	g Repos	itory)			ТҮРІ	E OF REPO	ORT	
Bridgeport Den	nocratic Town	n Committee						January 10 F	iling - Origin	al	
L3. Purch	ases of Adve	rtising in a Program I	Book or on a Sign	l							
Name of Purchaser									e By: ss Entity lual/Sole Pro		Other 0
Street Address							City			State	Zip Code
Date Received	Ev	ent#	Aggregate Purchases f	for All Eve	nts	Amou	unt of Program Ad Purchase		Amount of	Sign Purc	hase
								Total of	Section L3		

	II. EVE	ENT ACTIVITY (Sections I	L1 - L5)				
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Filing Repository)			TYPE OF REPO	ORT	
Bridgeport Democratic Town Co	ommittee				January 10 Filing - O	riginal	
	I 4 In-Kind Dong	ations Not Considered Contrib	utions				
	L4. III Kiliu Dolla	tions for considered contrib	utions				
Name of the Donor							
Rosa's Florist, LLC							
Street Address			City			State	Zip Code
3622 Main St			Bridgepo	ort		СТ	06606
Donation Given by:		Fair	Market Value of				
X Business Entity			Donation				
Individual	Date Received	Event #		Aggregate value fo	r this event		
Sole Proprietorship	11/03/2016	11032016A		\$	\$172.00		\$172.00
				,	Total of Section L4		\$172.00
	II	I.EVENT ACTIVITY (Sect	ions L1 -	L5)			
NAME OF COMMITTEE (Provide	e Complete Name as Re	egistered with Filing Repository)			TYPE OF RE	PORT	
Deile and Demonstra Terror C					January 10 Filing - O	riginal	
Bridgeport Democratic Town C	ommittee						
L5. In-k	Cind Donations Not	Considered Contributions Ass	ociated wi	ith a House Part	ty		
Name of the Host				Is this event su	pporting more than one ca	andidate or c	ommittee?
				Yes	Ma	complete Ite dum L5	emization in
Street Address City							Zip Code
Description of Donation							Market Value of Donation
Event #	Aggregate value of this E	event - all hosts	Aggre	egate value of all Events	s - this host/candidate		
				7	Total of Section L5		

III. NONMONETARY RECEIPTS (Sections M - O)													
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)									TYPE OF REPORT				
Bridgeport Democratic Town Committee									January 10 Filing - Original				
M. In-Kind Contributions													
Name													
Street Address		Zip Code											
Sitest Address			-	City				State		Zip Code			
Type of Contributor: Committee Individual / Sole Proprietorship Other	Date R	eceived	Ag	gregate contributions	Descrip	otion of In-Kind	Contributi	ion					
Is Contributor a lobbyist, spouse, or Yes dependent child of a lobbyist?				to a candidate committee for a chief does contributor or business he/she			Yes		Fair l	Market Value of this Contribution			
NO		ated with have a contra		th said municipality valued at more			No						
Is this contribution associated with an Yes Is contributor a principal of state contractor or prospective state contractor? event reported in Section L1?								Yes No					
If yes, list Event# No If yes, indicate which branch or branches of government the contract is with: Executive Legislative							egislative						
Total of Section M													
	II	I. Non Monet	ary	Receipts (Sections M	I - O)								
NAME OF COMMITTEE							TYPE (PE OF REPORT					
Bridgeport Democratic Town Committee	e						January	10 Filing	- Original				
N. Refundable Deposit to Telephone Company													
Last Name of Individual First Name					MI	I	Date Deposit M	lade					
Residential Street Address City State Zip Code						ode		Amount of Deposit					
Name of Telephone company													
Street Address City State Zip Code													
Total of Section N													

IV. EXPENDITURES (Sections P - T)										
NAME OF CO	MMITTEE (Provide Complete Name as Registered with Filin			TYPE OF RE	EPORT					
Bridgeport De	emocratic Town Committee			January 10 Filing	- Original					
P. Expenses Paid By Committee										
Name of Payee Mark Stroubel			Date of Payment 11/03/2016			-	1979	EFT		
Street Address 23 Gorham Pl		City Trumbull			State CT		Zip Code 06611			
Purpose of Expenditure (by cod	Description Cigars bought for event A							Event #		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of X None of the below Coordinated with reimbursement sought (ioint expenditure) Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□с □р		А	mount .	\$425.00		
Name of Payee State Central C	Committee		Date of Payment 11/03/2016			-	1980	EFT		
Street Address 30 Arbor St Ste	404	City Hartford			State CT		Zip Code 06106			
Purpose of Expenditure (by cod	Description (e)				•			Event #		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of X None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□c □D		A	mount \$10	,000.00		
Name of Payee Testo's Ristorar	nte		Date of Payment 12/05/2016			-	1981	EFT		
Street Address 1775 Madison Av	ve	City Bridgeport			State CT		Zip Code 06606			
Purpose of Expenditure (by cod	Description Food for Fundraiser Event						110320	Event #		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of X None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	_а □в	С Б		A	mount \$9	,800.00		

IV. EXPENDITURES (Sections P - T)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									
Bridgeport Democratic Town Committee January 10 Filing - Original									
			Paid By Committee						
Name of Payee Maria Heller				Date of Payment 12/10/2016				1982 EFT	
Street Address 20 Emerald Ridg	je Ct		City Shelton			State CT		Zip Code 06484	
Purpose of Expenditure (by coo	le)	Description wage / office supplies bought						Event#	
Expenditure # (if applicable)	X	pe of Expenditure (Itemization in Addendum P Required unless "None of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□с □р		A	mount \$1,000.00	
Name of Payee Gina Malheiro				Date of Payment 12/19/2016			•	1983 EFT	
Street Address 11 Botsford PI			City Trumbull			State CT		Zip Code 06611	
Purpose of Expenditure (by coo	le)	Description Music and supplies for Event A			,			Event # 11032016A	
Expenditure # (if applicable)	X	pe of Expenditure (Itemization in Addendum P Required unless "None of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□с □р		A	mount \$684.10	
				7	Total of Section P			\$21,909.10	

IV. EXPENDITURES (Sections P - T)													
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT													
January 10 Filing - Orig									ing - Original				
		Q. Cam	paign Expenses Paid B	y Candidate									
Name of Payee (Name of vendor, Person or Entity who candidate paid directly) Date of Payment								Is Reimburse	ment Cla	imed?			
											Yes		No
Street Address			City		_					State	Zip (Code	
Purpose of Expenditure (by code)	I	Description				Event #					A	mount	
Total of Section Q													
		IV.	EXPENDITURES										
NAME OF COM	IMITTEE	E (Provide Complete Name as Re	egistered with Filing Repo	sitory)				TYPI	E OF R	EPORT			
Bridgeport Der	nocratic	Town Committee					Janu	ary 10) Filing -	Original			
		R. Expense	es Incurred on Commi	tee Credit Car	d	1							
Name of Issuing Instit	ution			Type of Credit Card									
				Visa Other	Master	Card		Discov	er	American	Express		
Name of Vendor, Perso	on or Entity									Date of Tra	ansaction	l	
Street Address				City						State		Zip Cod	e
Purpose of Expenditur	re	Description		·								Event	#
(by code)													
	ı												
Expenditure # (if applicable)		Expenditure (Itemization in Addendum R	Required unless "None of the belo	w" is checked)							Am	ount	
		e of the below											
		rdinated with reimbursement sought (joint		Independent		D		C	D				
	Cool	rdinated without reimbursement sought (in	n-Kind Contribution)	Organization	A	В		С	D				
						7	Γotal	of Se	ction R				

IV. EXPENDITURES												
NAME OF COMM	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT											
Bridgeport Democratic Town Committee January 10 Filing - Original												
S. Expenses Incurred By Committee but Not Paid During this Period												
Name of Creditor									Date In	curred		
			City									
Street Address			City						State	•	Zip Code	
Purpose of Expenditure (by code)	Description							1			Event #	
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless ".	None of the below" is	checked,)					Amount Incurred (Estimate or Actual)			
	None of the below Coordinated with reimbursement cought (joint expenditure)		Indepen	dent								
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution Organization: A B C D							D					
Total of Section S												
									•			
IV. EXPENDITURES (Sections P - T)												
NAME OF COMM	IITTEE (Provide Complete Name as Registered with I	Filing Repository	y)			TYP	E OF 1	REPOR	RT			
Bridgeport Demo	ocratic Town Committee					Janua	ary 10 F	iling - O	riginal			
	T. Itemization of Reimbursements	and Secondary	y Paye	es								
Last Name of Worker/C	onsultant	First			MI		Date of	f Paymen	t to Ven	dor, Perso	n or Entity	
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant	•		Payment to	Reimburse Co	ommitte	ee Worke	er/Consul	tant as r	reported in	Section P	
					Check #				\neg	ebit Card	EFT	
Street Address of Vendo	r, Person or Entity Paid by Committee Worker/Consultant		City							State	Zip Code	
Purpose of Expenditure (by code)	Description		1						•		Event#	
Expenditure #	Type of Expenditure (Itemization in Addendem T Required ur	nless "None of the bel	ow" is ch	ecked)							Amount	
	None of the below											
	Coordinated with reimbursement sought (joint expenditure			ndependent				_	_			
	Coordinated without reimbursement sought (in-kind contr	ibution)		Organization:	A	Е	3	С	D	<u> </u>		
						To	otal of S	Section '	Т			

Secti	on L5. ADDEN	DUM							
NAME OF COMMITTEE					TYI	PE OF REPORT			
L5. In - Kind Donations Not Co	onsidered Contri	bution Assoc	iated with a House	Party - Ad	ldend	lum			
Event #									
Name of Candidate or Committee									
Sectio	n P. ADDENDI	U M							
NAME OF COMMITTEE				ТҮРЕ ОІ	REP	ORT			
P. Expenses Paid By Committee - Addendum									
Expenditure #	Supp	oorted	Opposed			Amount of Expenditure			
Name of Candidate or Committee	·	Office Sought (i	f applicable)		Co	st Allocated to Candidate or Committee			
Sectio	n R. ADDEND	UM							
NAME OF COMMITTEE				ТҮРЕ (OF RE	EPORT			
R. Expenses	Incurred on Co	mmittee Cre	dit Card - Addend	um					
Expenditure #	Supp	oorted	Opposed			Amount of Expenditure			
Name of Candidate or Committee	l	Office Sought (i	f applicable)		Cost	Allocated to Candidate or Committee			

Section S. ADDENDUM											
NAME OF COMMITTEE	TYPE OF REPORT										
S. Expenses Incurred by Committee but Not Paid During this Period - Addendum											
Expenditure #	Supp	oorted Opposed		Amount of Expenditure							
Name of Candidate or Committee		Office Sought (if applicable)	Co	ost Allocated to Candidate or Committee							

Section T. ADDENDUM											
NAME OF COMMITTEE			ТҮРЕ С	F RI	EPORT						
T. Itemization of Reimbursements and Secondary Payees - Addendum											
Expenditure #	Suj	pported Opposed			Amount of Expenditure						
Name of Candidate or Committee		Office Sought (if applicable)		Cost	Allocated to Candidate or Committee						