SEEC FORM 30

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 162

COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE	
Lumaj Explore						_ =	Candidate Committee Exploratory Committee	
3. TREASURER NAME								
First Jeffrey			MI	Last Caggiano			Suffix	
4. TREASURER ADDRESS								
Street Address		City			State	Z	Zip Code	
27 Cricket Hill Rd		Bristo)l		СТ	0	06010	
5. ELECTION DATE	6. OFFICE SOUGHT (Con	mplete oi	nly if Candidate	Committee)		7. DISTRICT NUMBER (if applicable		
11/06/2018	Undetermined							
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)					
First Pjerin "Peter"			MI	Last Lumaj			Suffix	
9. TYPE OF REPORT								
April 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	01/01/2017	thru	и	03/31/2017				
_11. CERTIFICATION								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
Electronic Filing	Scott Cleary			04/1	0/2017 11	.:29:51AM	1	
SIGNATURE	PRINT NAME OF THE	3 SIGNE	ΞR	DATE	CERTIFIED			
A Person who is found to have knowing to \$25,000, unless a fine of a larger a			-				of up	

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE. (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	TYPE OF REPORT					
Lumaj Explore	April 10 Filing - Original						
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$100,436.83						
14. Contributions received from Individuals (Section A and B)	\$79,905.00	\$206,705.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$79,905.00	\$206,705.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$180,341.83	\$206,705.00					
20. Expenses Paid by Committee (Section N)	\$65,700.97	\$92,064.14					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$114,640.86	\$114,640.86					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$400.00	\$1,200.00					
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

Page 3 of 162

						1 age 3 of 102
I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Lumaj Explore			April 10	Filing - Original		
A. Total Contributions from Small Contributors-Received this Period	od O	NLY	1	For Nonpartic \$0.00	ipating Cand	lidates ONLY
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Gjonaj		Zana				0615
Residential Street Address	City				State	Zip Code
1819 Williamsbridge Rd		Bronx			NY	10461
Principal Occupation		Name of Employer				
Housewife		None				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in Section J1? Yes Cash X Personal Check						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	02/2017		\$370.00		\$370.00
in yes, list Event #						
Last Name	First				MI	Contribution ID #
Qosaj		Muhamed				0618
Residential Street Address	City				State	Zip Code
2377 Custon Ave		Bronx			NY	10468
Principal Occupation		Name of Employer				
Owner			Remodel			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•		x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate	Contributions		
x No Personal Check	01/	03/2017	\$100.00			\$100.00
If yes, list Event #	<u> </u>				<u> </u>	
Last Name	First				MI	Contribution ID #
Sylaj		Mimoza				0616
Residential Street Address	City				State	Zip Code
262 W 107th St		Manhattan			NY	10025
Principal Occupation		Name of Employer				
Housewife		None				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate	Contributions		
an event reported in section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	04/2017	\$375.00		\$375.00	

Page 4 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Roberts		Barbara			0617			
Residential Street Address	City			State	Zip Code			
375 Copper Rdg		Southington		СТ	06489			
Principal Occupation		Name of Employ	er					
Housewife		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
x No Cash x Personal Check	01/	06/2017	\$50.00		\$50.00			
If yes, list Event #	01/	00/2017	\$50.00		450.00			
Last Name	First			MI	Contribution ID #			
Gentiau		Tuga			0620			
Residential Street Address	City			State	Zip Code			
7101 Bay Pkwy	ا ا	Brooklyn		NY	11204			
Principal Occupation		Name of Employ	er	<u> </u>				
carpenter		c and	c construction					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes X Cash Personal Check								
X No	01/	06/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Syku		Prec			0630			
Residential Street Address	City			State	Zip Code			
1005 Esplanade Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Foodservice		Morni	ngside Nursing					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	01/	06/2017	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Syku	1 1100	Marjana			0631			
Residential Street Address	City	· iaijaila		State	Zip Code			
1005 Esplanade Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er		,			
Foreman			Construction					
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	06/2017	\$375.00		\$375.00			

Page 5 of 162

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kodra		Aribun			0619			
Residential Street Address	City			State	Zip Code			
1429 Gillspel Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Cook			s Kitchen					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	01/	07/2017	\$100.00		\$100.00			
If yes, list Event #	01/	07,2017	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
Smajlaj		Luigi			0629			
Residential Street Address	City			State	Zip Code			
1716 Jarvis Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er	-	•			
Supervisor		Pebbl	e Craft Inc					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	08/2017	\$300.00		\$300.00			
T. AV	F: .			\ <i>a</i>	Louis B"			
Last Name Messina	First	Vincent		MI C	Contribution ID # 0626			
Residential Street Address	City	VIIICEIIL		State	Zip Code			
88 Mad River Rd	City	Wolcott		CT	06716			
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>	1 00/10			
Legal Srvcs		SELF						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	10/2017	\$125.00		\$125.00			
Lad Name	E:t			M	Contribution ID #			
Last Name Catania	First	Charles		MI	0637			
Residential Street Address	City	Charles		State	Zip Code			
20 Dailey Cir	City	Vernon		CT	06066			
Principal Occupation		Name of Employ	er	<u> </u>	1 00000			
Consultant			l Marketing					
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	10/2017	\$100.00		\$100.00			

Page 6 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Murawski		Susan			0625			
Residential Street Address	City			State	Zip Code			
143 Schroback Rd	<u> </u>	Plymouth		СТ	06782			
Principal Occupation		Name of Employ						
Bookkeeper Is contributor a principal of a state contractor or prospective state contractor?			on Prescriptions obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Aillot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	13/2017	\$100.00		\$100.00			
					La . a . a . p. "			
Last Name Tytymce	First	Piro		MI	Contribution ID # 0634			
Residential Street Address	City	PIIO		State	Zip Code			
27 Newman Ave		Waterbury		CT	06705			
Principal Occupation		Name of Employ	er					
Receiring		Kosle	r Keuner Inc					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04.6	4.4/2047	+400.00		+100.00			
If yes, list Event # Money Order Credit/Debit Card	01/	14/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Tytymce		Yllke			0635			
Residential Street Address	City			State	Zip Code			
27 Newman Ave		Waterbury		СТ	06705			
Principal Occupation		Name of Employ	er					
Teaching Assistant			ue Elementary School					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	110001100	1.66.06ate continuations					
X No Cash X Personal Check	01/	14/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Durgaj		Elton			0638			
Residential Street Address	City			State	Zip Code			
170 Nelson Rd		Scarsdale		NY	10583			
Principal Occupation		Name of Employ JP Mo						
Financial Analyst Is contributor a principal of a state contractor or prospective state contractor?			.11	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	Amou	an or contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/	15/2017	\$200.00		\$200.00			

Page 7 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original					
Lumaj Explore			7 prii 10 r iiing - Originai		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Puello		Isamar			0632
Residential Street Address	City	_		State	Zip Code
2822 Harrington Ave	<u> </u>	Bronx Name of Employ	ON .	NY	10461
Principal Occupation Student		Name of Employ BCC	ei		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Duic	received	riggiogue Controutions		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	16/2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Hoxha		Gezim			0621
Residential Street Address	City			State	Zip Code
305 Liberty Ave		Staten Island	I	NY	10305
Principal Occupation		Name of Employ	er		
President			Services		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		асренает стпа с	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes X Cash Personal Check					
If yes, list Event #	01/	16/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Rukaj		David			0622
Residential Street Address	City			State	Zip Code
3031 Hobart St	<u> </u>	Woodsite		NY	11377
Principal Occupation		Name of Employ			
Doorman			Wood's		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hasangjelzaj		Edon			0623
Residential Street Address	City			State	Zip Code
266 Betford Park Blvd		Bronx		NY	10458
Principal Occupation		Name of Employ			
Waiter			Polminteri		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No X Cash Personal Check If yes, list Event # Credit/Debit Card	01/	17/2017	\$100.00		\$100.00

Page 8 of 162

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gjoza		Niko			0633			
Residential Street Address	City			State	Zip Code			
6914 8th Ave		Brooklyn		NY	11228			
Principal Occupation Roofer		Name of Employ Kushr						
			11 1 ·	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	17/2017	\$200.00		\$200.00			
T. ar	F: /			L	Louis B"			
Last Name Cela	First	Irida		MI	Contribution ID # 0627			
Residential Street Address	City	Illua		State	Zip Code			
37 Bay 26 St	,	Brooklyn		NY	11214			
Principal Occupation		Name of Employ	er					
Server		Bridge	eview Diner					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	17/2017	#30.00		±20.00			
If yes, list Event # Money Order Credit/Debit Card	01/	17/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Qarri		Ariana			0628			
Residential Street Address	City			State	Zip Code			
2838 Zulette Ave		Bronx		NY	10461			
Principal Occupation		Name of Employ	er					
Office Assistant			Community College					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
If yes, list Event # Cash Personal Check No	01/	17/2017	\$300.00		\$300.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Honeymoon		Evan			0636			
Residential Street Address	City	Carabbin abou		State	Zip Code			
260 Deerbrooke Cir Principal Occupation		Southington Name of Employ	or	СТ	06489			
Director of Business Development			tnetwork					
			-1.1	Amou	unt of Contribution			
	0	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions]				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check No	01/	20/2017	\$50.00		\$50.00			

Page 9 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Dudzinski		Cassandra			0624			
Residential Street Address	City			State	Zip Code			
35 Regency Ct		Bristol		СТ	06010			
Principal Occupation		Name of Employ						
Office Manager Is contributor a principal of a state contractor or prospective state contractor?			j Explore obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	22/2017	\$100.00		\$100.00			
				l	1			
Last Name	First			MI	Contribution ID #			
Mekolloui	o:	Heolije		G: :	0639			
Residential Street Address	City	Dunaldum		State	Zip Code			
1567 Balh Ave Principal Occupation		Brooklyn Name of Employ	er	СТ	11228			
Retired		Retire						
			11 1 ·	Amou	unt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event #	01/2	24/2017	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Cakoui	O.	Hormit		G: :	0640			
Residential Street Address 11 Bronx River Rd	City	Yonkers		State NY	Zip Code 10704			
Principal Occupation		Name of Employ	er	INT	10704			
Retired		Retire						
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	27/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mekollari	riist	Anila		IVII	0641			
Residential Street Address	City	711110		State	Zip Code			
1567 Blah Ave		Brooklyn		NY	11228			
Principal Occupation		Name of Employ	er					
Teller		Dime	Savings Bank					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		перепаені спії (or a roodyrst?					
government the contract is with:	-	D : 1	X No					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	27/2017	\$300.00		\$300.00			
If yes, list Event #	l "''	-,,201/	φ500.00	1	4200.00			

Page 10 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Type OF REPORT April 10 Filing - Original					
Lumaj Explore			7 prii 10 r iiing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rrukaj		Albert			0642
Residential Street Address	City	_		State	Zip Code
3115 Sedgwich Ave		Bronx		NY	10463
Principal Occupation Construction		Name of Employ ASAP	Soultions		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative		D : 1			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	01/3	27/2017	\$100.00		\$100.00
If yes, list Event #	01/2	27,2017	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Mekollari		Leonard			0643
Residential Street Address	City			State	Zip Code
1564 Bath Ave		Brooklyn		NY	11228
Principal Occupation		Name of Employ			
Maintenance Is contributor a principal of a state contractor or prospective state contractor?			Real Estate obbyist, spouse, or	A	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash X Personal Check					
If yes, list Event #	01/2	27/2017	\$350.00		\$350.00
I you, list Event " Elected Scott Card					
Last Name	First			MI	Contribution ID #
Carrier Residential Street Address	G'i	Jake		Gr. i	0644
19 Winston Ct	City	Bristol		State CT	Zip Code 06010
Principal Occupation		Name of Employ	er	Ci	00010
Developer			er Group		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of)	dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check	04.5	20/2017	+475.00		+275.00
If yes, list Event # Money Order Credit/Debit Card	01/2	29/2017	\$475.00		\$275.00
Last Name	First			MI	Contribution ID #
Carrier		Francine			0645
Residential Street Address	City			State	Zip Code
19 Winston Ct		Bristol		СТ	06010
Principal Occupation		Name of Employ	er		
Assistant Manager			er Group		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of		acpendent child (
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	1.0001700			
X No Cash X Personal Check If yes, list Event # Money Order Credit/Debit Card	01/2	29/2017	\$375.00		\$275.00

Page 11 of 162

I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	111144415		MI	Contribution ID #
Weinberg	1 1100	Edward			0646
Residential Street Address	City			State	Zip Code
24 Ranch Rd		Woodbridge		СТ	06525
Principal Occupation		Name of Employ	er		•
Real estate professional		Dex P	roperty Solutions, Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			1.99.18		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash Credit/Debit Card Cash Ca	01/3	31/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Hosley	First	William		IVII	0647
Residential Street Address	City	William		State	Zip Code
30 Old Abbe Rd		Enfield		СТ	06082
Principal Occupation		Name of Employ	er		
Consultant		Willia	m Hosley		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of	U	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	01/3	31/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Shqutaj		Dhesh			1078
Residential Street Address	City			State	Zip Code
3840 Orloff Ave		Bronx		NY	
Principal Occupation		Name of Employ	er		
Doorman		_	as Elliman		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			86 .8		
If yes, list Event # Cash No Credit/Debit Card	02/0	02/2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Mulkurti	11130	Ornela		IVII	0648
Residential Street Address	City	0111010		State	Zip Code
3426 Steinway St		Long Island (City	NY	11101
Principal Occupation	•	Name of Employ	er		•
Sales assistant		Laina	Jane		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: Executive Legislative		Danier 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	02/	03/2017	\$50.00		\$50.00
If yes list Event # Money Order X Credit/Debit Card	I 52/	00,201,	Ψ50.00	I	T30.00

Page 12 of 162

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore			April 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Maxwell		Dara			0649		
Residential Street Address	City			State	Zip Code		
27 Chipmunk Trl		Sandy Hook		СТ	06482		
Principal Occupation		Name of Employ					
Director of Operations			Street obbyist, spouse, or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc	Amou	int of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions				
an event reported in section 31:							
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	02/	06/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Temazi		Frida			0650		
Residential Street Address	City			State	Zip Code		
17140 Clinton River Rd		Clinton Twp		MI	48038		
Principal Occupation		Name of Employ	er	•			
bus girl		restar	ant				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?				
government the contract is with: Executive Legislative	Б.	D : 1					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions				
x No X Cash Personal Check	02/	12/2017	\$100.00		\$100.00		
If yes, list Event #	02/	12/2017	Ψ100.00		4100.00		
Last Name	First			MI	Contribution ID #		
Lumaj		Frederik			0651		
Residential Street Address	City			State	Zip Code		
47724 Concord Rd		Macomb		MI	48044		
Principal Occupation		Name of Employ	er				
Owner			ainting				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
an event reported in Section J1?	Buie	110001100	1.6g. egate contributions				
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$50.00		\$50.00		
				l	la .a . m.		
Last Name	First			MI	Contribution ID # 0652		
Gjekaj Residential Street Address	City	Aleks		State	Zip Code		
5865 Shell Ln	City	West Blomfie	eld	MI	48331		
Principal Occupation		Name of Employ					
Owner		LLF Pa	ainting				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a foodyist?				
government the contract is with:		L	X No				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions				
x No Resonal Check	02.5	12/2017	#100.00		¢100.00		
If yes, list Event # Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00		

Page 13 of 162

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore April 10 Filing - Original							
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Guri		Ndrek			0653		
Residential Street Address	City			State	Zip Code		
3585 Grass Elizabeth		Waterford		MI	48328		
Principal Occupation		Name of Employ	er				
retired		retire	d				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Galabhaire Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No				
government the conduct is with.	Data	Received	Aggregate Contributions	4			
an event reported in Section J1?	Date	Received	Aggregate Contributions				
No X Cash Personal Check	02/	12/2017	\$100.00		\$100.00		
If yes, list Event # 02122017A	02/	12,2017	Ψ100.00		4100.00		
Last Name	First			MI	Contribution ID #		
Zefi		Henriko			0654		
Residential Street Address	City			State	Zip Code		
7418 Pershing St		Waterford		MI	48327		
Principal Occupation		Name of Employ	er	•	•		
unemployed		unem	ployed				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Gallaboriet Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with:			x No				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check							
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Zoga	THSt	Niko		IVII	0655		
Residential Street Address	City			State	Zip Code		
31264 Shorecrast Dr Apt 24703	,	Novi		MI	48377		
Principal Occupation		Name of Employ	er				
painter		Plus P	ainitng				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	i a lobbyist:				
government the contract is with: Executive Legislative			x No]			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No No Personal Check	02/	40/2047	+100.00		+100.00		
If yes, list Event # 02122017A Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Lumaj		Pjeter			0656		
Residential Street Address	City			State	Zip Code		
1426 Beach Ave		Bronx		NY			
Principal Occupation		Name of Employ	er	•			
Construction		LV Re	modeling LLC				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or for lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?				
government the contract is with: Executive Legislative			x No]			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 02122017A Cash Personal Check No	02/	12/2017	\$100.00		\$100.00		

Page 14 of 162

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT				
Lumaj Explore			April 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Pepaj		Adrian			0657		
Residential Street Address	City			State	Zip Code		
5220 41st Apt 3R		Astoria		NY			
Principal Occupation		Name of Employ	er	-			
Painter		Vuksa	n Pepaj				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Ye		unt of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	<u>'</u>			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No Sash Personal Check	02/	12/2017	\$100.00		\$100.00		
If yes, list Event # 02122017A	02/	12/2017	Ψ100.00		Ψ100.00		
Last Name	First			MI	Contribution ID #		
Kalaj		Merita			0658		
Residential Street Address	City			State	Zip Code		
3414 Aro Dr		Sterling Heig	hts	MI	48210		
Principal Occupation		Name of Employ	er	•	•		
Janitor		India	Flavors				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or		ant of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?				
government the contract is with:			x _{No}	<u>. </u>			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check							
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Gjelaj	1 1130	Besnik		IVII	0659		
Residential Street Address	City	2001		State	Zip Code		
1526 Ashley Ct	ĺ	Macomb		MI			
Principal Occupation		Name of Employ	er	-	!		
Painter		Ludov	rik Painiting				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Ye	Amo	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist:				
government the contract is with: Executive Legislative			x _{No}	<u>. </u>			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No No Personal Check	02.6	42/2047	+400.00		+100.00		
If yes, list Event # 02122017A	02/.	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Greshaj	1 1150	Besnik			0660		
Residential Street Address	City			State	Zip Code		
Roma Valley		Shelby Town	ship	MI			
Principal Occupation		Name of Employ	er				
Construction		Craftr	nen Inc				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amo	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with:			x _{No}	늬			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
— X C I							
If yes, list Event # 02122017A Cash Personal Check No	02/	12/2017	\$100.00		\$100.00		

Page 15 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original								
Lumaj Explore	April 10 Filling - Original							
B. Itemized Contributions from Individuals								
Last Name Martin	First	Prel		MI	Contribution ID # 0661			
Residential Street Address	City	1161		State	Zip Code			
1338 Lilac Ln		Waterford		MI				
Principal Occupation		Name of Employ	er					
Order Filler		McKes	sson					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Stocaj		Lodovik			0662			
Residential Street Address	City			State	Zip Code			
8359 Frederick Dr		Washington		MI				
Principal Occupation		Name of Employ						
Waiter Restaurant								
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes X Cash Personal Check								
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
				l	La .a			
Last Name Bunjaj	First	Anton		MI	Contribution ID # 0663			
Residential Street Address	City	Alton		State	Zip Code			
2556 Colden Ave		Bronx		NY	P			
Principal Occupation		Name of Employ	er	!				
Construction		Leo L	ulaj Constrcution					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes X Cash Personal Check								
If yes, list Event # 02122017A No XX Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Shabaj		Sokol			0664			
Residential Street Address	City			State	Zip Code			
1661 Bedford Square Dr		Rochester Hi	lls	MI				
Principal Occupation		Name of Employ	er					
Painter			Painitng					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 02122017A No	02/	12/2017	\$100.00		\$100.00			

Page 16 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Vashja		Xhovan			0665			
Residential Street Address	City			State	Zip Code			
47537 Meadowbrook Dr		Macomb		MI	•			
Principal Occupation		Name of Employ	er					
Painter		Natio	nal Painting					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event concreted in Section 112 Yes We then do f contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31:								
□ No □ □	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A								
Last Name	First			MI	Contribution ID #			
Djonovic		Jozefina			0666			
Residential Street Address	City			State	Zip Code			
3181 44th		Astoria		NY				
Principal Occupation		Name of Employ	er					
House Keeping		Shaha	ab Handjani					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
<u>VETELOTITE</u>					-			
Last Name	First			MI	Contribution ID #			
Culaj		Drita			0667			
Residential Street Address	City			State	Zip Code			
302 St Andrews Rd		Walden		NY				
Principal Occupation		Name of Employ	er					
laborer		Perfe	ct Walls					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child (of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
x c p 10 1	l							
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
				1	la de ma			
Last Name	First	6: 1 1		MI	Contribution ID #			
Culaj	City	Gjelosh		C+-+-	0668			
Residential Street Address	City	Wolden		State	Zip Code			
302 St Andrews Rd		Walden	or.	NY				
Principal Occupation Owner		Name of Employ	er ct Walls					
			abbyist spaysa or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date		1.55105ate Contributions					
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A	52/	,,	Ψ100.00		T-30.00			

Page 17 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name Lekaj	First	Robert		MI	Contribution ID # 0669			
Residential Street Address	City			State	Zip Code			
47395 Star Valley Dr		Macomb		MI				
Principal Occupation	-	Name of Employ	er	-	•			
unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 02122017A No Sx Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lekaj		Mark			0670			
Residential Street Address	City			State	Zip Code			
47395 Star Valley Dr		Macomb		MI				
Principal Occupation		Name of Employ	er					
Retired		Reited		1				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1-88-184-1					
If yes, list Event # 02122017A No X Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lekaj		Gjyste			0671			
Residential Street Address	City			State	Zip Code			
47395 Star Valley Dr	<u> </u>	Macomb		MI				
Principal Occupation		Name of Employ						
Retired		Retire		A				
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
All event reported in Section 31?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Delaj		Nikoll			0672			
Residential Street Address	City			State	Zip Code			
8086 Ogden Dr		Sterling Heig		MI				
Principal Occupation unemployed		Name of Employ	_{er} ployed					
			abbreigt angues or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Note: The principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Resonal Check	02/	12/2017	\$100.00		\$100.00			
If you list Eyent # 02122017A INO Manay Order Credit/Debit Cord	02/	12/201/	\$100.00	I	φ100.00			

Page 18 of 162

I, MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gammo		Crystal			0673			
Residential Street Address	City			State	Zip Code			
2456 Lorenzo Dr		Sterling Heig	hts	MI				
Principal Occupation		Name of Employ						
Stylist			stic Sams					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
Is this contribution associated with an event reported in Section J1?								
No X Cash Personal Check	02/:	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A								
Last Name	First			MI	Contribution ID #			
Henry		Michael		J	0674			
Residential Street Address	City			State	Zip Code			
63781 Gerogetown E		Washington	Township	MI				
Principal Occupation		Name of Employ	er					
Basement Waterproofing			Systems	•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna e						
government the contract is with: Executive Legislative	Dete	D						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Young		Chagnon			0675			
Residential Street Address	City			State	Zip Code			
13861 Provincial Dr # 7		Sterling Heig	hts	MI				
Principal Occupation		Name of Employ	er					
Stylist		Fanta	stic Sams					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If was indicate which branch or branches of	,	dependent child of	a loodyist:					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No No Personal Check								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First	•		MI	Contribution ID #			
Vulcaj	FIISt	Edward		IVII	0676			
Residential Street Address	City	Luwaru		State	Zip Code			
55068 Hucklberry Dr	City	Macomb		MI	Zip code			
Principal Occupation		Name of Employ	er		<u> </u>			
Cabinet Maker			et Shop					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes list Event # 02122017A Cash Personal Check	02/	12/2017	\$100.00		\$100.00			

Page 19 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Vulcaj		Rozina			0677			
Residential Street Address	City			State	Zip Code			
55068 Hucklberry Dr	<u> </u>	Macomb		MI	<u> </u>			
Principal Occupation		Name of Employ						
Sprayer Is contributor a principal of a state contractor or prospective state contractor?			et Shop obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with an executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
				l	1			
Last Name	First			MI	Contribution ID #			
Vulcaj Residential Street Address	C'i	Prel		G	0678			
	City	Macamb		State MI	Zip Code			
55068 Hucklberry Dr Principal Occupation	<u> </u>	Macomb Name of Employ	er	1411	<u> </u>			
Cabinet Maker			Cabinets					
				Amou	ant of Contribution			
Yes No dependent child of a lobbyist?								
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
	l			l				
Last Name	First			MI	Contribution ID #			
Hays	a:	Adrianne		- C	0679			
Residential Street Address 46656 Ben Franklin Dr	City	Shelby Town	chin	State MI	Zip Code			
Principal Occupation	<u> </u>	Name of Employ	•	1111				
Reitired		Retire						
Is contributor a principal of a state contractor or proceeding state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes 🔼 No	0	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 02122017A No San Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pacaj	First	Paulin		IVII	0680			
Residential Street Address	City			State	Zip Code			
47496 Hidden Meadows Dr		Macomb		MI				
Principal Occupation		Name of Employ	er	!				
Construction		Rozaf	a Construction					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:			x _{No}]				
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check	03.	12/2017	4100.00		¢100.00			
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			

Page 20 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bujaj		Astrit			0681			
Residential Street Address	City			State	Zip Code			
36452 Park Place Dr	<u> </u>	Sterling Heig		MI				
Principal Occupation Painter		Name of Employ	^{er} od Painting					
			11.14	Amou	ant of Contribution			
Yes X No	O	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
	I			l				
Last Name	First	Aleksander		MI	Contribution ID #			
Tanari Residential Street Address	City	Aleksanuer		State	0682 Zip Code			
14553 Kent Ct	City	Shelby Town	shin	MI	Zip Code			
Principal Occupation		Name of Employ	· · · · · · · · · · · · · · · · · · ·	112	ļ.			
Construction		LN Co	onstruction					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No dependent child of a lobbyiet, spouse, or dependent child of a lobbyiet.					ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with An expert reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Tanari		Agostin			0683			
Residential Street Address	City			State	Zip Code			
14553 Kent Ct		Shelby Town	ship	MI				
Principal Occupation		Name of Employ	er	-	-			
Construction		Tony'	s Construction					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A								
Last Name	First			MI	Contribution ID #			
Nikollas		Pjeter			0684			
Residential Street Address	City			State	Zip Code			
46284 Jonathan Cir	<u> </u>	Shelby Town		MI				
Principal Occupation		Name of Employ						
Painter Is contributor a principal of a state contractor or prospective state contractor?		-	Nikollas obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	о	dependent child of	Vac	Amot	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
Is this contribution associated with an event reported in Section J1? X Yes								
If yes, list Event # 02122017A No S Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			

Page 21 of 162

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore B. Itemized Contributions from Individuals Last Name Tinaj Residential Street Address 2681 Evaline St Principal Occupation Police Officer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # 02122017A Name of Employer Method of contribution: Date Received Aggregate Contributions \$100.00 \$100.00
B. Itemized Contributions from Individuals Last Name
Last Name Tinaj Residential Street Address 2681 Evaline St Principal Occupation Police Officer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? First Julian Contribution ID # 0685 Residential Street Address City Hamtramck MI Value State Value Valu
Tinaj Residential Street Address City State Zip Code Hamtramck MI Principal Occupation Police Officer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions \$100.00\$
Residential Street Address 2681 Evaline St Principal Occupation Police Officer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Amount of Contribution Date Received Aggregate Contributions \$100.00\$
Principal Occupation Police Officer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Hamtramck Name of Employer Wayne State Police Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? X No Amount of Contribution Amount of Contribution Date Received Aggregate Contributions \$\text{X} \text{ No} \text{ No} \text{ \$\text{S} \text{ NO} \text{ \$\text{NO} \text{ \$\text{Date} \text{ \$\text{NO} \text{ \$\text{S} \text{ \$\text{NO} \text{ \$\text{NO} \text{ \$\text{S} \text{ \$\text{NO} \
Principal Occupation Police Officer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer Wayne State Police Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contributor a lobbyist? Is contribution a lobbyist? In personal Check Date Received Aggregate Contributions \$100.00 \$100.00
Police Officer Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Personal Check Wayne State Police Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Amount of Contribution Aggregate Contributions \$\mathbb{X}\$ No \$\mathbb{N}\$ No \$\mathbb{N}\$ State Police Personal Check \$\mathbb{N}\$ No \$\mathbb{N}\$ State Police \$\mathbb{N}\$ Amount of Contribution Amount
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Amount of Contribution Legislative Legislative Date Received Aggregate Contributions Personal Check 02/12/2017 \$100.00
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves X No
government the contract is with: Is this contribution associated with an event reported in Section J1? X Yes
Is this contribution associated with an event reported in Section J1? X Yes
No X Cash Personal Check 02/12/2017 \$100.00 \$100.00
│
Last Name First MI Contribution ID #
Lajcaj Anton 0686 Residential Street Address City State Zip Code
8685 Winchester Dr Sterling Heights MI
Principal Occupation Name of Employer
Math Teacher Utica Community Schools
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution
dependent child of a loobyist?
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with Aggregate Contributions The section 112 are expected in Section 112. Aggregate Contributions
an event reported in Section J1?
If yes, list Event # 02122017A
Last Name First MI Contribution ID #
Nikollaj Nuo Nikollaj O687
Residential Street Address City State Zip Code
46284 Jonathan Cir Shelby Township MI
Principal Occupation Name of Employer
Owner Granite Marble
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
dependent unit of a topoyist.
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions
No X Cash Personal Check 02/12/2017 \$100.00 \$100.00
If yes, list Event # 02122017A
Last Name First MI Contribution ID #
Juncaj Pjeter 0688
Residential Street Address City State Zip Code
1351 Genella St Waterford MI
Principal Occupation Name of Employer
CDM Machine Pjeter Juncaj
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of
government the contract is with.
an event reported in Section J1?
If yes, list Event # 02122017A

Page 22 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)	TWEE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore April 10 Filing - Original					
• •					
B. Itemized Contributions from	_	lividuals			
Last Name	First	Mario		MI	Contribution ID # 0689
Shpati Residential Street Address	City	Магю		State	Zip Code
1444 Boston Post Rd	City	Larchmont		NY	Zip Code
Principal Occupation		Name of Employ	er	-	1
Painter		GV Pa	inting		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	/es Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative				10	
government the contract is with: Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	\dashv	
an event reported in Section J1? X Yes X Cash Personal Check					
If yes, list Event # 02122017A So Solve Cash Solve Cash Personal Check	02/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pecaj		Florian			0690
Residential Street Address	City			State	Zip Code
153 Summerfield Ln		Howell		MI	
Principal Occupation		Name of Employ			
Painter Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Amo	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o		es Timo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N	No	
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	7	
x Cash Personal Check					
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pecaj		Mario			0691
Residential Street Address	City			State	Zip Code
60 Morrow Ave		Scarsdale		NY	
Principal Occupation Construction		Name of Employer AGP	er		
			obbyist, spouse, or	Amo	unt of Contribution
Yes A No)	dependent child of	of a lobbyist?	/es	
If yes, indicate which branch or branches of government the contract is with:			x N	lo	
Is this contribution associated with	Date	Received	Aggregate Contributions	7	
an event reported in section 31:					
If yes, list Event # 02122017A No Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Pecaj		Fatlum			0692
Residential Street Address	City			State	Zip Code
1574 Summerfield Ln		Howell		MI	
Principal Occupation Formen		Name of Employ	on Brothers Panting		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:	Dat-	Received		10	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 02122017A X Cash Personal Check	02/	12/2017	\$100.00		\$100.00

Page 23 of 162

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore			April 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Pecaj		Martin			0693		
Residential Street Address	City			State	Zip Code		
1543 Summerfield Ln		Howell		MI			
Principal Occupation		Name of Employ	er		-		
Painter		Pain T	The Planet				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No				
government the conduct is with.	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?	Date	Received	Aggregate Contributions				
No X Cash Personal Check	02/	12/2017	\$10.00		\$10.00		
If yes, list Event # 02122017A	02/	12,2017	Ψ10.00		410.00		
Last Name	First			MI	Contribution ID #		
Zefi		Zef			0694		
Residential Street Address	City			State	Zip Code		
7418 Pershing St		Waterford		MI	68327		
Principal Occupation		Name of Employ	er	•	•		
Cook		Royal	Diner				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check							
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Kacaj	11130	Ejll		IVII	0695		
Residential Street Address	City			State	Zip Code		
47537 Meadowbrook Dr		Macomb		MI			
Principal Occupation		Name of Employ	er		!		
Construction		Alecio	Construction				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:				
government the contract is with: Executive Legislative			x No	_			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
N Cook Bowsonel Cheek							
If yes, list Event # 02122017A Solution In No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Popaj	1 1130	Lulzim		1411	0696		
Residential Street Address	City			State	Zip Code		
2754 York Rd	,	Rochester Hil	lls	MI			
Principal Occupation		Name of Employ	er		•		
Painter		Gener	ral Painting Co LLC				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x _{No}]			
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		

Page 24 of 162

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hoxhaj		Dornia			0697			
Residential Street Address	City			State	Zip Code			
6829 Lakeview Blvd Apt 5303		Westland		MI	<u> </u>			
Principal Occupation Teacher		Name of Employ	er mb Community College					
			obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111100	ant of Control			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$200.00		\$200.00			
	l							
Last Name	First			MI	Contribution ID #			
Kalaj Residential Street Address	City	Arben		State	0698 Zip Code			
2435 Lassiter Dr	City	Rochester Hi	lle	MI	Zip Code			
Principal Occupation		Name of Employ		1112				
Owner		Pluto	Painting LLC					
Is contributor a principal of a state contractor or prospective state contractor?					unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$300.00		\$300.00			
Last Name	First			MI	Contribution ID #			
Pepaj	1 1150	Luigj			0699			
Residential Street Address	City			State	Zip Code			
17734 Lorraine Dr		Macomb		MI				
Principal Occupation		Name of Employ	er	•	•			
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent enna (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/:	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A				<u></u>				
Last Name	First			MI	Contribution ID #			
Pepaj		Dritan			0700			
Residential Street Address	City			State	Zip Code			
17334 Lorraine Dr	ļ.,,	Macomb		MI				
Principal Occupation		Name of Employ						
Painter Is contributor a principal of a state contractor or prospective state contractor?			Constrction obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with The contribution associated with The contribution associated with The contribution is Section 112 The contribution is Secti	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # 02122017A No S Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			

Page 25 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Lugaj		Florjan			0701			
Residential Street Address	City			State	Zip Code			
847 Ludlow Ave Apt F201		Rochester		MI				
Principal Occupation		Name of Employ	er					
Tile			on Construction					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A	02,	,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Mece		Mimi			0702			
Residential Street Address	City			State	Zip Code			
3769 Meadowbrook Dr		Troy		MI				
Principal Occupation		Name of Employ	er					
Owner		Mimi	Mece Painting					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child c	<u> </u>					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	02/	12/2017	¢100.00		¢100.00			
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Nanaj		Gjon			0703			
Residential Street Address	City			State	Zip Code			
31205 Wellington Dr Apt 25107		Novi		MI				
Principal Occupation		Name of Employ	er	•				
Painter		RG pa	ainting					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist:					
government the contract is with:			x _{No}	1				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Resonal Check	02/	12/2017	\$100.00		¢100.00			
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dusovic		Nikolla			0704			
Residential Street Address	City			State	Zip Code			
78-11 138th St Apt B		Flushing		NY				
Principal Occupation		Name of Employ	er	-	•			
Painter		Natio	nal Painting LLC					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x _{No}	1				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check		12/2017	1100 00		+100.00			
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			

Page 26 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Camaj		Adrian			0705				
Residential Street Address	City			State	Zip Code				
5050 Peekskill Dr	<u> </u>	Sterling Heig		MI	48310				
Principal Occupation		Name of Employ							
Ower Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$65.00		\$65.00				
	I			l					
Last Name	First	Cimon		MI	Contribution ID #				
Camaj Residential Street Address	City	Simon		State	Zip Code				
5050 Peekskill Dr	City	Sterlign Heig	hts	MI	Zip code				
Principal Occupation	-	Name of Employ		<u> </u>	,				
Cheff		New \	York Deli						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Rersonal Check	02/	12/2017	\$50.00		\$50.00				
If yes, list Event # 02122017A	02/	12/2017	\$50.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Murlaj		Aleks			0707				
Residential Street Address	City			State	Zip Code				
332 Woodside Ct Apt 110	<u> </u>	Rochester		MI					
Principal Occupation		Name of Employ							
Construction			For Less						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 02122017A No No Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
	<u> </u>				1				
Last Name	First			MI	Contribution ID #				
Vushaj Residential Street Address	City	Aureljano		State	0708 Zip Code				
646 E 236th	City	Bronx		NY	Zip Code				
Principal Occupation	-	Name of Employ	er		<u>I</u>				
Construction			modeling LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?						
government the contract is with: Legislative Legislative		D	x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	027	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A Money Order Credit/Debit Card	02/.	12/201/	\$100.00	1	φ100.00				

Page 27 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Camaj		Nikola			0709			
Residential Street Address	City			State	Zip Code			
75882 Cass Ave		Utica		MI				
Principal Occupation		Name of Employ	er					
Painter		White	star Coating					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event concreted in Section 112 Yes We then do f contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
□ No □ □	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A	<u> </u>							
Last Name	First			MI	Contribution ID #			
Brunga		Mario			0710			
Residential Street Address	City			State	Zip Code			
17001 Elanor Dr		Clinton		MI				
Principal Occupation		Name of Employ	er					
Foreman		Horizo	onx Brother	-				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
1				l				
Last Name	First			MI	Contribution ID #			
Dukaj		Mark			0711			
Residential Street Address	City	G		State	Zip Code			
1873 Shemer Rd		Shelby		MI				
Principal Occupation Medical Doctor		Name of Employ	er air Internists					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 8					
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A		,						
Last Name	First			MI	Contribution ID #			
Lera		Vangjel			0712			
Residential Street Address	City			State	Zip Code			
15830 Lakeside Village Dr		Clinton Town	ship	MI				
Principal Occupation		Name of Employ	er					
Truck Driver		Capita	al Trucking					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a fobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
— X C I								
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
- Honey Order - Cledit Debit Cali	l							

Page 28 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	U (cenon /x-1)	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Camaj		Mariam			0713				
Residential Street Address	City			State	Zip Code				
155 S Bates St		Birmingham		MI					
Principal Occupation		Name of Employ	er						
Owner		Taloll	va Bistro						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
in yes, list Evenit# OZIZZOT/A Nioney Order Caud									
Last Name	First			MI	Contribution ID #				
Sinishtaj		Agron			0714				
Residential Street Address	City			State	Zip Code				
2578 25 Mile Rd		Macomb		MI					
Principal Occupation		Name of Employ	er						
Driver		Swee	tland						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00				
1 yes, list Event in OZIZZOTA Intoley order Celebron cand									
Last Name	First			MI	Contribution ID #				
Toma		Aledon			0715				
Residential Street Address	City			State	Zip Code				
3313 Applewood Dr Apt 2203		Lake Orion		MI					
Principal Occupation		Name of Employ	er						
Painter		Good	fellas Painting						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a followist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
1					I				
Last Name	First			MI	Contribution ID #				
Lulaj		Soko			0716				
Residential Street Address	City			State	Zip Code				
4889 Highpoint Dr		Clinton Town	<u> </u>	MI					
Principal Occupation		Name of Employ							
Tile worker		Soko							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Legislative Legislative Legislative	D-4	Dagaiyad							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No S Cash Personal Check	03.	12/2017	±100.00		¢100.00				
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				

Page 29 of 162

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Marku		Lodovik			0717				
Residential Street Address	City			State	Zip Code				
15716 Miler Dr		Macomb		MI	<u> </u>				
Principal Occupation Brick Cleaner		Name of Employ	^{er} rik Marku						
			11 14	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
	L			I					
Last Name	First	1		MI	Contribution ID #				
Markvukaj Residential Street Address	City	Leze		State	0718 Zip Code				
16040 Whitewater Dr	City	Macomb		MI	Zip code				
Principal Occupation		Name of Employ	er	<u> </u>	,				
house wife		unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Rersonal Check	02/	12/2017	\$50.00		\$50.00				
If yes, list Event # 02122017A	02/	12/2017	\$30.00		\$30.00 				
Last Name	First			MI	Contribution ID #				
Shkreli		Liza			0719				
Residential Street Address	City			State	Zip Code				
16040 Whitewater Dr		Macomb		MI					
Principal Occupation		Name of Employ	er						
house wife			ployed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 02122017A No No Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
I you, is the total of the control o									
Last Name	First			MI	Contribution ID #				
Markvukaj	C'i	Pashko		Gr. r	0720				
Residential Street Address 16040 Whitewater Dr	City	Macomb		State MI	Zip Code				
Principal Occupation		Name of Employ	er	1.11					
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
	0	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with An executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?		12/2017			+400.00				
If yes, list Event # 02122017A Solution	02/	12/2017	\$100.00		\$100.00				

Page 30 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Dokaj		Gjoshi			0721
Residential Street Address	City	Challes Tassa	alain.	State	Zip Code
9025 Shelby Woods Dr Principal Occupation	щ	Shelby Town Name of Employ	· ·	MI	
Painting			i Dokaj		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution
Yes X N If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a recent of the Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X Cash Personal Check					
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/.	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Prenga		Kristjan			0722
Residential Street Address	City			State	Zip Code
45687 Haray St Apt B201		Utica		MI	
Principal Occupation		Name of Employ	er	•	•
Tile Layer		Alba ⁻	Гile		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	received	Aggregate Contributions		
No Service Personal Check	02/:	12/2017	\$20.00		\$20.00
If yes, list Event # 02122017A					
Last Name	First			MI	Contribution ID #
Malaj		Zef			0723
Residential Street Address	City			State	Zip Code
21467 Waverly Dr Principal Occupation	L	Macomb Name of Employ	or.	MI	04894
Helper		Zef M			
			obbyist, spouse, or	Amou	ınt of Contribution
Yes 🔼 N	o	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 02122017A	02/	12/2017	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Rrukaj	1 1130	Klisman		IVII	0724
Residential Street Address	City			State	Zip Code
35726 Neil Dr		Rochester		MI	
Principal Occupation		Name of Employ	er		•
Painter		Kilsm	an Rrukaj		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (x No		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Assiegate Contributions		
If yes, list Event # 02122017A No No No No No No No Credit/Debit Card	02/	12/2017	\$20.00		\$20.00

Page 31 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Keqaj		Nikoll			0725			
Residential Street Address	City			State	Zip Code			
Roma Valley		Shelby Town	ship	MI				
Principal Occupation		Name of Employ	er					
tile		Nikoll	Keqaj					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u> </u>					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/	12/2017	+20.00		±20.00			
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Ibraj	riist	Egzon		IVII	0726			
Residential Street Address	City	Lgzon		State	Zip Code			
45726 Cone Pine Ln		Macomb		MI				
Principal Occupation		Name of Employ	er					
Painter		Ibraj	Egzon					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with A yes We want conserved in Section 112	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$40.00		\$20.00			
OLILLOITI.								
Last Name	First			MI	Contribution ID #			
Markujkaj		Pllumb			0727			
Residential Street Address	City			State	Zip Code			
16040 Whitewater Dr		Macomb		MI				
Principal Occupation		Name of Employ	^{er} b Markujkaj					
remodeling Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		711100	nt of Controution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes Method of contribution: X Yes X Cash Personal Check								
U No I ☐ ····· ☐ ·····	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A								
Last Name	First			MI	Contribution ID #			
Rakaj		Aleks			0728			
Residential Street Address	City			State	Zip Code			
Roma Valley Apt E2		Shelby Town	· · · · · · · · · · · · · · · · · · ·	MI				
Principal Occupation		Name of Employ						
Tile Layer			Rakaj	· ·				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Deta	Received						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A	32/	,,	Ψ100.00		T-00.00			

Page 32 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lugaj		Valentin			0729				
Residential Street Address	City			State	Zip Code				
Roma Valley Apt E2		Shelby Town	ship	MI					
Principal Occupation		Name of Employe	er						
Restoration			Restoration						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _{No}						
government the conduct is with.	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00				
					I				
Last Name	First			MI	Contribution ID #				
Bardhoku Residential Street Address	City	Lek		State	0730				
5516 Timberland Ln	City	Macamb		MI	Zip Code 48044				
Principal Occupation		Macomb Name of Employe	er	1711	40044				
Owner			ls Cafe						
			obbyjet enouge or	Amou	ınt of Contribution				
Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? X Cash Personal Check									
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$50.00		\$50.00				
If yes, list Event # OZIZZOTTA I Money Order I Credit Debit Cand									
Last Name	First			MI	Contribution ID #				
Lumaj		Valentin			0731				
Residential Street Address	City			State	Zip Code				
48499 Amber Ln		Shelby Town:	·	MI	48315				
Principal Occupation		Name of Employer BNF	er						
Construction Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		111100	and of Commodulon				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions	•					
an event reported in Section 31:									
If yes, list Event # 02122017A	02/	12/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Pllumaj	riist	Sokol		IVII	0732				
Residential Street Address	City	50101		State	Zip Code				
48516 Roma Valley Dr		Shelby		MI	48315				
Principal Occupation		Name of Employ	er		!				
Construction		BNF							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or So lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
— X C I									
If yes, list Event # 02122017A Cash Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				

Page 33 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumai Explore April 10 Filing - Original								
Editing Explore								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			N	MI	Contribution ID #		
Toplanaj		Gjoka				0733		
Residential Street Address	City	Managarah			State	Zip Code		
56126 Elegant Dr		Macomb	or		MI	48042		
Principal Occupation Name of Employer Owner AFI Painting								
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Yes	Amour	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x	No				
government the contract is with:	Date	Received	Aggregate Contributions	_				
an event reported in Section J1? X Yes Wethod of contribution: X Yes X Cash Personal Check								
If yes, list Event # 02122017A No	02/	12/2017	\$20.00			\$20.00		
Last Name	First			N	MI	Contribution ID #		
Simishtaj		Ardian				0734		
Residential Street Address	City			S	State	Zip Code		
19032 Blackberry Dr		Macomb		١	MI	48049		
Principal Occupation		Name of Employe	er					
Driver			nd Trucking					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amour	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent emid e	x	No				
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check	02/	12/2017	\$100.00		:	\$100.00		
If yes, list Event # 02122017A		,				•		
Last Name	First			N	MI	Contribution ID #		
Hollis		Jazmin				0735		
Residential Street Address	City				State	Zip Code		
26342 Judy Cir		Name of Employe			MI			
Principal Occupation Server		1 7	เ Greens					
				\neg	Amour	nt of Contribution		
Yes A No)	dependent child of	a a loody ist:	Yes				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No				
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # 02122017A	02/	12/2017	\$100.00	\perp		\$100.00		
Last Name	First			N	MI	Contribution ID #		
Romero		Angelina				0736		
Residential Street Address	City			S	State	Zip Code		
18279 Willow Ln		Brownstown		^N	MI			
Principal Occupation		Name of Employe						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Reitre Is contributor a le	obbyjst spouse or	$\overline{}$	Amour	nt of Contribution		
Yes X No)	dependent child of	of a lobbyist?	Yes				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No				
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	\neg				
an event reported in Section 71:								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00			\$100.00		

Page 34 of 162

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Parizon		Christina			0737				
Residential Street Address	City			State	Zip Code				
23073 Fairlane Blvd	<u> </u>	Woodhaven		MI	<u> </u>				
Principal Occupation		Name of Employ							
Beauty Advisor Is contributor a principal of a state contractor or prospective state contractor?			cina Parizon obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an execution in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
Type, in 27th Office Control of the				l					
Last Name	First			MI	Contribution ID #				
Benavides	a:	Charles		a	0738				
Residential Street Address	City	Damaulua		State	Zip Code				
26322 Judy Cir Principal Occupation		Romulus Name of Employ	or	MI	<u> </u>				
Cabinet Maker		HAK	ci						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
				! !					
Last Name Abbott	First			MI	Contribution ID # 0739				
Residential Street Address	City	Richard		State	Zip Code				
1503 Dragoon St	City	Detroit		MI	48209				
Principal Occupation	<u> </u>	Name of Employ	er	112	10203				
Print Press Operator			Container						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Romero	1 1100	Virginia			0740				
Residential Street Address	City			State	Zip Code				
1451 Livernois Ave		Detroit		MI	48209				
Principal Occupation		Name of Employ	er		•				
Janitorial		Burge	r King						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loodyist?						
government the contract is with: Legislative Legislative	-		x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A Money Order Credit/Debit Card	02/	12/201/	\$100.00		\$100.00				

Page 35 of 162

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original							
Lumaj Explore April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Prister		Robert		ļ	0741		
Residential Street Address	City			State	Zip Code		
2042 Riverbank St Principal Occupation		Lincoln Park Name of Employe	or.	MI	48146		
Crew Leader			int Construction				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or fallohbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No				
government the contract is with:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?							
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Parizon		Walter		А	0742		
Residential Street Address	City			State	Zip Code		
23073 Fairlane Blvd		Woodhaven		MI	48183		
Principal Occupation		Name of Employ	er		•		
Retired		Retire	d				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a labbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x No				
Is this contribution associated with a superstant of the superstan	Date	Received	Aggregate Contributions	1			
No No Personal Check	02/	12/2017	\$100.00		\$100.00		
If yes, list Event # 02122017A							
Last Name	First			MI	Contribution ID #		
Romero		Rico			0743		
Residential Street Address	City			State	Zip Code		
18279 Willow Ln		Brownstown		MI			
Principal Occupation Line Worker		Name of Employe					
		Chrys		Amor	unt of Contribution		
Yes A No)	dependent child o	f a lobbyist?	7 tinou	and of Contribution		
If yes, indicate which branch or branches of government the contract is with:		-	x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # 02122017A X Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00		
Lost Nama	Einat			MI	Contribution ID#		
Last Name Romero	First	Guy		A	Contribution ID # 0744		
Residential Street Address	City	Guy		State	Zip Code		
6321 Regular		Detroit		MI			
Principal Occupation		Name of Employ	er		ļ.		
Laborer		Gatev	/ay				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amou	nnt of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31?							
If yes list Event # 02122017A Solution If yes list Event # 02122017A Solution If yes list Event # 02122017A	02/	12/2017	\$100.00		\$100.00		

Page 36 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Aponoves		Savannah			0745			
Residential Street Address	City			State	Zip Code			
1701 Grange Rd		Trenton		MI	48183			
Principal Occupation		Name of Employ	er					
Server		Huror	n Room					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # 02122017A Cash Cash Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
in yes, list Event # OZIZZOT/A Money Order Cadu								
Last Name	First			MI	Contribution ID #			
Coushi		Erild			0746			
Residential Street Address	City			State	Zip Code			
44 Bayview		Clinton		MI	48038			
Principal Occupation		Name of Employ	er					
Labor		Eldrid	Cushi	-				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cosh Parsonal Check								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
-				l				
Last Name	First			MI	Contribution ID #			
Bareta	O.	Ilir		a	0747			
Residential Street Address	City	C. I. II.	1.	State	Zip Code			
14427 Victoria Dr		Sterling Heig		MI				
Principal Occupation		Name of Employ						
Laborer Is contributor a principal of a state contractor or prospective state contractor?			Marble Granite obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 8					
No X Cash Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A		<i>'</i>						
Last Name	First			MI	Contribution ID #			
Brucaj		Vjollca			0748			
Residential Street Address	City			State	Zip Code			
14427 Victoria Dr		Sterlign Heig	hts	MI				
Principal Occupation		Name of Employ	er					
Laborer		Eagle	Marble Granite					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a fobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions					
— X C I								
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
- Jon, and Debt Cald	l							

Page 37 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Kishnell		Paul			0749			
Residential Street Address	City			State	Zip Code			
22508 Goddard Rd		Southgate		MI	48195			
Principal Occupation		Name of Employ	er	•	•			
Cashier		Salva	tion Army					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Resonal Check	02/	12/2017	±100.00		±100.00			
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
White	11130	Brandon		1411	0750			
Residential Street Address	City	Dianaon		State	Zip Code			
22416 West Rd Apt 203		Brownstown		MI	r			
Principal Occupation		Name of Employ	er					
Cleaner		Metro	Sanitation					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Konja Residential Street Address	G:	Merrick		Gr. r	0751			
24650 Foxmoor Blvd	City	Woodhaven		State MI	Zip Code			
Principal Occupation		Name of Employ	er	1411				
Manager			Rick Mini Mart					
Is contributor a principal of a state contractor or prospective state contractor?		,	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Pugno	O.	Jill		g	0752			
Residential Street Address 22036 Woodhaven	City	Woodhaven		State MI	Zip Code 48183			
Principal Occupation		Name of Employ	er	1411	40103			
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with. Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
— X C I								
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
July 51 and 51 and 50 a				l				

Page 38 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
White		Melissa			0753			
Residential Street Address	City			State	Zip Code			
22416 West Rd Apt 203		Woodhaven		MI				
Principal Occupation		Name of Employ	er					
Cashier		EBDS	Inc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 02122017A Cash Cash Personal Check No	02/	12/2017	\$100.00		\$100.00			
in yes, his Event # OZIZZOT/A Intology Order International								
Last Name	First			MI	Contribution ID #			
Romero		Raymond			0754			
Residential Street Address	City			State	Zip Code			
5679 Anthon St		Detroit		MI				
Principal Occupation		Name of Employ	er					
Inspector		Chrys		i				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative	I _							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Coushin	FIISt	Albert		IVII	0755			
Residential Street Address	City	Albert		State	Zip Code			
44701 Bayview Ave	City	Clinton		CT	Zip Code			
Principal Occupation		Name of Employ	er	C.				
Laborer		MGC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No					
Is this contribution associated with a superstance of the superstance	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
in yes, list event# OZIZZOTYA Intolley Order International Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Coushin		Briana			0756			
Residential Street Address	City			State	Zip Code			
44701 Bayview Ave		Clinton		MI				
Principal Occupation		Name of Employ	er					
Laborer		Chrys		•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (·					
government the contract is with: Executive Legislative Legislative	-		x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check		12/2017	1100 00		±100.00			
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			

Page 39 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brucaj		Tom			0757				
Residential Street Address	City			State	Zip Code				
56658 Winding Crk		Macomb		MI	<u> </u>				
Principal Occupation Retired		Name of Employ Retire							
				Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
				1					
Last Name	First	5		MI	Contribution ID #				
Brucaj Residential Street Address	City	Roza		State	0758 Zip Code				
56658 Winding Crk	City	Macomb		MI	Zip Code				
Principal Occupation		Name of Employ	er	1 112					
Laborer			sa Interreform						
Is contributor a principal of a state contractor or prospective state contractor?		_	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Scalise	1 1100	Sandra			0759				
Residential Street Address	City			State	Zip Code				
482 Mullberry Dr		Commerce T	ownship	MI					
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A		,			·				
Last Name	First			MI	Contribution ID #				
Scalise		Thomas			0760				
Residential Street Address	City			State	Zip Code				
482 Mullberry Dr		Commerce T	•	MI	<u> </u>				
Principal Occupation		Name of Employ							
Manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with The contribution associated with The contribution associated with The contribution is Section 112 The contribution is Secti	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # 02122017A No S Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				

Page 40 of 162

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Malaj		Jetnor			0761			
Residential Street Address	City			State	Zip Code			
144 21 Charta Rd		Janaice		NY	11436			
Principal Occupation Dry Waller		Name of Employ	^{er} r Malaj					
			11.14	Amor	unt of Contribution			
Yes X N	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
				I				
Last Name	First	Dale		MI	Contribution ID #			
Defaliaj Residential Street Address	City	Dak		State	0762 Zip Code			
1413 Mayflower Ln	City	Bronx		NY	Zip code			
Principal Occupation		Name of Employ	er	<u> </u>	,			
Tile Layer		Alba ⁻	Γile					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lumaj		Rin			0763			
Residential Street Address	City			State	Zip Code			
6545 Broadway Apt 1G		Bronx		NY				
Principal Occupation		Name of Employ	er					
Painting			tar painitng					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check								
If yes, list Event # 02122017A No No Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
I you, is a treat of the control of								
Last Name	First			MI	Contribution ID #			
Malaj	C'i	Magdalena		Gr. r	0764			
Residential Street Address 42599 Green Valley Dr Apt 203	City	Clinton		State CT	Zip Code			
Principal Occupation		Name of Employ	er	Ci				
Waitress		Nick [
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			□ No					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 31?								
If yes, list Event # 02122017A Solution	02/	12/2017	\$100.00		\$100.00			

Page 41 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Malaj		Leon			0765				
Residential Street Address	City			State	Zip Code				
42313 Mayheu Dr		Sterling Heig	hts	MI					
Principal Occupation		Name of Employ							
Plumber			ısa Plumbing						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 02122017A	02/:	12/2017	\$100.00		\$100.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Veshtaj	G'i	Aleksandro		Gr. r	0766				
Residential Street Address	City	Day Taymahir	_	State	Zip Code				
62502 Wayfaring Rd Principal Occupation		Name of Employe		MI					
Laborer			wide Marble Granite						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
)	dependent child o	f a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/:	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gaci		Brunlinda			0767				
Residential Street Address	City			State	Zip Code				
26150 Rosebriar Dr		Chesterfield		MI					
Principal Occupation		Name of Employ	er	-	-				
Laborer		Benve	enuto INC						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x No						
government the contract is with:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	02/:	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A	,	, -	,						
Last Name	First			MI	Contribution ID #				
Malaj		Elton			0768				
Residential Street Address	City			State	Zip Code				
36724 Celilia Dr		Sterling Heig	hts	MI					
Principal Occupation		Name of Employ							
Painter			Construction		ant of Court 1 11				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			□ No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			50 0						
If yes, list Event # 02122017A No	02/:	12/2017	\$100.00		\$100.00				

Page 42 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	U (cenon /x-1)	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Malaj		Shaqe			0769				
Residential Street Address	City			State	Zip Code				
12055 Anthony Dr		Shelby Town	ship	MI					
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed	_					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative	В.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No S Cash Personal Check	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Malaj	1 1150	Prek			0770				
Residential Street Address	City			State	Zip Code				
12055 Anthony Dr		Shelby Town	ship	MI					
Principal Occupation		Name of Employ	· · · · · · · · · · · · · · · · · · ·		!				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Malaj		Frank		_	0771				
Residential Street Address	City	Challes Tassa	-l-!-	State	Zip Code				
12055 Anthony Dr Principal Occupation		Shelby Town Name of Employ	•	MI					
Busboy		1 ,	Breeze						
·			abbyist spanse or	Amor	int of Contribution				
Yes 🔼 No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No						
government the contribution associated with several solutions as solutions as solutions as solutions as solutions as solvent so	Date	Received	Aggregate Contributions	1					
an event reported in Section 71:									
If yes, list Event # 02122017A No Cash Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
in year, man Dream and Cartain Street Cartain Stree									
Last Name	First			MI	Contribution ID #				
Nikaj		Elton			0772				
Residential Street Address	City			State	Zip Code				
50378 Steeh Dr		McOmb		MI					
Principal Occupation		Name of Employ							
Unemployed Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amar	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	ин от Сонитоппоп				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			30 -0 3						
No I No Personal Check	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A	I		İ	I					

Page 43 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rushaj		Edmond			0773				
Residential Street Address	City			State	Zip Code				
52139 Jacqueline Ct	<u> </u>	Macomb		MI	<u> </u>				
Principal Occupation		Name of Employ							
Painter Is contributor a principal of a state contractor or prospective state contractor?			d C Services obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an execution in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
I you, is the total of the control o									
Last Name	First			MI	Contribution ID #				
Rushaj		Shpresa			0774				
Residential Street Address	City			State	Zip Code				
52159 Jacqueline Ct Principal Occupation	<u> </u>	Macomb Name of Employ	or .	MI					
Hair dresser			esa Rushaj						
			abbreigt anguag or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? X Yes X Cash Personal Check									
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # OZIZZOT7A Infoncy Order In Credit Debit Card				<u> </u>					
Last Name	First			MI	Contribution ID #				
Malaj		Nikolin			0775				
Residential Street Address	City	C: !: !!!		State	Zip Code				
42313 Mayhew Dr . Principal Occupation	<u> </u>	Sterling Hieg Name of Employ		MI					
Tile Layer		Tata							
· · · · · · · · · · · · · · · · · · ·			obbyist snouse or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
All event reported in Section 71?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
[l	Laurina				
Last Name Malaj	First	Edrana		MI	Contribution ID # 0776				
Residential Street Address	City	Lui aiia		State	Zip Code				
42313 Mayhew Dr .	City	Sterling Heig	hts	MI	Z.p code				
Principal Occupation		Name of Employ			,I				
Cashier		Astori	ia Pastry Shop						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	03.	12/2017	4100.00		¢100.00				
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				

Page 44 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ivezaj		Halot			0777				
Residential Street Address	City			State	Zip Code				
29-48 Alexander Ave	<u> </u>	Rochester Hi		MI	<u> </u>				
Principal Occupation		Name of Employ							
Owner Is contributor a principal of a state contractor or prospective state contractor?			Ivezaj obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
	I			I					
Last Name	First	.		MI	Contribution ID #				
Nikolin Residential Street Address	City	Geri		State	0778 Zip Code				
2342 Hawthorne St	City	Shelby Town	chin	MI	Zip Code				
Principal Occupation		Name of Employ	· ·	1-11					
Construction		Nikoli							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Nilaj		Luan			0779				
Residential Street Address	City			State	Zip Code				
14120 Balfour St		Oak Park		MI					
Principal Occupation		Name of Employ	er	=	•				
Owner			s Welding and Steel						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	received	Aggregate Contributions						
No Sash Personal Check	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A									
Last Name	First			MI	Contribution ID #				
Kapllaj		Cesk			0780				
Residential Street Address	City			State	Zip Code				
39955 Burton Ct		Novi		MI					
Principal Occupation		Name of Employ							
Owner Is contributor a principal of a state contractor or prospective state contractor?			rge Coney obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of		Aillot	an or Commounton				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with an avent proported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71?									
If yes, list Event # 02122017A No Cash Personal Check No No Noney Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				

Page 45 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kapllaj		Gjyste			0781				
Residential Street Address	City			State	Zip Code				
2275 Walter		Warren		MI	48375				
Principal Occupation Owner		Name of Employ	^{er} rge Coney						
			11.11	Amou	unt of Contribution				
Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
				I					
Last Name	First	6 1		MI	Contribution ID #				
Todson Residential Street Address	City	Suela		State	0782 Zip Code				
3260 Stanforth Ave	City	West Bloomf	iled	MI	Zip Code				
Principal Occupation		Name of Employ		1111	<u> </u>				
unemployed		1 7	ployed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
Last Name	First	-		MI	Contribution ID #				
Last Name Mitaj	FIISt	Nikolin		IVII	0783				
Residential Street Address	City	NIKOIIII		State	Zip Code				
4100 Webster Dr		Shelby Town	ship	MI	r				
Principal Occupation		Name of Employ	· ·						
Construction		NGM	Construction						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Personal Check	02/	12/2017	±100.00		±100.00				
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mitaj		Blerina			0784				
Residential Street Address	City			State	Zip Code				
Webster dr		Shelby Town	ship	MI					
Principal Occupation		Name of Employ	er						
Construction		NGM	Construction		_				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (x No						
government the contract is with: Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A	I/	,	¥200.00	I	, ,				

Page 46 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	I www.or.nenov	n.m.		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore April 10 Filing - Original						
Editing Exprore						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Dudzinski		Daryle			J	0785
Residential Street Address	City	Duistal			State	Zip Code
35 Regency Ct Principal Occupation		Bristol Name of Employe	or		СТ	
Director		State				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	f a lobbyist?			
government the contract is with:	Data	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # 02122017A X Cash Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$50.00			\$50.00
Last Name	First				MI	Contribution ID #
Gjolaj	1 1130	Ded			1411	0786
Residential Street Address	City				State	Zip Code
1053 Kendra Ln		Howell			MI	
Principal Occupation		Name of Employ	er	•		
Owner		Horizo	on Brothers Panting			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna o	x	No		
Is this contribution associated with As yes Method of contribution: Yes	Date	Received	Aggregate Contributions			
No Cash X Personal Check	02/	12/2017	\$375.00			\$375.00
If yes, list Event # 02122017A						
Last Name	First				MI	Contribution ID #
Marku		Arben				0787
Residential Street Address	City				State	Zip Code
22 Sandlewood Ct		Rochester Hil			MI	
Principal Occupation President		Name of Employ	n Construction			
					Amou	nt of Contribution
Yes A No)	dependent child of	f a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with	Date	Received	Aggregate Contributions			
an event reported in section 31:						
If yes, list Event # 02122017A Cash Cash Personal Check No	02/	12/2017	\$375.00			\$375.00
Last Name	First				MI	Contribution ID #
Vushaj		Erlis				0788
Residential Street Address	City				State	Zip Code
43933 Trent Dr		Clinton Town			MI	
Principal Occupation		Name of Employ				
Painter Is contributor a principal of a state contractor or prospective state contractor? Yes X No		Is contributor a le	bbyist, spouse, or	V-	Amou	nt of Contribution
If we indicate which branch or branches of	,	dependent child of	i a loodyist?			
government the contract is with: Executive Legislative			x	No		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31?		40/001=				+275.00
If yes list Event # 02122017A	02/	12/2017	\$375.00			\$375.00

Page 47 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Vushaj		Ermal			0789
Residential Street Address	City			State	Zip Code
24156 Rosemarie Ave	L.,	Warren		MI	
Principal Occupation		Name of Employ			
Painter			Brothers LLC	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 02122017A Solution No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
				l	
Last Name	First			MI	Contribution ID #
Ivani Residential Street Address	City	Nik		C+-+-	0790
	City	Macamb		State MI	Zip Code
47537 Meadowbrook Dr Principal Occupation	L	Macomb Name of Employ	er	IMIT	
Painting and remodeling		Nik Iv			
			obbyist, spouse, or	Amou	ınt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with	Date	Received	Aggregate Contributions		
Tash Resonal Check					
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
	L			l I	Г
Last Name	First	Minala		MI	Contribution ID #
Ivani Residential Street Address	City	Mirela		State	0791 Zip Code
47537 Meadowbrook Dr	City	Macomb		MI	Zip Code
Principal Occupation		Name of Employ	er		
Stylist			stic Sams		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 02122017A Cash Cash Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$370.00		\$370.00
Lad Name	Einst			MI	Ct-itti ID#
Last Name Gurraj	First	Lulash		MII	Contribution ID # 0792
Residential Street Address	City	Luiasii		State	Zip Code
548 Rolling Green Cir	City	Rochester Hi	lls	MI	Z.p code
Principal Occupation		Name of Employ		<u></u>	
Owner		Lulasi	n Gurraj		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	U	dependent child of	a loodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 02122017A	02/	12/2017	\$375.00		\$375.00

Page 48 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vuktilaj		Sander			0793				
Residential Street Address	City			State	Zip Code				
30488 Bristol Cir		Novi		MI	<u> </u>				
Principal Occupation Painter		Name of Employ	er Service Painting						
			abbrief analysis of	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	1 111100	ant of Controllion				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/:	12/2017	\$375.00		\$375.00				
	l			1					
Last Name	First			MI	Contribution ID #				
Malaj Residential Street Address	City	Dod		State	0794 Zip Code				
50378 Steeh Dr	City	Macomb		MI	Zip Code				
Principal Occupation		Name of Employ	er	1 112					
Owner			ts Grill						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Malaj	1 1150	Mirela			0795				
Residential Street Address	City			State	Zip Code				
12999 Blue Lake Cir		Shelby Town	ship	MI					
Principal Occupation		Name of Employ	er	-	•				
Waitress		Albert	t's Family Dinning						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02/:	12/2017	\$375.00		\$375.00				
If yes, list Event # 02122017A									
Last Name	First			MI	Contribution ID #				
Malaj		Albert			0796				
Residential Street Address	City			State	Zip Code				
50378 Steeh Dr		Macomb		MI	<u> </u>				
Principal Occupation Owner		Name of Employ							
			c's Family Dinning obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
all event reported in Section 31?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				

Page 49 of 162

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	 	Audii /X-1)	TYPE OF REPORT				
Lumaj Explore April 10 Filing - Original							
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Malaj		Pashke			0797		
Residential Street Address	City			State	Zip Code		
50378 Steeh Dr		Macomb		MI			
Principal Occupation		Name of Employ	er	-			
Prep Cook		Albert	s's Family Dinning				
Is contributor a principal of a state contractor or prospective state contractor?	Š		obbyist, spouse, or Yes		int of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?				
government the contract is with:			x _{No}	_			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Cosh X Parsonal Cheek							
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		
				1	I		
Last Name	First	\/=\+i		MI	Contribution ID #		
Pati Residential Street Address	City	Valentina		Ct-t-	0798		
	City	Magazah		State	Zip Code		
50378 Steeh Dr		Macomb Name of Employ	or.	MI			
Principal Occupation		1 ,					
Owner Is contributor a principal of a state contractor or prospective state contractor?			s Salon obbyist, spouse, or	Amou	ant of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		int of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with.	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?	Dute	10001100	riggregate communitions				
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00		
If yes, list Event# 02122017A	02/	12,2017	4373.00		ψ3, 3.00		
Last Name	First			MI	Contribution ID #		
Malaj		Ferdinant			0799		
Residential Street Address	City			State	Zip Code		
12999 Blue Lake Cir		Shelby Town	ship	MI			
Principal Occupation		Name of Employ	er	•	•		
Truck Driver		Ameri	can Motor Line				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with A section 112 We thought one of contribution: Yes	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 02122017A	02/	12/2017	\$375.00		\$375.00		
	-			1,,,	La .a . m.		
Last Name	First	Tanin		MI	Contribution ID #		
Zefi Residential Street Address	City	Tonin		State	0800 Zip Code		
8390 18 Mile Rd	City	Sterling Heig	htc	MI	Zip Code		
Principal Occupation		Name of Employ		1 1111			
Owner			aitning LLC				
			abbreigt anguage or	Amou	unt of Contribution		
Yes X No)	dependent child of	of a lobbyist?	Ί.			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions	1			
— X D 1G 1							
If yes, list Event # 02122017A	02/	12/2017	\$375.00		\$375.00		

Page 50 of 162

NAME OF COMMITTER (Provide Complete Name as Registered with Commission)
Second S
Contribution Delay
Companies
City
Sterling Meight
Name of Employer
So contributor a principal of a state contractor or prospective state contractor?
Secutivibutes a principal of a state contractor or prospective state contractor?
Yes Yes Note Security Yes
Sins contribution associated with an event reported in Section 17? Last Name Lulaj From John Contribution or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: South Method of contribution: Becautive Legislative Clash Aldon Clinton Township Name of Employer Raig Granite State Ontribution a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: South Method of contribution: If yes, indicate which branch or branches of sovernment the contract is with: South Method of contribution: If yes, indicate which branch or prospective state contractor? Aldon Name of Employer Raig Granite Raig Raig Raig Raig Raig Raig Raig Raig
It his contribution associated with an event reported in Section J1? Lutal Name Lutlaj Residential Street Address 42599 Green Valley Dr Apt 203 If yes, indicate which branch or branches of soverment the contract is with: It shis contributor a principal of a state contractor or prospective state contractor? If yes, indicate Value or Valu
Last Name Lulaj Residential Street Address Lulay If yes, indicate which branch or branches of a vert reported in Section J1? Last Name Last Name Lulay Residential Street Address Addon State Aldon Aldon Aldon MI Contribution ID # O802 Clipton Township MI Principal Occupation Tile Layer Is contributor a principal of a state contractor or prospective state contractor? Yes Clipton Township Name of Employer Kalaj Granite Kalaj Granite Residential Street Address Aggregate Contributions Name of Employer Kalaj Granite Amount of Contribution Amount of Contribution Amount of Contribution Date Received Aggregate Contributions Aggregate Contributions Name of Employer Kalaj Granite Street Address O2/12/2017 \$375.00 \$375.00 \$375.00 Amount of Contribution ID # O802 Amount of Contribution Date Received Aggregate Contributions Nikolin O803 Residential Street Address Clip Name of Employer First MI Contribution ID # O803 S375.00 Amount of Contribution ID # O803 Residential Street Address Clip First Name of Employer First MI Contribution ID # O803 Amount of Contribution Name of Employer First Nikolin Name of Employer First Name of Employer Satte State Amount of Contribution Amount of Contribution ID # O803 Amount of Contribution ID # O803 Amount of Contribution ID # O806 Amount of Contribution ID # O807 Amount of Contribution Amount of Contribution Date Received Aggregate Contributions Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Date Received Aggregate Contributions Amount of Contribution Amount of Contribution Amount of Contribution Date Received Aggregate Contributions Amount of Contribution Amount of Contribution Amount of Contribution Amount of Contribution Date Received Aggregate Contributions Amount of Contribution Amount of Contribution Amount of Contribution Date Received Aggregate Contributions Amount of Contribution Amount of Contribution Amount of Contribution
Secontification Secontific
Last Name Last Name Celaj Residential Street Address Aldon Aldo
City State Aggregate Contribution associated with an event reported in Secret Aggregated Contribution or prospective state contractor? Yes Nikolin
City State Address Alternative Alt
A2599 Green Valley Dr Apt 203 Similar Name of Employ= Tile Layer
Principal Occupation Tile Layer Sontributor a principal of a state contractor or prospective state contractor? Yes X No
Is contributor a principal of a state contractor or prospective state contractor?
If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract of yers which is contribution: If yes, indicate which branch or branches of government the contract of yers which is contribution: If yes, indicate which branch or branches of government the contract of yers which is contribution: If yes, indicate which branch or branches of government the contract of yers which is contribution: If yes, indicate which branch or branches of government the contract of yers which is contribution: If yes, indicate which branch or branches of government the contract of yers which is contribution: If yes, indicate which branch or branches of government the contract of yers which is contribution: If yes, indicate which branch or branches of government the contrac
If yes, indicate which branch or branches of government the contract is with: Executive
Is this contribution associated with an event reported in Section J1? Last Name Celay Residential Street Address First City Name of Employer Finos Produce Is contributor a principal of a state contractor or prospective state or trianctor? If yes, indicate which branch or branches of government the contract is with: Fixed and the contraction associated with an event reported in Section J1? Method of contribution: Legislative Legislative Date Received Aggregate Contributions Aggregate Contributions MI Contribution ID # O803 Aggregate Contribution Nikolin Name of Employer Finos Produce Is contributor a principal of a state contractor or prospective state or tractor? Proceive Aggregate Contributions
Is this contribution associated with an event reported in Section J1? If yes, list Event # 02122017A
If yes, list Event # 02122017A
If yes, list Event # 02122017A No Money Order Credit/Debit Card 02/12/2017 \$375.00 \$375.00 Last Name
Last Name Celaj Residential Street Address City Macomb Mi State Zip Code Macomb Principal Occupation Worker State Finos Produce Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions \$375.00 \$375.00
Residential Street Address Residential Street Address Frincepal Occupation Worker Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Date
Residential Street Address 53552 Fitzgerald Dr Principal Occupation Worker State Zip Code MI Name of Employer Finos Produce Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Macomb Name of Employer Finos Produce Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$375.00\$
Principal Occupation Worker Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Macomb Name of Employer Finos Produce Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions \$375.00\$
Principal Occupation Worker Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Name of Employer Finos Produce Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? In yes Amount of Contribution Amount of Contribution Aggregate Contributions 1
Worker Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? No
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a lobbyist, spouse, or dependent child of a lobbyist? Is no lot Received Aggregate Contributions Safety of the second of the sec
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Ves Ves Legislative Legisl
government the contract is with: Is this contribution associated with an event reported in Section J1? Date Received Aggregate Contributions Aggregate Contributions Personal Check 02/12/2017 \$375.00
Is this contribution associated with an event reported in Section J1? Method of contribution: Date Received Aggregate Contributions O2/12/2017 \$375.00 \$375.00
No Cash X Personal Check 02/12/2017 \$375.00 \$375.00
□ No □ □ □ □ □ 02/12/2017 □ \$375.00 □ \$375.00
11 yes, list Event " OZIZZOTYA Circumbest Card
Last Name First MI Contribution ID #
Celaj Lindita 0804
Residential Street Address City State Zip Code
53552 Fitzgerald Dr Macomb MI
Principal Occupation Name of Employer
Manager Finos Produce Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of Executive Legislative
government the contract is with.
an event reported in Section J1?
If yes_list_Event # 02122017A

Page 51 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	I was or benongari		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumai Explore April 10 Filing - Original					
Lumaj Explore April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kola	a:	Gjovalin		0	0805
Residential Street Address	City	Macamb		State	Zip Code
46754 Albany Dr Principal Occupation	<u> </u>	Macomb Name of Employe	or	MI	
Tile Layer		Tata 1			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	f a lobbyist?		
government the contract is with: Executive Legislative	Б.	p : 1		0	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A		·			
Last Name	First			MI	Contribution ID #
Mucaj		Gjina			0806
Residential Street Address	City			State	Zip Code
344 Sandalwood Dr		Rochester Name of Employe		MI	
Principal Occupation Hairdresser		G Salo			
			obbyist, spouse, or	Amo	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	f a lobbyist?	es	
If yes, indicate which branch or branches of government the contract is with:			x N	о	
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Rersonal Check					
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
Last Name	First	-		MI	Contribution ID #
Gjelaj	1 1100	Gjovalin			0807
Residential Street Address	City			State	Zip Code
3585 Cass Elizabeth # 202		Wateford		MI	
Principal Occupation		Name of Employ	er		
Owner			ainting		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	X N	0	
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X Yes Method of contribution: Method of contribution: A Personal Check					
If yes, list Event # 02122017A No Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Malaj		Ardian			0808
Residential Street Address	City			State	Zip Code
900 Dahilla Ln Rochester Hls		Rochester Hil	ls	MI	
Principal Occupation		Name of Employ			
Owner Is contributor a principal of a state contractor or prospective state contractor?			Restaurant obbyist, spouse, or	Amo	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child o	·	es	unt of Contribution
If yes, indicate which branch or branches of average at the contract is with: Executive Legislative			x N	0	
government the contract is with.	Date	Received	Aggregate Contributions	\dashv	
an event reported in Section J1? X Yes Method of contribution: X Yes Method of contribution:					
If yes, list Event # 02122017A Cash X Personal Check	02/	12/2017	\$375.00		\$375.00

Page 52 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF DEA	DODE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Malaj		Shaqe			-	0809
Residential Street Address	City	C: 1: 11 :			State	Zip Code
42313 Mayhew Dr . Principal Occupation		Sterling Heig Name of Employe			MI	
Chef			noke BBQ			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	I a lobbyist?			
government the contract is with:	Data	Received	Aggregate Contributions	X No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # 02122017A Cash Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$375.0	0		\$375.00
Last Name	First				MI	Contribution ID #
Vushaj	FIISt	Enkelejda			IVII	0810
Residential Street Address	City	Lincicjaa			State	Zip Code
48453 Farah Dr		Macomb			MI	
Principal Occupation		Name of Employ	er		•	-
clerk		Sever	Borthers Painting			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	· .	x No		
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions			
No Cash X Personal Check	02/	12/2017	\$375.0	0		\$375.00
If yes, list Event # 02122017A						
Last Name	First				MI	Contribution ID #
Vushaj		Sokol				0811
Residential Street Address	City				State	Zip Code
16356 Moore Park Rd		Macomb			MI	
Principal Occupation Painter		Name of Employe	Borthers Painting			
			<u>_</u>	_	Amou	nt of Contribution
Yes A No)	dependent child of	f a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with	Date	Received	Aggregate Contributions			
an event reported in Section J1? I res No Cash X Personal Check Money Order Credit/Debit Card	02/	12/2017	\$375.0	0		\$375.00
Last Name	First				MI	Contribution ID #
Vushaj Residential Street Address	City	Edmond			State	0812 Zip Code
46552 Breckenridge	City	Macomb			MI	Zip Code
Principal Occupation		Name of Employ	er			
Service Tech		Gulf S	tream LLC			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x _{No}		
government the contract is with. Is this contribution associated with an event apported in Section 112.	Date	Received	Aggregate Contributions			
an event reported in Section 71:						
If yes list Event # 02122017A Cash Cash Credit/Debit Card	02/	12/2017	\$375.0	0		\$375.00

Page 53 of 162

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore April 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals	•				
Last Name	First			MI	Contribution ID #		
Vushaj		Silvane			0813		
Residential Street Address	City			State	Zip Code		
46552 Breckenridge Dr	<u> </u>	Macomb		MI			
Principal Occupation secretary		Name of Employ	er Stream LLC				
			11 1 ·	Amou	unt of Contribution		
Yes X No	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1? Cash Personal Check							
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		
	I			l	La . i . p. "		
Last Name	First			MI	Contribution ID #		
Kokaj Residential Street Address	City	Lorena		State	0814 Zip Code		
45617 Waterside Dr # 7204	City	Macomb		MI	Zip Code		
Principal Occupation		Name of Employ	er	1 112			
Teacher		PESG					
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check							
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
Coku	1 1150	Mandi			0815		
Residential Street Address	City			State	Zip Code		
15650 Lake Side Village Dr Apt 304		Clinton Town	ship	MI			
Principal Occupation		Name of Employ	er	-	•		
Mechanic		GTC A	Auto				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent ennu (x No				
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions				
an event reported in Section J1?	Date	Received	Aggregate Contributions				
No Cash Y Personal Check	02/	12/2017	\$375.00		\$375.00		
If yes, list Event # 02122017A							
Last Name	First			MI	Contribution ID #		
Vushaj		Miljana			0816		
Residential Street Address	City			State	Zip Code		
15560 Lakeside Village Dr Apt 304		Clinton Town	•	MI			
Principal Occupation Name of Employer							
Hostess Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac	Amot	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1? Method of contribution: Method of contribution: Method of contribution:							
If yes, list Event # 02122017A No Cash X Personal Check Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		

Page 54 of 162

L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Vushaj		Fatmira			0817
Residential Street Address	City			State	Zip Code
16356 Moore Park Rd	L	Macomb		MI	
Principal Occupation		Name of Employ			
clerk			n Brothers		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 02122017A No Cash X Personal Check Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
in yes, list event # 02122017A					
Last Name	First			MI	Contribution ID #
Malaj		Paul			0818
Residential Street Address	City			State	Zip Code
456 Oak Harbor Cir	L	Rochester		MI	
Principal Occupation		Name of Employ			
Owner/ Painter Is contributor a principal of a state contractor or prospective state contractor?			Custom painting LLC obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with an event reported in Section J1?					
No Cash X Personal Check	02/	12/2017	\$150.00		\$150.00
If yes, list Event # 02122017A					
Last Name	First			MI	Contribution ID #
Alia		Leonard			0819
Residential Street Address	City			State	Zip Code
344 Sandalwood Dr		Rochester Hi		MI	
Principal Occupation		Name of Employ	er		
Handyman Is contributor a principal of a state contractor or prospective state contractor?		ICON	obbysist angues or	A	unt of Contribution
Yes X No.	0	dependent child o	obbyist, spouse, or	Alliou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A					
Last Name	First			MI	Contribution ID #
Саро		Bukurie			0820
Residential Street Address	City			State	Zip Code
50899 Commons Dr	L.,	Macomb		MI	
Principal Occupation		Name of Employ	er		
cleaning		DFM	obbyjet anguag or	A	unt of Contrib
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			55 5		
If yes list Event # 02122017A No No No No No No No No No N	02/	12/2017	\$375.00		\$375.00

Page 55 of 162

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore April 10 Filing - Original							
Lumaj Explore							
B. Itemized Contributions from	n Ind	lividuals			-		
Last Name	First			MI	Contribution ID #		
Capo		Juela			0821		
Residential Street Address	City	Dbb - 111	U-	State	Zip Code		
255 Poco Ct Principal Occupation		Name of Employe		MI	48307		
Medical Assistant			n First medical Center				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1? Yes Cash X Personal Check							
If yes, list Event # 02122017A No Money Order Cash Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
Rushaj		Alida			0822		
Residential Street Address	City			State	Zip Code		
8590 Hampshire Dr		Sterling Heig	hts	MI			
Principal Occupation		Name of Employ	er	•			
Manager		Niki D	ees Restaurant	_			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No				
government the contract is with:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1? X Yes Method of contribution: X Personal Check							
If yes, list Event # 02122017A	02/	12/2017	\$275.00		\$275.00		
Last Name	First			MI	Contribution ID #		
Beta	Tilst	Aishe		WII	0823		
Residential Street Address	City			State	Zip Code		
3429 Hillside Dr		Roal Oak		MI			
Principal Occupation		Name of Employ	er	•			
House Keeper		Figo S	Salon				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in section 31:							
If yes, list Event # 02122017A	02/	12/2017	\$250.00		\$250.00		
Last Name	First			MI	Contribution ID #		
Malaj		Edmir			0824		
Residential Street Address	City			State	Zip Code		
17937 Millstone Dr		Macomb		MI			
Principal Occupation		Name of Employe					
Truck Driver			a Transport				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?			30 -0 3				
If yes, list Event # 02122017A	02/	12/2017	\$250.00		\$250.00		

Page 56 of 162

L MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							
Lumaj Explore			April 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Murrizi		Nertila			0825		
Residential Street Address	City			State	Zip Code		
4119 Springer Ave	<u> </u>	Royal Oak		MI	<u> </u>		
Principal Occupation		Name of Employ					
Pbs Represenative Is contributor a principal of a state contractor or prospective state contractor?			nn Hospital obbyist, spouse, or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$250.00		\$250.00		
				l	1		
Last Name	First	_		MI	Contribution ID #		
Veshtaj	a:	Lum		G: :	0826		
Residential Street Address	City	Day Taymahi	_	State	Zip Code		
62502 Wayfaring Rd Principal Occupation		Ray Townshi Name of Employ		MI			
Owner			ucking LLC				
			11.14	Amou	unt of Contribution		
Yes X No	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with an expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
If yes, list Event # 02122017A	02/	12/2017	\$375.00		\$375.00		
I you, list Event in OZZIZZOTZA I Money Order II credit Debit Card							
Last Name	First			MI	Contribution ID #		
Hasaj		Florent			0827		
Residential Street Address	City			State	Zip Code		
55003 Rhine Ave	<u> </u>	Macomb		MI	48042		
Principal Occupation PTT		Name of Employ					
		Thern	obbyist, spouse, or	Amou	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinot	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31?							
If yes, list Event # 02122017A No Cash X Personal Check Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		
	L						
Last Name	First	Callal		MI	Contribution ID #		
Hasaj Residential Street Address	City	Sokol		State	0828 Zip Code		
51720 Woodside Dr	City	Macomb		MI	Zip Code		
Principal Occupation Name of Employer							
Owner			Painting				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	or a robbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
all event reported in Section 71?		40/001=			+275.02		
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		

Page 57 of 162

L MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Lumaj Explore			April 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Pacaj		Rudina			0829		
Residential Street Address	City			State	Zip Code		
51720 Woodside Dr	L.,	Macomb		MI			
Principal Occupation Cleaning		Name of Employ					
		_	Construction obbyist, spouse, or	Amou	unt of Contribution		
Yes X No	0	dependent child of	Vac				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		
					La . i . p. "		
Last Name	First	Nesi		MI	Contribution ID #		
Marjan Residential Street Address	City	Noci		State	0830 Zip Code		
23 Mason St	City	Salem		MA	Zip Code		
Principal Occupation		Name of Employ	er	101			
Cook		Lake	Breeze Restaurat				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	3	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x No				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check							
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
Malaj	1 1150	Linjone			0831		
Residential Street Address	City			State	Zip Code		
12055 Anthony Dr		Shelby Town	ship	MI			
Principal Occupation		Name of Employ	er	=	•		
Waitress		Lake	Breeze Restaurant				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent cinia (x No				
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions				
an event reported in Section J1?	Date	Received	Aggregate Contributions				
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00		
If yes, list Event # 02122017A	,	, -					
Last Name	First			MI	Contribution ID #		
Malaj		Pllumb			0832		
Residential Street Address	City			State	Zip Code		
12055 Anthony Dr	L	Shelby Town	·	MI			
Principal Occupation Name of Employer							
Owner -			Breeze Restaurant	A			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
an event reported in Section J1?			· - -				
If yes, list Event # 02122017A No Cash X Personal Check Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		

Page 58 of 162

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT				
Lumaj Explore April 10 Filing - Original							
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Stolaj		Rozafa			0833		
Residential Street Address	City			State	Zip Code		
8359 Frederick Dr		Washington		MI			
Principal Occupation		Name of Employ	er				
Bus girl		Sams	Grille				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with	Date	Received	Aggregate Contributions				
X Parsonal Check							
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		
in yes, his Event # OZIZZOT/A Intology Order International							
Last Name	First			MI	Contribution ID #		
Gaci		Xhaferr			0834		
Residential Street Address	City			State	Zip Code		
26150 Rosebriar Dr		Chesterfield		MI			
Principal Occupation		Name of Employ	er				
Owner			enuto INC	i			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative	I _						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Cash X Personal Check			1075.00				
If yes, list Event # 02122017A	02/	12/2017	\$375.00		\$375.00		
Last Name	First			MI	Contribution ID #		
	FIISt	Nik		IVII	0835		
Hasaj Residential Street Address	City	INIK		State	Zip Code		
51244 Fantasia Dr	City	Macomb		MI	Zip Code		
Principal Occupation		Name of Employ	er	112			
Retired	Retired						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
)	dependent child of					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 02122017A Cash X Personal Check No	02/	12/2017	\$375.00		\$375.00		
in yes, list event# OZIZZOTYA Intolley Order International Credit/Debit Card							
Last Name	First			MI	Contribution ID #		
Malaj		Valentina			0836		
Residential Street Address	City			State	Zip Code		
36724 Cecilia Dr		Sterlign Heig	hts	MI	48312		
Principal Occupation		Name of Employ	er				
Tile Man			Construction				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		acpendent ennu (·				
government the contract is with: Executive Legislative Legislative	-		x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No Cash X Personal Check		12/2017	1075.00		+27F 00		
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00		

Page 59 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Marku		Anissa			0837
Residential Street Address	City			State	Zip Code
22 Sandlewood Ct		Rochester Hi	lls	MI	
Principal Occupation		Name of Employ	er		
office assistant			on construction LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 02122017A Solution No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
in yes, list Event # OZIZZOT/A Nioney Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Pllumaj		Marije			0838
Residential Street Address	City			State	Zip Code
10210 Lakeview Dr .	Ц.,	Macomb		MI	
Principal Occupation		Name of Employ			
Tile Layer			nstruction	۸	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the condact is with.	Date	Received	Aggregate Contributions		
Is this contribution associated with an event reported in Section J1?					
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A					
Last Name	First			MI	Contribution ID #
Vushaj		Gjelosh			0839
Residential Street Address	City			State	Zip Code
15291 River Ln		Clinton Town	ship	MI	48038
Principal Occupation		Name of Employ	er		
Painter			inting LLC		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A	,		44.5.55		
Last Name	First			MI	Contribution ID #
Pllumaj		Marosh			0840
Residential Street Address	City			State	Zip Code
45638 Lakeview Dr .		Macomb		MI	
Principal Occupation		Name of Employ	er		
Painter		GV Pa	inting LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (a lobbyist?		
government the contract is with: Executive Legislative		Danier 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00
If yes list Event # 02122017A Money Order Credit/Debit Card	I 52/	,,	Ψ373.00	I	45.5.00

Page 60 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Mideka		Maljeta			0841
Residential Street Address	City			State	Zip Code
14662 Croftons Dr		Shelby Town	ship	MI	48315
Principal Occupation		Name of Employ			
secretary			wide Marble Granite		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 02122017A Cash Responsible Card No Service No. Cash Responsible Card No. Cash Responsible Cash Respo	02/:	12/2017	\$375.00		\$375.00
in yes, as Event in Ozizzeti/A	l				
Last Name	First			MI	Contribution ID #
Shkreli		Mark			0842
Residential Street Address	City	DI 61 111		State	Zip Code
2819 Colonial Dr		Bloomfiled H		MI	
Principal Occupation Construction		Name of Employ	er smen srvices Inc		
			obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Is the contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 02122017A Cash Cash Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
				l	1
Last Name	First			MI	Contribution ID #
Paloka	G'i	Nikollaj		Gr. i	0843
Residential Street Address 39583 Pinebrook Dr	City	Ctarling Haig	hto	State MI	Zip Code
Principal Occupation		Sterling Heig Name of Employ		IviI	
Painter			s Quality Painting		
T			obbyist, spouse, or	Amou	ınt of Contribution
Yes 🔼 No)	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 02122017A Cash Cash Personal Check No	02/	12/2017	\$375.00		\$375.00
<u> </u>				l	I
Last Name	First	VIII		MI	Contribution ID #
Nilaj Residential Street Address	City	Ylli		State	0844 Zip Code
48411 Meadowcrest Dr	City	Macomb		MI	Zip Code
Principal Occupation		Name of Employ	er		!
Owner			ainting		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes list Event # 02122017A Cash Cash Credit/Debit Card	02/	12/2017	\$375.00		\$375.00

Page 61 of 162

L MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Vushaj		Mare			0845
Residential Street Address	City			State	Zip Code
15291 River Ln	L.,	Clinton		MI	
Principal Occupation		Name of Employ			
Maintanance			operties LLC		unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an acceptance of the second of the	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
				1	
Last Name	First			MI	Contribution ID #
Gjekaj Residential Street Address	City	Edison		State	0846 Zip Code
47230 Burton Dr	City	Shelby Town	chin	MI	Zip Code
Principal Occupation		Name of Employ	· · · · · · · · · · · · · · · · · · ·	I 1411	
Owner			ainting		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an agent reported in Section 112	Date	Received	Aggregate Contributions		
X Personal Check					
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Lulaj	1 1130	Eddie		1411	0847
Residential Street Address	City			State	Zip Code
21506 Jefferson St		Farmington H	Hills	MI	
Principal Occupation		Name of Employ	er	•	
Painter		Lulaj	precise painting LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of			
government the contract is with: Executive Legislative		D 1 1	x _{No}		
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	12/2017	\$200.00		\$200.00
If yes, list Event # 02122017A	02/	12/2017	Ψ200.00		
Last Name	First			MI	Contribution ID #
Pecaj		Gjoke			0848
Residential Street Address	City			State	Zip Code
9903 View Crst	L	Howell		MI	
Principal Occupation		Name of Employ			
Painter			n brothers painting		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			555 Tanasana		
If yes, list Event # 02122017A Cash X Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$200.00		\$200.00

Page 62 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Shordi		Edmond			0849
Residential Street Address	City			State	Zip Code
41989 Mary Kay Dr	L,	Clinton Town	ship	MI	
Principal Occupation		Name of Employ			
Cook			s Restaurant		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a li dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 02122017A Solution No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00
In yos, list Event in Ozzi Ezoti / A					
Last Name	First			MI	Contribution ID #
Shordi		Rovena			0850
Residential Street Address	City			State	Zip Code
41989 Mary Kay Dr	L	Clinton Town	·	MI	
Principal Occupation		Name of Employ			
student Is contributor a principal of a state contractor or prospective state contractor?			ployed obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	Vac	Amot	in of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the condact is with.	Date	Received	Aggregate Contributions		
Is this contribution associated with an event reported in Section J1?					
No No Personal Check	02/	12/2017	\$100.00		\$100.00
If yes, list Event# 02122017A					
Last Name	First			MI	Contribution ID #
Melakuqi		Kastriot			0851
Residential Street Address	City			State	Zip Code
15963 White Water Dr	L,	Macomb		MI	48042
Principal Occupation		Name of Employ			
Construction			ot Melakuqi		
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			86 .8		
No Cash X Personal Check	02/	12/2017	\$100.00		\$100.00
If yes, list Event # 02122017A					
Last Name	First			MI	Contribution ID #
Topalli		Prek			0852
Residential Street Address	City			State	Zip Code
17055 Compania Dr		Macomb		MI	
Principal Occupation		Name of Employ	er		
government worker			nd county		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of		acpendent ennu (a lobbyist:		
government the contract is with:	ъ.	Pagain-1			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	12/2017	\$100.00		\$100.00
If yes list Event # 02122017A	1/	,	¥200.00	ı	

Page 63 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Murrizi		Shpresa			0853				
Residential Street Address	City			State	Zip Code				
4119 Springer Ave	<u> </u>	Royal Oak		MI	48073				
Principal Occupation		Name of Employ							
Cleaning Is contributor a principal of a state contractor or prospective state contractor?			esa Murrizi obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$250.00		\$250.00				
	l			I					
Last Name	First			MI	Contribution ID #				
Shllaku	a:	Hans		G: :	0854				
Residential Street Address	City	David Oak		State	Zip Code				
2831 Woodslee Dr Principal Occupation		Royal Oak Name of Employ	or	MI					
Prim binding			Providence						
		-	abbreigt anguag or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # 02122017A	02/	12/2017	\$250.00		\$250.00				
If yes, list Event # OZIZZOT7A Infoncy Order In Credit Debit Card									
Last Name	First			MI	Contribution ID #				
Nasi		Olympia			0855				
Residential Street Address	City			State	Zip Code				
3948 Albert Ave	<u> </u>	Royal Oak		MI					
Principal Occupation Cardiology		Name of Employ	er mont Hospital						
			obbyist spouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$250.00		\$250.00				
	L .			l					
Last Name	First	0 :		MI	Contribution ID #				
Gjoka Residential Street Address	City	Orjana		Ctoto	0856				
4066 W 13 Mile Rd Apt D	City	Royal Oak		State MI	Zip Code				
Principal Occupation		Name of Employ	er	1112					
Telemetry Cardiology			nont Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
all event reported in Section 71?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$250.00		\$250.00				

Page 64 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Merpeza	1 1150	Irida			0857			
Residential Street Address	City			State	Zip Code			
3912 Auburn Dr	,	Royal Oak		MI	•			
Principal Occupation		Name of Employ	er	•				
Cardiovascular Tech		Beaur	mont Hospital					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Parsonal Charles								
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$250.00		\$250.00			
T				L	La . a . a . m #			
Last Name	First	Minatala		MI	Contribution ID #			
Merpeza-Messer Residential Street Address	City	Virginia		State	0858 Zip Code			
3912 Auburn Dr	City	Poval Oak		MI	Zip Code			
Principal Occupation		Royal Oak Name of Employ	er	1111				
Cardiac Technician			· Ford Hospital					
			obbyist spouse or	Amou	ınt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash X Personal Check								
If yes, list Event # 02122017A No Some Vorder Credit/Debit Card	02/	12/2017	\$250.00		\$250.00			
If yes, list Event # OZIZZOTYA Money Order Credit/Deon Card								
Last Name	First			MI	Contribution ID #			
Bardhollari		Zamira			0859			
Residential Street Address	City			State	Zip Code			
2011 Chresthill Ave		Royal Oak		MI				
Principal Occupation		Name of Employ						
Supervisor Is contributor a principal of a state contractor or prospective state contractor?			sent Hotel	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
No Cash X Personal Check	02/	12/2017	\$250.00		\$250.00			
If yes, list Event # 02122017A								
Last Name	First			MI	Contribution ID #			
Malaj		Lodo			0860			
Residential Street Address	City			State	Zip Code			
12982 Blue Lakes Dr		Shelby		MI				
Principal Occupation		Name of Employ						
Millworker			wood custom Carpentry					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Legislative Legislative Legislative Method of contribution:	Dot-	Pagaiyad						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	12/2017	\$250.00		\$250.00			
If yes, list Event # 02122017A Money Order Credit/Debit Card	02/	12/201/	φ 2 30.00	I	Ψ230.00			

Page 65 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF DEDORATE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore April 10 Filing - Original					
• •					
B. Itemized Contributions from	_	lividuals			
Last Name	First			MI	Contribution ID #
Vulaj	O.	Valenton			0861
Residential Street Address	City	Milfoud		State	Zip Code 48380
2965 Stonemeadow Dr Principal Occupation		Milford Name of Employe	or	MI	48380
Atterney		Vula 8			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _N	0	
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with an event reported in Section J1? X Yes					
If yes, list Event # 02122017A No Cash Personal Check No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Kegaj		Donika			0862
Residential Street Address	City			State	Zip Code
45118 Lakeview Dr Apt 4213		Macomb		MI	
Principal Occupation		Name of Employe	er	-	•
cleaning		GCA s	services		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		асренаен сина о	x N	0	
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	7	
No Cash X Personal Check	02/:	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A					
Last Name	First			MI	Contribution ID #
Kasku		Pjeter			0863
Residential Street Address	City	Maranah		State	Zip Code
16072 Forest Way Principal Occupation		Macomb Name of Employe	or	MI	<u>l</u>
Owner			n Gate		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution
Yes A No)	dependent child o	i u loboyist:		
If yes, indicate which branch or branches of government the contract is with:			x N	0	
Is this contribution associated with	Date	Received	Aggregate Contributions		
Personal Check	02/:	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A		·	•		
Last Name	First			MI	Contribution ID #
Kasku		Filomena			0864
Residential Street Address	City			State	Zip Code
16072 Forest Way		Macomb		MI	ļ.
Principal Occupation		Name of Employe			
Manager Is contributor a principal of a state contractor or prospective state contractor? Yes X No			n Gate Restaurant obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of)	dependent child o	i a lobbyist?		
government the contract is with: Executive Legislative			x N	о	
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes list Event # 02122017A Cash Cash Personal Check	02/	12/2017	\$375.00		\$375.00

Page 66 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	•		TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Xhakaj		Rigerta			0865
Residential Street Address	City			State	Zip Code
21160 Sunrise Dr		Macomb		MI	
Principal Occupation		Name of Employ			
secretary			mont Hospital		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # 02122017A Cash Resonal Check No Cash Resonal Check Money Order Credit/Debit Card	02/:	12/2017	\$300.00		\$300.00
Lad Name	Eit			LM	Contribution ID#
Last Name Tresa	First	Vhaforr		MI	Contribution ID # 0866
Residential Street Address	City	Xhaferr		State	Zip Code
51325 Fantasia Dr	City	Macomb		MI	Zip code
Principal Occupation	-	Name of Employ	er	1112	ļ.
Truck Driver		RSP t	rucking		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions]	
an event reported in section 31?					
If yes, list Event # 02122017A	02/:	12/2017	\$300.00		\$300.00
Last Name	First			MI	Contribution ID #
Vulaj		Nikoll			0867
Residential Street Address	City			State	Zip Code
2965 Stonemeadow Dr		Milford		MI	
Principal Occupation		Name of Employ	er	-	-
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c	x No		
government the contract is with:	Dete	Received		4	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	12/2017	\$125.00		\$125.00
If yes, list Event # 02122017A			Ţ		
Last Name	First			MI	Contribution ID #
Keqaj		Elton			0868
Residential Street Address	City			State	Zip Code
45118 Lakeview Dr Apt 4213		Macomb		MI	
Principal Occupation		Name of Employ	er		
Painter			t Painting		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Doto	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00
If yes list Event # 02122017A Money Order Credit/Debit Card	I '		· '		

Page 67 of 162

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hasaj		Aleksander			0869				
Residential Street Address	City			State	Zip Code				
55003 Rhine Ave	<u> </u>	Macomb		MI					
Principal Occupation		Name of Employ AS Pa							
Owner Is contributor a principal of a state contractor or prospective state contractor?			11.14	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				
I and Name	Fi			Lva	Contribution ID#				
Last Name	First	Hektor		MI	Contribution ID #				
Hasaj Residential Street Address	City	пексоі		State	Zip Code				
51244 Fantasia Dr	City	Macomb		MI	Zip code				
Principal Occupation		Name of Employ	er	112					
Owner		Mone	t Painting LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Durgaj	11130	Gentiana		1411	0871				
Residential Street Address	City			State	Zip Code				
47345 Juniper Rd		Macomb		MI					
Principal Occupation	•	Name of Employ	er		•				
secretary		Beaur	mont Hospital						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Executive	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02/	12/2017	\$300.00		\$300.00				
If yes, list Event # 02122017A	,		4						
Last Name	First			MI	Contribution ID #				
Hasaj		Kol			0872				
Residential Street Address	City			State	Zip Code				
55479 Cranberry Dr		Macomb		MI					
Principal Occupation		Name of Employ							
Painter			int Construction	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 02122017A No Cash X Personal Check Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				

Page 68 of 162

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Keqaj		Emiljana			0873				
Residential Street Address	City			State	Zip Code				
55003 Rhine Ave	<u> </u>	Macomb		MI	<u> </u>				
Principal Occupation		Name of Employ							
Respratory Therapy Is contributor a principal of a state contractor or prospective state contractor?			nont Hospital obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				
Type, in 27th Office Control of the				l					
Last Name	First			MI	Contribution ID #				
Hasaj		Fjorilda		_	0874				
Residential Street Address	City			State	Zip Code				
51244 Fantasia Dr	<u> </u>	Macomb Name of Employ	or .	MI					
Principal Occupation Make up Artist			er da Hasaj						
			abbreigt anguag or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an expert spectral in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 02122017A	02/	12/2017	\$375.00		\$375.00				
If yes, list Event # OZIZZOT7A Infoncy Order In Credit Debit Card				<u> </u>					
Last Name	First			MI	Contribution ID #				
Hasaj		Lindita			0875				
Residential Street Address	City			State	Zip Code				
55479 Cranberry Dr	<u> </u>	Macomb		MI	<u> </u>				
Principal Occupation		Name of Employ							
Manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 02122017A No Cash X Personal Check Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Durgaj	C'i	Bardh		Gr. r	0876				
Residential Street Address 47345 Juniper Rd	City	Macomb		State MI	Zip Code				
Principal Occupation	<u> </u>	Name of Employ	or	IMIT	<u> </u>				
Owner			r and son tiles						
Is contributor a principal of a state contractor or prospective state contractor?			-1.1	Amou	unt of Contribution				
	0	dependent child of	· · · · · · · · · · · · · · · · · · ·						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
all event reported in Section 71?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				

Page 69 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Rika		Lon			0877
Residential Street Address	City			State	Zip Code
4796 Hidden Meadows Dr	L	Macomb		MI	
Principal Occupation		Name of Employ			
Construction			a Construction	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 02122017A No Cash Credit/Debit Card	02/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nazarko	1 1130	Arben		IVII	0878
Residential Street Address	City	7.1.50.1.		State	Zip Code
1233 Goren St		Merill		MI	
Principal Occupation		Name of Employ	er	!	1
unemployed		unem	plyoed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X Cash Personal Check					
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gjonaj	1 1150	Nik			1123
Residential Street Address	City			State	Zip Code
1250 Lake Angelus Rd		Auburn Hills		MI	48326
Principal Occupation	•	Name of Employ	er		•
Producer		Johns	ton Lewis Associates		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	02/	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A Money Order X Credit/Debit Card	02/	12/2017	\$373.00		\$373.00
Last Name	First			MI	Contribution ID #
Gilaj		Diana			1124
Residential Street Address	City			State	Zip Code
39955 Burton Ct		Novi		MI	48375
Principal Occupation		Name of Employ	er	-	
Owner			orge Coney		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (x No		
government the contract is with:	Det	Pagaiya4			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	02/	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A Money Order X Credit/Debit Card	1 .			I	

Page 70 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Pacaj		Viktor			1125
Residential Street Address	City			State	Zip Code
15425 Lakeside Village Dr		Clinton Twp		MI	48038
Principal Occupation		Name of Employ			
Painter		-	Konstruction		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31:					
If yes, list Event # 02122017A No San Woney Order Credit/Debit Card	02/:	12/2017	\$200.00		\$200.00
				l	Га ии
Last Name	First	Nikalim		MI	Contribution ID #
Kalaj Residential Street Address	City	Nikolim		State	1126 Zip Code
29719 Worthington Ct	City	Novi		MI	48377
Principal Occupation	-	Name of Employ	er		10377
Painter			Painting		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 71:					
If yes, list Event # 02122017A Cash Personal Check No	02/:	12/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Tinaj	1 1150	Agostin		1411	1127
Residential Street Address	City			State	Zip Code
137 Spruce St		Rochester		MI	48307
Principal Occupation		Name of Employ	er	•	
Driver		Agost	in tinaj		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash Personal Check	02/	12/2017	\$200.00		\$200.00
If yes, list Event # 02122017A	02/	12/2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Paja		Kristjan			1128
Residential Street Address	City			State	Zip Code
20745 St Francis St		Farmington		MI	48336
Principal Occupation		Name of Employ	er		
Painter			an Brother Painting	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:	Doto	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	received	115510gate Contributions		
No Cash Personal Check	02/:	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A	1		İ	I	

Page 71 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Camaj		Martin			1129			
Residential Street Address	City			State	Zip Code			
60808 Miriam Dr		Washington		MI	48094			
Principal Occupation		Name of Employ	er		-			
Unemployed		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	-				
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/	12/2017	\$250.00		\$250.00			
If yes, list Event # 02122017A	02/	12,2017	4230.00					
Last Name	First			MI	Contribution ID #			
Broqi		Ros			1130			
Residential Street Address	City			State	Zip Code			
3411 Irwin Ave		Bronx		NY	10463			
Principal Occupation		Name of Employ	er		•			
Owner		Ros S	tone Cement					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child c	<u> </u>					
government the contract is with: Executive Legislative	-		x _{No}	_				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	12/2017	¢200.00		±200.00			
If yes, list Event # 02122017A	02/	12/2017	\$200.00		\$200.00			
Last Name	First			MI	Contribution ID #			
Gashaj		Kanton			1131			
Residential Street Address	City			State	Zip Code			
5293 Orchard Crest Dr		Troy		NY	10463			
Principal Occupation		Name of Employ	er	-	-			
Owner		Beat (Construction					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o	or a robbyist:					
government the contract is with: Executive Legislative			X No	_				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash Personal Check	02/	12/2017	\$200.00		\$200.00			
If yes, list Event # 02122017A	02/	12/2017	\$200.00		Ψ200.00			
Last Name	First			MI	Contribution ID #			
Maci		Orland			1132			
Residential Street Address	City			State	Zip Code			
1650 Hutchinson Riv		Bronx		NY	10461			
Principal Occupation		Name of Employ	er	•	•			
Painter		Royal	Painting					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative	-		X No	4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	02/	12/2017	¢200 00		¢200 00			
If yes, list Event # 02122017A Money Order X Credit/Debit Card	02/	12/2017	\$200.00		\$200.00			

Page 72 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Zefi		Gezim			1133				
Residential Street Address	City			State	Zip Code				
455 Melinda Cir		White Lake		MI	48386				
Principal Occupation		Name of Employ	er						
Painter		Gezim	n Zefi						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child o							
government the contract is with: Executive Legislative	D-4-	D		4					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	02/	12/2017	\$375.00		\$375.00				
If yes, list Event # 02122017A Money Order X Credit/Debit Card	02/	12/2017	\$373.00		\$373.00				
Last Name	First			MI	Contribution ID #				
Malaj		Benet			0997				
Residential Street Address	City			State	Zip Code				
512 Parkland Hills Dr		Rochester		MI					
Principal Occupation		Name of Employe	er		•				
Painter		USA C	Custom painting LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?						
government the contract is with: Executive Legislative			X No]					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$150.00		\$150.00				
Last Name	First			MI	Contribution ID #				
Mucaj	11130	Nikolin		1411	0998				
Residential Street Address	City	-		State	Zip Code				
24600 26 Mile Rd		Macomb		MI					
Principal Occupation		Name of Employe	er	•	•				
Owner		Eagle	Marble Granite						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	a loodyist:						
government the contract is with:			x No	1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02/	12/2017	¢200.00		¢200.00				
If yes, list Event # 02122017A Money Order Credit/Debit Card	02/	12/2017	\$200.00		\$200.00				
Last Name	First			MI	Contribution ID #				
Nonaj	1 1150	Gentian			0999				
Residential Street Address	City			State	Zip Code				
5471 Wentworth Dr		Commerce To	ownship	MI	48382				
Principal Occupation		Name of Employe	er	•	•				
Painter		R&G F	Painting						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}]					
Is this contribution associated with an event reported in Section 112 Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$200.00		\$200.00				

Page 73 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from	B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #				
Gjolaj		Gjoka			1000				
Residential Street Address	City			State	Zip Code				
51293 Forster Ln		Shelby Town	ship	MI					
Principal Occupation		Name of Employ	er						
Owner		J&N C	Coating						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event concreted in Section 112 Yes We then do f contribution:	Date	Received	Aggregate Contributions						
X Parsonal Check									
□ No □ □ ·······························	02/	12/2017	\$200.00		\$200.00				
If yes, list Event # 02122017A	<u> </u>								
Last Name	First			MI	Contribution ID #				
Dedvukaj		Joseph			1001				
Residential Street Address	City			State	Zip Code				
562 Barrington Bank		Bloomfield H	ills	MI					
Principal Occupation		Name of Employ	er						
Attorney		Josep	h Dedvukaj Firm	-					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodysst?						
government the contract is with:			x _{No}						
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Pepaj		Astrit			1002				
Residential Street Address	City			State	Zip Code				
17334 Lorraine Dr		Macomb		MI					
Principal Occupation		Name of Employ							
Painter			coating						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	□ No						
government the contract is with:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02/	12/2017	\$375.00		\$375.00				
If yes, list Event # 02122017A	02/	12/2017	ψ3/3.00						
Last Name	First			MI	Contribution ID #				
Саро		Fatmir			1003				
Residential Street Address	City			State	Zip Code				
50899 Commons Dr		Macomb		MI	•				
Principal Occupation		Name of Employ	er						
Driver			argo Exp						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
U No I ☐ ···· ☐ ····	02/	12/2017	\$375.00		\$375.00				
If yes, list Event # 02122017A				<u> </u>					

Page 74 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hasaj		Emiljan			1004
Residential Street Address	City			State	Zip Code
52213 Monaco Dr		Macomb		MI	
Principal Occupation		Name of Employ	er		
Owner			Painting	1	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
Is this contribution associated with an event reported in Section J1?					
No No No No No No No No No No No No No N	02/	12/2017	\$375.00		\$375.00
If yes, list Event# 02122017A					
Last Name	First			MI	Contribution ID #
Elezaj		Luket			1005
Residential Street Address	City			State	Zip Code
48467 Marion Dr	<u>. </u>	Macomb		MI	
Principal Occupation		Name of Employ			
Owner Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	Vac	Amot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with an expert concreted in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	02/	12/2017	\$375.00		\$375.00
If yes, list Event # 02122017A					
Last Name	First			MI	Contribution ID #
Keqaj		Ylli			1006
Residential Street Address	City			State	Zip Code
362 Wood Ct Apt 60	<u> </u>	Rochester Hi		MI	
Principal Occupation Painting		Name of Employ Ylli Ke			
			obbyist, spouse, or	Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes N	o	dependent child of		7 111100	an or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions	1	
all event reported in Section 31?					
If yes, list Event # 02122017A	02/	12/2017	\$300.00		\$300.00
Type, and Profession Services					
Last Name	First			MI	Contribution ID #
Gjonbalaj	a:	Gjylsyme		a	1007
Residential Street Address	City	Ossiniina		State	Zip Code
356 Croton Dam Rd Principal Occupation		Ossiniing Name of Employ	er	NY	
Owner			a Realty		
			-1.1	Amou	ant of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions]	
an event reported in section 31:					
If yes, list Event # 02122017A	02/	12/2017	\$200.00		\$200.00

Page 75 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
	First	iiviuuais		MI	Contribution ID #			
Last Name Kapllaj	FIISU	Kol		MII	1008			
Residential Street Address	City			State	Zip Code			
2275 Walter Ave		Warren		MI				
Principal Occupation		Name of Employ	er	-				
Owner		LA Co	ney Island					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 02122017A	02/	12/2017	\$100.00		\$100.00			
				 ,,,	G . 7			
Last Name	First			MI	Contribution ID #			
Mehmeti		Hamdi		_	1009			
Residential Street Address	City			State	Zip Code			
356 Croton Dam Rd		Ossiniing		MI				
Principal Occupation		Name of Employ						
Waiter		Benja						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No X Cash Personal Check	02/	12/2017	\$100.00		\$100.00			
If yes, list Event # 02122017A	02/	12,201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Shquataj		Irene			1010			
Residential Street Address	City			State	Zip Code			
2385 Grand Ave		Bronx		NY				
Principal Occupation		Name of Employ	er					
cleaning		Noval	Service Group					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A section 112 We have the deficient of the section 112 Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 02122017A Cash Personal Check Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Celaj		Gzim			1011			
Residential Street Address	City			State	Zip Code			
1030 Morris Park Ave		Bronx		NY	-			
Principal Occupation		Name of Employ	er					
Owner		GC re	liable					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		ucpenuent child (of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			

Page 76 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Vuletilaj		Altin			1012
Residential Street Address	City	_		State	Zip Code
3000 Kingsbridge	L .	Bronx		MI	
Principal Occupation Construction		Name of Employ	^{er} y's Service		
				Amou	unt of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 02122017A No Cash Credit/Debit Card	02/	12/2017	\$100.00		\$100.00
	Б: .			 . , ,	C C C D
Last Name Hoti	First	Hoiriz		MI	Contribution ID # 1013
Residential Street Address	City	Hojriz		State	Zip Code
89 Euclin Ave	City	Stamford		CT	Zip code
Principal Occupation	_	Name of Employ	er		!
Driver			side Limo		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
X Cosh Personal Check					
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00
LadVana	First			MI	Contribution ID #
Last Name Hoti	FIISt	Dritan		IVII	Contribution ID # 1014
Residential Street Address	City	Dillaii		State	Zip Code
72 Old Kings Hwy	City	Darien		CT	Z.p code
Principal Occupation		Name of Employ	er		
Owner		Europ	ean Standard		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	U	dependent child of	·		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 03112017A	02/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Muriqi	First	Rexhe		IVII	1015
Residential Street Address	City	Техне		State	Zip Code
40 Travis Ave		Stamford		СТ	
Principal Occupation		Name of Employ	er	!	!
Owner		Best I	Home Improvment LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	·	dependent child of	1 a 1000yist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 11:		42/204=	4400.00		+400.00
If yes, list Event # 02122017A No Anney Order Credit/Debit Card	02/	12/2017	\$100.00	I	\$100.00

Page 77 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Preldakaj		Flora			1016			
Residential Street Address	City			State	Zip Code			
36 Leonard St		Stamford		СТ				
Principal Occupation		Name of Employ	er		-			
Waiter		Sergio	os Pizza					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			X No					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No No Personal Check			4400.00					
If yes, list Event # 03112017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dushku	rust	Leze		IVII	1017			
Residential Street Address	City	LCZC		State	Zip Code			
73 Maple Tree		Stamford		СТ	r			
Principal Occupation		Name of Employ	er					
Cross Gaurd		Stam	ford public schools					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodysst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event # 03112017A	02/	12/2017	\$100.00		\$100.00			
					a			
Last Name	First			MI	Contribution ID # 1018			
Gjini Residential Street Address	City	Avdi		State	Zip Code			
292 Glenbrook Rd	City	Stamford		CT	Zip Code			
Principal Occupation		Name of Employ	er	<u> </u>				
Limo Driver		Rivers	side Limo					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	·					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03112017A No Section 1.1 Section	02/	12/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Thaqi	FIISt	Lindita		IVII	1019			
Residential Street Address	City	Linaita		State	Zip Code			
48 Mead St		Stamford		CT				
Principal Occupation		Name of Employ	er					
Accounting		Dr. Ri	chard Weber office					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
— X C I								
If yes, list Event # 03112017A Cash Personal Check No	02/	12/2017	\$100.00		\$100.00			

Page 78 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF DEDONA	,			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Gjini	City	Fatima		Ct-t-	1020		
Residential Street Address 296 Glenbrook Rd	City	Stamford		State CT	Zip Code		
Principal Occupation		Name of Employe	er	l Ci			
Housewife		house					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?				
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	0			
an event reported in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event # 03112017A No No No No No No No No No No No No No	02/:	12/2017	\$100.00		\$100.00		
				1	Ta . a . m "		
Last Name Puka	First	Theoharis		MI	Contribution ID #		
Residential Street Address	City	THEOHATIS		State	Zip Code		
623 Cypress Rd		Newington		СТ	r		
Principal Occupation		Name of Employ	er		- !		
Driver		Amba	ssador Wheelchair Service	!			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amo	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?				
government the contract is with:	Date	Received	Aggregate Contributions	_			
an event reported in Section J1?							
If yes, list Event # 03112017A X Cash Personal Check Money Order Credit/Debit Card	02/:	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Zurell	11130	Matthew		IVII	1022		
Residential Street Address	City			State	Zip Code		
299 Brook St		Bristol		СТ			
Principal Occupation		Name of Employ	er		-		
Sales Manager		Sew E	urodrive Inc				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amo	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x N	io			
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes, list Event # 03112017A No Cash Personal Check Money Order Credit/Debit Card	02/:	12/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Tyska		Matthew			1023		
Residential Street Address	City			State	Zip Code		
189 Old Frg	L	Riverton		СТ			
Principal Occupation		Name of Employ					
Investigator Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	Amo	unt of Contribution		
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o		es	and of Committeened		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	io			
Is this contribution associated with a sociated with x Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section 31:							
If yes list Event # 03112017A Solution If yes list Event # 03112017A Solution If yes list Event # 03112017A	02/	12/2017	\$100.00		\$100.00		

Page 79 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Culaj		Gjelosh			1024				
Residential Street Address	City			State	Zip Code				
302 St Andrews Rd	,	Walden		NY	•				
Principal Occupation		Name of Employ	er						
Owner		Perfe	ction Walls						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions						
X Parsonal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$250.00		\$250.00				
11 yes, in 27 etc. 11 yes, in 27 etc. 12 etc.									
Last Name	First			MI	Contribution ID #				
Dekaj		Drita			1025				
Residential Street Address	City			State	Zip Code				
302 St Andrews Rd		Walden		NY					
Principal Occupation		Name of Employ	er						
Assistant			ction Walls						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 02122017A Cash Cash Personal Check No	02/	12/2017	\$250.00		\$250.00				
				<u> </u>	r				
Last Name	First	_		MI	Contribution ID #				
Linkletter		George			1026				
Residential Street Address	City			State	Zip Code				
98 Route 37 S		Sherman		СТ					
Principal Occupation		Name of Employ							
Public Relations			tter Communications						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02/	12/2017	\$50.00		\$50.00				
If yes, list Event # 02122017A	02/	12/2017	\$30.00		450.00				
Last Name	First			MI	Contribution ID #				
Aldinolfi		Alfred			1027				
Residential Street Address	City			State	Zip Code				
235 Sorghum Mill Dr		Cheshire		СТ	<u>r</u>				
Principal Occupation		Name of Employ	er						
retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # 02122017A Cash Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				

Page 80 of 162

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Berishaj		Leonardo			1028				
Residential Street Address	City			State	Zip Code				
107 W 86th St		Manhattan		NY	<u> </u>				
Principal Occupation		Name of Employ							
Property Managment Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
	I			I					
Last Name	First	1.01		MI	Contribution ID #				
Popovic Residential Street Address	City	Hila		State	Zip Code				
240 E 82nd St	City	New York Cit	v	NY	10028				
Principal Occupation		Name of Employ		141	1 10020				
Resident Manager			orty East Corp						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # 02122017A No Money Order Credit/Debit Card	02/	12/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Noku	1 1150	Gentjan			1030				
Residential Street Address	City			State	Zip Code				
30 Pilot St # 7G		Bronx		NY					
Principal Occupation		Name of Employ	er	-	•				
Project Team		Colun	nbia University						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A									
Last Name	First			MI	Contribution ID #				
Mersini		Taulant			1031				
Residential Street Address	City			State	Zip Code				
3014 Chatham St		Philedelphia		PA	<u> </u>				
Principal Occupation Manager		Name of Employ	_{er} y Pizza						
			-1.1	Amor	unt of Contribution				
Yes X No	0	dependent child of	Vac	1					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # 02122017A No San Service Cash Servic	02/	12/2017	\$100.00		\$100.00				

Page 81 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT						
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Shkreli	1 1130	Toma		IVII	1032				
Residential Street Address	City			State	Zip Code				
2312 Delanoy Ave		Bronx		NY					
Principal Occupation		Name of Employ	er	-	•				
retired Retired									
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	02/	12/2017	\$100.00		\$100.00				
If yes, list Event # 11132016A		<u>, </u>			·				
Last Name	First			MI	Contribution ID #				
Totolaku		Andi			1033				
Residential Street Address	City			State	Zip Code				
29 Oakcrest Cirecle		Waterbury		СТ					
Principal Occupation		Name of Employ	er						
Mason		Genra	al Masonry						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent cinia (·						
government the contract is with: Executive Legislative	В.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No S Cash Personal Check	02/	12/2017	\$50.00		\$50.00				
If yes, list Event # 03112017A	02/	12/2017	\$50.00		450.00				
Last Name	First			MI	Contribution ID #				
Vecaj		Sokol			1100				
Residential Street Address	City			State	Zip Code				
131 18 Mile Rd		Sterling Heig	hts	MI					
Principal Occupation		Name of Employ	er						
Tile layer		VN Ti	le						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with:	В.	D : 1							
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No No Personal Check	02/	22/2017	\$100.00		\$100.00				
If yes, list Event # 02122017A	02/	22,2017	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Noujaim		Nazih			1120				
Residential Street Address	City			State	Zip Code				
53 Heritage Dr		Prospect		СТ	06712				
Principal Occupation		Name of Employ	er	_					
Software Engineer		Three							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	1					
an event reported in Section J1?	Date	received	15510gate Contributions						
X No Cash Personal Check	03/	03/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	l '	-	1		•				

Page 82 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dudzinski		Mike			1121				
Residential Street Address	City			State	Zip Code				
2060 Perkins St		Bristol		СТ	06010				
Principal Occupation		Name of Employ							
Highway Department - Maintainer 3			of Glastonbury						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
T 41 (7) (7) (7) (7) (7) (7) (7) (7	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	03/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Lafrance		Mary			1122				
Residential Street Address	City	- ,		State	Zip Code				
248 Old Post Rd		Tolland		СТ	06084				
Principal Occupation		Name of Employ	er	•					
self employ		help v	/irtual						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	03/2017	\$25.00		\$25.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
D'Amato		Anthony		F	1074				
Residential Street Address	City	Duistal		State	Zip Code				
220 Morningside Dr E Principal Occupation		Bristol Name of Employ	or .	СТ					
Laborer			ato Construction						
			obbyist, spouse, or	Amou	int of Contribution				
Yes 🔼 No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/	04/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Santiago		Nicolas		S	1075				
Residential Street Address	City			State	Zip Code				
710 6th Ave		Brooklyn		NY					
Principal Occupation		Name of Employ	er	-	•				
Carpenter		Space	ebtwn	_					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:	_		X No						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	03/	04/2017	\$300.00		\$300.00				
If yes, list Event #	,	, -=-	1		. · · · · ·				

Page 83 of 162

I MONETA BY DECEMBER (C. P. A. D.									
L. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pllumaj		Fran			1076				
Residential Street Address	City			State	Zip Code				
34-10 94th	,	Jackson Heig	hts	NY					
Principal Occupation		Name of Employ							
superintendent			R Lewit managment						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.	Doto	Received	Aggregate Contributions						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	03/	04/2017	\$300.00		\$300.00				
Last Name	First			MI	Contribution ID #				
Pentow		Kenneth			1077				
Residential Street Address	City			State	Zip Code				
315 Woodfield Xing		Glastonbury		CT					
Principal Occupation		Name of Employ	er						
Director		State	of Connecticut Dept of Labor	•					
			obbyist, spouse, or		nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	111100	ni or commount				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:									
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	03/	04/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Dalipi		Olgert			1119				
Residential Street Address	City			State	Zip Code				
491 Witches Rock Rd		Bristol		СТ	06010				
Principal Occupation		Name of Employ	er						
Soccer Coach		CCSU							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of		111100	ni or commound				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received							
an event reported in Section J1?	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	03/	06/2017	\$50.00		\$50.00				
_ · _ · _ ·									
Last Name	First			MI	Contribution ID #				
Ademi		Arben			1116				
Residential Street Address	City			State	Zip Code				
109 Rutledge Rd		Wethersfield		CT	06109				
Principal Occupation		Name of Employ	er						
Research		Hartfo	ord Hospital						
			abbreigt anguag or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	ACCUIVEU	Aggregate Contributions						
X No Cash Personal Check		44/2017			+400.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				

Page 84 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Melton		Karl			1117				
Residential Street Address	City			State	Zip Code				
45 Otrobando Ave	<u> </u>	Norwich		СТ	06360				
Principal Occupation		Name of Employ	_{er} utiful Co						
Construction/Carpentry Is contributor a principal of a state contractor or prospective state contractor?			11 14	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	1 111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	11/2017	\$350.00		\$350.00				
				I					
Last Name	First	Angialin		MI	Contribution ID #				
Ndoca Residential Street Address	City	Angjelin		State	Zip Code				
7 Summit Ave	City	New London		CT	06320				
Principal Occupation		Name of Employ	er						
Construction/Carpentry		A Bea	utiful Co						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	02/	11/2017	¢250.00		¢250.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	11/2017	\$250.00		\$250.00				
Last Name	First			MI	Contribution ID #				
Selca		Deda			0907				
Residential Street Address	City			State	Zip Code				
20 Fieldcrest Rd		Fairfield		СТ					
Principal Occupation		Name of Employ	er						
IT service delivery			sitory Trust and cleaning corp						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: A Personal Check									
If yes, list Event # 03112017A	03/	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Shala	1 1150	Arben			0908				
Residential Street Address	City			State	Zip Code				
266 Main St Apt 101		Windsor Lock	(S	СТ					
Principal Occupation		Name of Employ	er	•	•				
Project Controller			a steel North America						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with as a ware transact of in Section 112 X Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 03112017A No Cash Personal Check No No Noney Order Credit/Debit Card	03/	11/2017	\$50.00		\$50.00				

Page 85 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Nallbani		Lorenc			0909				
Residential Street Address	City			State	Zip Code				
71 A Carillon Dr	<u> </u>	Rocky Hill		СТ	<u> </u>				
Principal Occupation		Name of Employ							
Bus operator Is contributor a principal of a state contractor or prospective state contractor?		CT tra	11 1 ·	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an exert reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				
	l			1					
Last Name	First			MI	Contribution ID #				
Tishukaj	a:	Selam		- C	0910				
Residential Street Address	City	De elec Hill		State CT	Zip Code				
20 Starr Dr Principal Occupation		Rocky Hill Name of Employ	er	CI					
operation manager			a steel North America						
			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$20.00		\$20.00				
				1					
Last Name	First	.		MI	Contribution ID #				
Rapo Residential Street Address	City	Fatjon		State	0911 Zip Code				
159 Brook St	City	Rocky Hill		CT	Zip Code				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>					
Brick Layer		CT MA	ASON						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	3	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
N Cook Barcanal Charle	l								
If yes, list Event # 03112017A No Season Season Personal Check No Money Order Credit/Debit Card	03/	11/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Agolli		Ermal			0912				
Residential Street Address	City			State	Zip Code				
71 Belcher Rd		Wethersfield		СТ					
Principal Occupation		Name of Employ	er		•				
Salesman		Pepsi							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		acpendent child (x No						
government the contract is with: Legislative Legislative Legislative	D-4	P. osoivad							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/	11/2017	\$50.00		\$50.00				
If yes, list Event # 03112017A	1	,	450.00						

Page 86 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Halili		Euglantina			0913
Residential Street Address	City			State	Zip Code
69 Belcher Rd		Wethersfield		СТ	
Principal Occupation		Name of Employ			
Cashier			and Shop		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
an event reported in Section 11:					
If yes, list Event # 03112017A	03/:	11/2017	\$50.00		\$50.00
T. Al	г			\	I a cit i m "
Last Name	First	Don		MI	Contribution ID # 0914
Ancona Residential Street Address	City	Ben		State	Zip Code
411 Flander River Rd	City	Coventry		CT	Zip Code
Principal Occupation		Name of Employ	er	<u> </u>	<u> </u>
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 03112017A No Scan Personal Check No Scan Personal Check Personal	03/:	11/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ancona Jr.		Ben			0915
Residential Street Address	City			State	Zip Code
360 Maple Hill Ave		Newington		СТ	
Principal Occupation		Name of Employ	er	-	-
Lawyer		Ben A	ncona Jr.		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/	11/2017	\$100.00		\$100.00
If yes, list Event # 03112017A	03/	11/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Vokaj		Gentian			0916
Residential Street Address	City			State	Zip Code
77 Banton St		Manchester		СТ	
Principal Occupation		Name of Employ	er		
Electrician		Murph	ny Electric Co		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		zependent ennu (x No		
government the contract is with:	Det	Dagaiya 4			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/	11/2017	\$50.00		\$50.00
If yes list Event # 03112017A Money Order Credit/Debit Card	I/ .		7	1	

Page 87 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ademaj		Liljana			0917
Residential Street Address	City			State	Zip Code
326 Mt Lodge Rd	L	Monroe		NY	
Principal Occupation		Name of Employ			
Worker			s Welding		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an expert concreted in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # 03112017A	03/:	11/2017	\$100.00		\$100.00
If yes, list event # US11201/A Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Paove		Dominico			0918
Residential Street Address	City			State	Zip Code
Paove Enterprises	Щ,	Newington		СТ	06111
Principal Occupation		Name of Employ			
Property Managment Is contributor a principal of a state contractor or prospective state contractor?			Enterprises Inc obbyist, spouse, or	Amor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with an expert concreted in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
□ No □ □ ····· □ ·····	03/:	11/2017	\$100.00		\$100.00
If yes, list Event # 03112017A					
Last Name	First			MI	Contribution ID #
Nik		Bushi			0919
Residential Street Address	City			State	Zip Code
608 Franklin Ave	<u></u>	Hartford		СТ	
Principal Occupation		Name of Employ			
Salesman Is contributor a principal of a state contractor or prospective state contractor?			uto LLC obbyist, spouse, or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of		Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an expert constant as Section 112.	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 03112017A No S Cash Personal Check No Money Order Credit/Debit Card	03/:	11/2017	\$50.00		\$50.00
In yos, incervation OSTIZOTA Intolog Order In Create Debut Card					
Last Name	First			MI	Contribution ID #
Nogueira		Noel			0920
Residential Street Address	City	- C !!		State	Zip Code
8E The Hamlet Principal Occupation	L 1	Enfield Name of Employ	or .	СТ	
Sales Agent		C.H.I			
			obbvist, spouse, or	Amor	unt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions	1	
TX Demonstrates					
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00

Page 88 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	U (cenon /x-1)	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Zenko		Agron			0921				
Residential Street Address	City			State	Zip Code				
159 South Rd		Farmington		СТ					
Principal Occupation		Name of Employ	er						
It Analyst		State	of CT						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Parsonal Charles									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				
in yes, list Event in OSTIZOTTA Interest of Contract Cont									
Last Name	First			MI	Contribution ID #				
Darragjati		Adam			0922				
Residential Street Address	City			State	Zip Code				
29 Long Ln		Bristol		СТ					
Principal Occupation		Name of Employ	er						
Chef		Emily	's Catering						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with A yes We want conserved in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Kole		Elona			0923				
Residential Street Address	City			State	Zip Code				
18 Rhodes Cir		Wethersfield		СТ					
Principal Occupation		Name of Employ	er						
Homemaker			ployed	,					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
		/20.1 =	4400.00						
If yes, list Event # 03112017A Cash Cash Personal Check No	03/	11/2017	\$100.00		\$100.00				
T. M	г				G (3 C B)				
Last Name	First	TI:-		MI	Contribution ID #				
Gjomarkaj	City	Ilir		Ct-t-	0924				
Residential Street Address 18 Rhodes Cir	City	Wethersfield		State CT	Zip Code				
			or.	Ci					
Principal Occupation Manager		Name of Employ	er stone Contractors						
			abbyist snause or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	7 111/00	commound				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			200 John Jan 2015						
No X Cash Personal Check	03/	11/2017	\$100.00		\$100.00				
If yes, list Event # 03112017A	I 55/	,	4200.00						

Page 89 of 162

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Luarasi		Lorand			0925				
Residential Street Address	City			State	Zip Code				
44 Bennett Ave	<u> </u>	Waterbury		СТ	<u> </u>				
Principal Occupation		Name of Employ							
Machinist Is contributor a principal of a state contractor or prospective state contractor?			T Waterbury obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an exert reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Mucaj Residential Street Address	C'i	Uliam		Gr. r	0926				
15A Colonial Dr	City	Rocky Hill		State CT	Zip Code				
Principal Occupation	<u> </u>	Name of Employ	er	CI	<u> </u>				
Nurse			n Health Care						
			obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$50.00		\$50.00				
[l . <i></i>	Laurin				
Last Name Hoxha	First	Dino		MI	Contribution ID #				
Residential Street Address	City	DIIIO		State	Zip Code				
85 A Kenney St	City	Bristol		CT	Z.p code				
Principal Occupation	!	Name of Employ	er						
Machinist		Econo	my Spring Mfg						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	02/	11/2017	\$100.00		¢100.00				
If yes, list Event # 03112017A Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Hoxha		Liljana			0928				
Residential Street Address	City			State	Zip Code				
85 A Kenney St		Bristol		СТ					
Principal Occupation		Name of Employ	er						
Machinist		Futur	e Mfg		_				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		sependent ennu (x No						
government the contract is with: Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	03/	11/2017	\$100.00		\$100.00				
If yes, list Event # 03112017A	1	,	¥200.00	I	, ,				

Page 90 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hitoaliaj		Arnold			0929				
Residential Street Address	City			State	Zip Code				
103 B Abner Ct		Bridgeport		СТ					
Principal Occupation Pharmacist		Name of Employ CVS	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/-	11/2017	\$100.00		\$100.00				
If yes, list Event # 03112017A	03/.	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Osmanlli		Ramadan			0930				
Residential Street Address	City			State	Zip Code				
624 Cornwall Ave		Cheshire		СТ					
Principal Occupation		Name of Employ							
Carpenter			ontractor LLC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 03112017A No S Cash Personal Check Money Order Credit/Debit Card	03/:	11/2017	\$50.00		\$50.00				
If yes, list Event # 03112017A									
Last Name	First			MI	Contribution ID #				
Dushku		Alex			0931				
Residential Street Address	City	Davis		State	Zip Code				
25 Maple St Principal Occupation		Darien Name of Employ	or	СТ					
Owner			os Pizza						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
Yes No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 71?	00/		4400.00						
If yes, list Event # 03112017A No San Personal check Money Order Credit/Debit Card	03/:	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dushku		Lena			0932				
Residential Street Address	City			State	Zip Code				
25 Maple St		Darien		СТ					
Principal Occupation		Name of Employ	er						
assistant Manager			os Pizza						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		acpendent clind (
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date								
If yes, list Event # 03112017A No Cash X Personal Check	03/:	11/2017	\$100.00		\$100.00				

Page 91 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	I gymr or nenor	.		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lymai Explore April 10 Filing - Original						
Lumaj Explore April 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Pllumbi		Rebat		_		0933
Residential Street Address	City	G: 6 I			State	Zip Code
41 Pine Hill Ave # 1C		Stamford Name of Employe			СТ	
Principal Occupation Assistant			os Pizza			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	.,	Amou	nt of Contribution
If we sindicate which branch or branches of)	dependent child of	of a lobbyist?	Yes		
government the contract is with:			x	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Resonal Check	02/	11/2017	¢100.00			¢100.00
If yes, list Event # 03112017A	03/	11/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Pllumbi		Linda				0934
Residential Street Address	City				State	Zip Code
41 Pine Hill Ave # 1C		Stamford			СТ	
Principal Occupation		Name of Employ	er			
Waitress		Sergio	os Pizza			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x	No		
government the contract is with:	Date	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
No X Cash Personal Check	03/	11/2017	\$100.00		:	\$100.00
If yes, list Event # 03112017A		,	, , , ,			
Last Name	First				MI	Contribution ID #
Gjoshaj		Antonetta				0935
Residential Street Address	City				State	Zip Code
64 Deleo Dr		Stamford			СТ	
Principal Occupation		Name of Employe				
Hair dresser			w Stefanou Salon and S	· -		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No		
government the contract is with:	Date	Received	Aggregate Contributions			
an event reported in Section J1? X Yes Method of contribution: Method of contribution: A Personal Check						
If yes, list Event # 03112017A	03/	11/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Gashaj	1 1100	Anton				0936
Residential Street Address	City			_	State	Zip Code
64 Deleo Dr		Stamford			СТ	
Principal Occupation		Name of Employe	er	-		
Accounts Payable Clerk		Onwa	rd Search			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		acpendent cinia o	x	,		
government the contract is with:	Dete	Received		No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
No No Personal Check	03/	11/2017	\$100.00		:	\$100.00
If yes list Event # 03112017A Money Order Credit/Debit Card	i					

Page 92 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gashaj		Luigj			0937				
Residential Street Address	City			State	Zip Code				
64 Deleo Dr		Stamford		СТ					
Principal Occupation		Name of Employ	er						
Owner		Sergio	os Pizza						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with:	Data	Received	Aggregate Contributions	4					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No X Cash Personal Check	03/	11/2017	\$100.00		\$100.00				
If yes, list Event # 03112017A					•				
Last Name	First			MI	Contribution ID #				
Gashaj		Martha			0938				
Residential Street Address	City			State	Zip Code				
64 Deleo Dr		Stamford		СТ					
Principal Occupation		Name of Employ							
Payroll Manager			media Group						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/	11/2017	\$100.00		\$100.00				
If yes, list Event # 03112017A			T						
Last Name	First			MI	Contribution ID #				
Turgeon		Maxwell			0939				
Residential Street Address	City			State	Zip Code				
86 Patriot Ln		Newington		СТ					
Principal Occupation		Name of Employ	er						
student		Stude	ent						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna e	x No						
government the contract is with:	D-4-	Received		4					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No X Cash Personal Check	03/	11/2017	\$100.00		\$100.00				
If yes, list Event # 03112017A	03/	11,201,	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Kroji		Ganaq			0940				
Residential Street Address	City			State	Zip Code				
504 Watercourse Rd		Rocky Hill		СТ					
Principal Occupation		Name of Employ	er						
painter		SIFCO) INC						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		acpendent child (or a roodyist?						
government the contract is with: Executive Legislative		<u> </u>	x _{No}	4					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Service and Check	N2/	11/2017	¢100 00		¢100 00				
If yes, list Event # 03112017A Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				

Page 93 of 162

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore April 10 Filing - Original							
Lumaj Explore							
B. Itemized Contributions from	n Ind	lividuals		_			
Last Name	First			MI	Contribution ID #		
Radomi		Klejdi			0941		
Residential Street Address	City			State	Zip Code		
300 Forest Dr Principal Occupation		Wethersfield Name of Employe	or .	СТ			
Director of Operations			rk America				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or For labbridge Ye	Amou	unt of Contribution		
If yes, indicate which branch or branches of	,	dependent child o	f a lobbyist?				
government the contract is with: Executive Legislative		n · 1 1		4			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
No Cash X Personal Check	03/	11/2017	\$100.00		\$100.00		
If yes, list Event # 03112017A	03/	11,201,	\$100.00		———		
Last Name	First			MI	Contribution ID #		
Rreza		Artian			0942		
Residential Street Address	City			State	Zip Code		
21 Emerson St Apt A2		Wethersfield		СТ			
Principal Occupation		Name of Employe	er				
Painter — — — — — — — — — — — — — — — — — — —		union	-11i-4	1			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child o	obbyist, spouse, or of a lobbyist? Ye	S Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x No				
government the contract is with:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?							
□ No □ □ □ ·····························	03/:	11/2017	\$90.00		\$90.00		
If yes, list Event # 03112017A							
Last Name	First			MI	Contribution ID #		
Cinxo		Agim			0943		
Residential Street Address	City	Carrella Milia da		State	Zip Code		
17 Pine Knob Dr Principal Occupation		Name of Employe		СТ			
Mason			Masonry				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amor	unt of Contribution		
Yes A No)	dependent child o	i u lobbyist:				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with A yes We Method of contribution: Yes	Date	Received	Aggregate Contributions				
an event reported in section 31:							
If yes, list Event # 03112017A No Seash Personal Check Money Order Credit/Debit Card	03/:	11/2017	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Kurti	1 1130	Liri		1411	0944		
Residential Street Address	City			State	Zip Code		
27 Hess Dr		Wolcott		СТ			
Principal Occupation		Name of Employe	er	-			
Loan officer		Bank	of America				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Ye	Amou	ant of Contribution		
If yes, indicate which branch or branches of		acpendent child to	x No				
government the contract is with:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?	Date						
If yes, list Event # 03112017A	03/:	11/2017	\$100.00		\$100.00		

Page 94 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Veli Veli	FIISt	Arlind		IVII	0945			
Residential Street Address	City			State	Zip Code			
45 Atwood St		Newington		СТ				
Principal Occupation		Name of Employ	er					
Carpenter		North	east Company					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 -8					
If yes, list Event # 03112017A	03/:	11/2017	\$50.00		\$50.00			
				l	F			
Last Name	First			MI	Contribution ID #			
Kurti		Aydi			0946			
Residential Street Address	City			State	Zip Code			
27 Hess Dr		Wolcott		СТ				
Principal Occupation		Name of Employ						
Maintanance			neers LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x _{No}					
	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 03112017A	03/:	11/2017	\$100.00		\$100.00			
				<u> </u>	r			
Last Name	First			MI	Contribution ID #			
Muchollari	O.	Pirro		- Ci - I	0947			
Residential Street Address	City	6 11 117 1		State	Zip Code			
20 Chapin St		South Winds		СТ				
Principal Occupation		Name of Employ						
student Is contributor a principal of a state contractor or prospective state contractor?		Stude		A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with x Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 03112017A No South Cash Personal Check Money Order Credit/Debit Card	03/:	11/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Menpa		Argen			0948			
Residential Street Address	City			State	Zip Code			
82 Goodwin Park Rd		Wethersfield		СТ				
Principal Occupation		Name of Employ	er					
Driver		Stran	os Bakery					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			30 .0 3					
If yes, list Event # 03112017A	03/:	11/2017	\$100.00		\$100.00			

Page 95 of 162

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lleshi		Petrit			0949				
Residential Street Address	City			State	Zip Code				
82 Goodwin Park Rd		Wethersfield		СТ					
Principal Occupation Sales Person		Name of Employ	er uto LLC						
			11 1 ·	Amou	unt of Contribution				
Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}]					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Hegimaj	1 1100	Artjan			0950				
Residential Street Address	City			State	Zip Code				
156 Roosevelt St Apt A		Hartford		СТ					
Principal Occupation		Name of Employ	er	•	•				
Painter		Mecke	enzie Painting						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received							
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/	11/2017	\$100.00		\$100.00				
If yes, list Event # 03112017A			Ţ-55.05	<u> </u>					
Last Name	First			MI	Contribution ID #				
Tata		Stauro			0951				
Residential Street Address	City			State	Zip Code				
623 Cypress Rd		Newington		СТ					
Principal Occupation		Name of Employ							
Driver Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
All event reported in Section 71?									
If yes, list Event # 03112017A No No Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Lile		Albert			0952				
Residential Street Address	City			State	Zip Code				
187 Cypress Rd		Newington		СТ	06111				
Principal Occupation		Name of Employ	er						
Custodian			of Berlin						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with an event reported in Section 112 X Yes Wethod of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # 03112017A No No Cash Personal Check Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				

Page 96 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Ballo		Edmond			0953
Residential Street Address	City			State	Zip Code
88 Wheeler Rd	L	Wethersfield		СТ	
Principal Occupation sheetmetal worker		Name of Employ CLP	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
— X Cook Possessi Charle		/20.1			
If yes, list Event # 03112017A	03/	11/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Murkherjee		Seema			0954
Residential Street Address	City			State	Zip Code
26 Diamond Hill Dr		Salem		СТ	
Principal Occupation		Name of Employ	er	-	
Teacher		Kumo	n School		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No X Cash Personal Check	03/	11/2017	\$100.00		\$100.00
If yes, list Event # 03112017A			7		
Last Name	First			MI	Contribution ID #
Murkherjee		Arnab			0955
Residential Street Address	City			State	Zip Code
26 Diamond Hill Dr	<u> </u>	Salem		СТ	
Principal Occupation		Name of Employ			
Scientist		Pfizer		A	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with an expert concreted in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 03112017A	03/	11/2017	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Marku Residential Street Address	City	Sander		Ctoto	0956
15 Shaw St	City	New London		State CT	Zip Code
Principal Occupation		Name of Employ	er	CI	
Owner			utiful Company		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	v	dependent child of	a loodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
X Cash Personal Check		11/2017	±50.00		+ F0 00
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$50.00		\$50.00

Page 97 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	I TWO OF DEDO	n.m.		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPOI	RT		
• •			T TP TO THE STATE OF THE STATE			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Bijanku		Ferdinand				0957
Residential Street Address	City	\\\ - + £; - -			State	Zip Code
15 Hewitt St Apt B Principal Occupation		Wethersfield Name of Employe	or.		СТ	
Painter		Macke				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?			
government the contract is with: Executive Legislative	_		x	No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No No Personal Check	03/	11/2017	\$100.00			\$100.00
If yes, list Event # 03112017A	03/	11/2017	\$100.00			
Last Name	First				MI	Contribution ID #
Stefi		Luljeta				0958
Residential Street Address	City				State	Zip Code
7 Stonecress Ln		Glastonbury			СТ	
Principal Occupation		Name of Employ	er			
assistant teacher			ream day care			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x	No		
government the contract is with:	Date	Received	Aggregate Contributions	-110		
an event reported in Section J1?						
No No Personal Check	03/	11/2017	\$100.00			\$100.00
If yes, list Event # 03112017A						
Last Name	First				MI	Contribution ID #
Martinaj		Vera				0959
Residential Street Address	City				State	Zip Code
2615 Ellington Rd		South Windso			СТ	
Principal Occupation Data Processor		Name of Employer DST of				
			<u> </u>		Amou	nt of Contribution
Yes A No)	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			х	No		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31:						
If yes, list Event # 03112017A Cash Personal Check No	03/	11/2017	\$100.00			\$100.00
	Б) (I	G (7) D "
Last Name Ntolakai	First	Egki			MI	Contribution ID # 0960
Residential Street Address	City	Lgki			State	Zip Code
43 Victoria Rd		Hartford			CT	
Principal Occupation		Name of Employ	er			
Worker		Conn	Mason Contractors			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	i a loodyist?			
government the contract is with:	Б.	<u> </u>		No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
No Sash Personal Check	03/	11/2017	\$100.00			\$100.00
If yes list Event # 03112017A Money Order Credit/Debit Card	ı, .	·	,	- 1		•

Page 98 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Martinaj		Avni			0961
Residential Street Address	City			State	Zip Code
2615 Ellington Rd	L,	South Winds	or	СТ	
Principal Occupation		Name of Employ			
Bus Driver		CT tra			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event concreted in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 03112017A No Sash Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00
				l	
Last Name	First			MI	Contribution ID #
Poce	a:	Jullian		G: :	0962
Residential Street Address	City	D = =1 = 1 100		State	Zip Code
Julian Principal Occupation	Щ.	Rocky Hill Name of Employ	or	СТ	
Brick Layer			ecticut Masonry		
·			abbreigt anguag or	Amou	ınt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an experimental in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$20.00		\$20.00
	I			l	
Last Name	First	laanna		MI	Contribution ID # 0963
Meuller-Landon Residential Street Address	City	Joanne		State	Zip Code
27 Kenwood Rd	City	Wethersfield		CT	Zip Code
Principal Occupation		Name of Employ	er	C.	
Attorney			on and Landon		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
	0	dependent child of	<u> </u>		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # 03112017A	03/	11/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Xhelal	FIISt	Abedin		IVII	0964
Residential Street Address	City	Abcuiri		State	Zip Code
406 Franklin Ave		Hartford		CT	
Principal Occupation	•	Name of Employ	er	!	
Stone Mason		Ari's (Construction		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	·	dependent child of	a loodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section 11:					
If yes, list Event # 03112017A No	03/	11/2017	\$50.00		\$50.00

Page 99 of 162

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Martinaj		Ohrita			0965				
Residential Street Address	City			State	Zip Code				
355 Goodwin St	<u> </u>	East Hartford		СТ	<u> </u>				
Principal Occupation		Name of Employ	er						
machine operator Is contributor a principal of a state contractor or prospective state contractor?		dst Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$50.00		\$50.00				
	I			I					
Last Name	First			MI	Contribution ID #				
Santos Residential Street Address	City	Manuel		A State	0966 Zip Code				
216 Oxford Ct	City	Meriden		CT	Zip Code				
Principal Occupation		Name of Employ	er	CI					
Analyst			d Health Group						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Elmasllavi	1 1100	Yllson			0967				
Residential Street Address	City			State	Zip Code				
25 Dale Rd		Wethersfield		СТ					
Principal Occupation		Name of Employ	er	-	•				
Bus operator		CT tra	ansit						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	03/	11/2017	\$100.00		\$100.00				
If yes, list Event # 03112017A									
Last Name	First			MI	Contribution ID #				
Duro		Tola			0968				
Residential Street Address	City			State	Zip Code				
69 Stonegate Dr		Wethersfield		СТ	<u> </u>				
Principal Occupation Owner		Name of Employ							
			Painting LLC obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of		1					
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # 03112017A No San Service Cash Servic	03/	11/2017	\$100.00		\$100.00				

Page 100 of 162

I. MONETARY RECEIPT	S (Sc	ection A-I)	ı		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original		
Lumaj Explore			April 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Binjaku		Gesiana			0969
Residential Street Address	City			State	Zip Code
15 Hewitt St Apt B		Wethersfield		СТ	
Principal Occupation		Name of Employ			
unemployed			ployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		F	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	Received	Aggregate Controlations		
No Sash Personal Check	03/:	11/2017	\$100.00		\$100.00
If yes, list Event # 03112017A			Ţ		
Last Name	First			MI	Contribution ID #
Houston		John			0970
Residential Street Address	City			State	Zip Code
193 Newberry St		Waterbury		СТ	
Principal Occupation		Name of Employ	er		
Clerk		State	of Ct		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	02/	11/2017	#1F 00		±15.00
If yes, list Event # 03112017A Money Order Credit/Debit Card	03/.	11/2017	\$15.00		\$15.00
Last Name	First			MI	Contribution ID #
Lezine	1 1130	Prani			0971
Residential Street Address	City			State	Zip Code
96 Church St		Hamden		СТ	1
Principal Occupation		Name of Employ	er		
retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If you indicate which brough or broughes of	,	dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 03112017A No Sash Crestonal Check No Money Order Credit/Debit Card	03/:	11/2017	\$100.00		\$100.00
T. Al	E: .			, _a	G (7 C ID)
Last Name Vasi	First	Donis		MI	Contribution ID #
Residential Street Address	City	Denis		State	0972 Zip Code
1699 Litchfield Tpke	City	Woodbridge		CT	Zip Code
Principal Occupation		Name of Employ	er	<u> </u>	
student		Stude			
			obbyist, spouse, or	Amou	nt of Contribution
Yes X N)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31:					
If yes list Event # 03112017A	03/	11/2017	\$100.00		\$100.00

Page 101 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Frani		Artur			0973				
Residential Street Address	City			State	Zip Code				
96 Church St	,	Hamden		СТ	•				
Principal Occupation		Name of Employ	er						
Manager		VF en	eterprise Antonios						
			obbyist, spouse, or	Amou	int of Contribution				
Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 03112017A Cash Personal Check No	03/	11/2017	\$100.00		\$100.00				
in yes, its Event in OSTIZOTTA Intolog order Carde Deore Card									
Last Name	First			MI	Contribution ID #				
Lumaj		Larisa			0974				
Residential Street Address	City			State	Zip Code				
745 Mill Plain Rd		Fairfield		СТ					
Principal Occupation		Name of Employ	er						
student		stude	nt						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of							
government the contract is with:			x No						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Cash Personal Check									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$30.00		\$30.00				
				· · · · · · · · · · · · · · · · · · ·					
Last Name	First			MI	Contribution ID #				
Pllumbi		Prel			0975				
Residential Street Address	City	a		State	Zip Code				
41 Pine Hill Ave # 1C		Stamford		СТ					
Principal Occupation		Name of Employ							
Limo Driver Is contributor a principal of a state contractor or prospective state contractor?			s Car Service	Amor	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	V	Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	ŀ					
an event reported in Section J1?	Duit	10001100	riggregate contributions						
No X Cash Personal Check	03/	11/2017	\$100.00		\$100.00				
If yes, list Event# 02122017A	00,	,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Lumaj		Amy			0976				
Residential Street Address	City	•		State	Zip Code				
745 Mill Plain Rd		Fairfield		СТ					
Principal Occupation		Name of Employ	er						
student		stude	nt						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?						
government the contract is with: Executive Legislative			x _{No}]					
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 02122017A Cash Credit/Debit Card	03/	11/2017	\$30.00		\$30.00				

Page 102 of 162

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lumaj		Frank			0977				
Residential Street Address	City	-		State	Zip Code				
745 Mill Plain Rd	,	Fairfield		СТ	•				
Principal Occupation		Name of Employ	er						
student		stude	nt						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 03112017A Cash Personal Check No	03/	11/2017	\$30.00		\$30.00				
in you, in the result is a second country of the second country of									
Last Name	First			MI	Contribution ID #				
Tahiri		Miliam			0978				
Residential Street Address	City			State	Zip Code				
78 Sharon Ln		Wethersfield		СТ					
Principal Occupation		Name of Employ	er						
instructor		MCC		•					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 03112017A No Money Order Credit/Debit Card	03/	11/2017	\$40.00		\$40.00				
•									
Last Name	First			MI	Contribution ID #				
Zeqiraj	O.	Arben		a	0979				
Residential Street Address	City			State	Zip Code				
37 Sharon Ln		Wethersfield		СТ					
Principal Occupation instructor		Name of Employ							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		Alliou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			86 8						
No X Cash Personal Check	03/	11/2017	\$50.00		\$50.00				
If yes, list Event # 03112017A		<i>'</i>	·		·				
Last Name	First			MI	Contribution ID #				
Zena		Bilbil			0980				
Residential Street Address	City			State	Zip Code				
33 Chauncey Rd		Wethersfield		CT					
Principal Occupation		Name of Employ	er						
Truck Driver		Albbir	d Trucking						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 03112017A Cash Credit/Debit Card	03/	11/2017	\$100.00		\$100.00				

Page 103 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Katapuqi		Kastriot			0981
Residential Street Address	City			State	Zip Code
18 Carson Ave		Wethersfield		СТ	
Principal Occupation		Name of Employ			
instructor		Becor			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 11:					
If yes, list Event # 03112017A No Cash Personal Check No Money Order Credit/Debit Card	03/	11/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Proko		Spiro and Do	nika		0982
Residential Street Address	City	5 1 122		State	Zip Code
80 Wynding Brook Dr	<u> </u>	Rocky Hill		СТ	
Principal Occupation Painter		Name of Employ SIFCO			
			obbyiet enouse or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	7 111100	and of Commodulon
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
- Ind 10 11 1	Date	Received	Aggregate Contributions		
an event reported in Section J1? X Yes					
No No Tresonal enter	03/	11/2017	\$200.00		\$200.00
If yes, list Event # 03112017A					
Last Name	First			MI	Contribution ID #
Xhinkeli		Endrit			0984
Residential Street Address	City			State	Zip Code
21 Preston St	<u> </u>	Hartford		СТ	
Principal Occupation		Name of Employ			
owner			nsport		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		ī	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	received	Aggregate Controlations		
No Cash X Personal Check	03/	11/2017	\$300.00		\$300.00
If yes, list Event # 03112017A	,	, -			
Last Name	First			MI	Contribution ID #
Bukaci		Thellenxa			0985
Residential Street Address	City			State	Zip Code
6019 Palmetto St Apt 3F		Ridgewood		NY	
Principal Occupation		Name of Employ	er		
housewife		house		•	
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent ennu (x No		
government the contract is with:		Danier 1			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No X Cash Personal Check	U3/	11/2017	\$50.00		\$50.00
If yes list Event # 03112017A Money Order Credit/Debit Card	1 03/	11/201/	\$30.00	1	Ψ50.00

Page 104 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Daci	FIISt	Elva		IVII	0986			
Residential Street Address	City			State	Zip Code			
3105 Decatur Ave Apt 343		Bronx		NY				
Principal Occupation		Name of Employ	er					
student		stude	nt					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative	Dete	D i d						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	02/	11/2017	¢E0.00		\$50.00			
If yes, list Event # 03112017A	03/	11/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Bukaci	1 1130	Egila		1411	0987			
Residential Street Address	City	Lgiia		State	Zip Code			
6019 Palmetto St Apt 3F	City	Ridgewood		NY	Zip Code			
Principal Occupation		Name of Employ	er	'''				
Patient coordinator		1 7	N westside					
			abbyist spanse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No X Cash Personal Check	03/	11/2017	\$100.00		\$100.00			
If yes, list Event # 03112017A			,					
Last Name	First			MI	Contribution ID #			
Bukaci		Agim			0988			
Residential Street Address	City			State	Zip Code			
6019 Palmetto St Apt 3F		Ridgewood		NY				
Principal Occupation		Name of Employ	er	-	-			
Carpenter		Joy C	onstrution					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03112017A Cash Personal Check No	03/	11/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kasa	THSt	Ledian		IVII	0989			
Residential Street Address	City	Ledian		State	Zip Code			
3105 Decatur Ave Apt 343	City	Bronx		NY	Zip Code			
Principal Occupation		Name of Employ	er					
Plumber			al Plumbing					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	, 	dependent child of	of a fobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03112017A Cash Credit/Debit Card	03/	11/2017	\$100.00		\$100.00			

Page 105 of 162

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Bunjaj	FIISt	Thanto		IVII	0990			
Residential Street Address	City			State	Zip Code			
2440 Hering Ave		Bronx		NY				
Principal Occupation		Name of Employ	er	-	•			
Painter		Noah	Construction	_				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?	Date	received	Aggregate Contributions					
If yes, list Event # 03112017A	03/	11/2017	\$375.00		\$375.00			
11 yes, interest 551120177.								
Last Name	First			MI	Contribution ID #			
Bajrami		Besnik			0991			
Residential Street Address	City			State	Zip Code			
1783 Marion Ave Apt 21		Bronx		NY				
Principal Occupation		Name of Employ	er					
Carpenter			ent Realty					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with.	D-4-	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/	11/2017	\$300.00		\$300.00			
If yes, list Event # 03112017A		, -	,,,,,,,					
Last Name	First			MI	Contribution ID #			
Lulaj		Kristjan			0992			
Residential Street Address	City			State	Zip Code			
2002 Hobart Ave		Bronx		NY				
Principal Occupation		Name of Employ	er					
Pizza Man		VF en	eterprise Antonios					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	received	riggregate contributions					
If yes, list Event # 03112017A	03/	11/2017	\$100.00		\$100.00			
LadVana	Einst.			MI	Ct-ib-ti ID#			
Last Name Cela	First	Gentian		IVII	Contribution ID # 0993			
Residential Street Address	City	Centian		State	Zip Code			
6019 Palmetto St Apt 3F		Ridgewood		NY				
Principal Occupation		Name of Employ	er	· · · · · · · · · · · · · · · · · · ·	!			
Plumber			al Plumbing					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			X No					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 03112017A	03/	11/2017	\$100.00		\$100.00			

Page 106 of 162

I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original					
Lumaj Explore			7 prii 10 r iiing Griginai					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Lumaj		Mark			0994			
Residential Street Address	City			State	Zip Code			
2314 Kingsland Ave		Bronx		NY				
Principal Occupation		Name of Employ	er					
Vice President		VI Co	nstruction					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 03112017A Cash Credit/Debit Card	03/	11/2017	\$100.00		\$100.00			
in yes, list Event # OSTIZOT/A Violity Order								
Last Name	First			MI	Contribution ID #			
Lumaj		Prel			0995			
Residential Street Address	City			State	Zip Code			
3066 Buhr Ave		Bronx		NY				
Principal Occupation		Name of Employ	er	-	•			
superintendent		Buhr	Ave LLC					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
U No □ □ ·········	03/	11/2017	\$100.00		\$100.00			
If yes, list Event # 03112017A								
Last Name	First			MI	Contribution ID #			
Lumaj		Justina			0996			
Residential Street Address	City			State	Zip Code			
420 W 42nd St		New York Cit	у	NY				
Principal Occupation		Name of Employ	er	•				
client service specialist		CBRE						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with The second of the se	Date	Received	Aggregate Contributions					
an event reported in section 31:								
No No	03/	11/2017	\$375.00		\$375.00			
If yes, list Event # 03112017A								
Last Name	First			MI	Contribution ID #			
Nerenxa		Arva			1057			
Residential Street Address	City			State	Zip Code			
95 Oxford St		Wethersfield		СТ				
Principal Occupation		Name of Employ	er	•	•			
student		stude	nt					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a fobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No X Cash Personal Check	03/	15/2017	\$100.00		\$100.00			
If yes, list Event #	I			I				

Page 107 of 162

L MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	Ì	ŕ	TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	n Inc	lividuals			
Last Name Nerenxa	First	Valbona		MI	Contribution ID #
Residential Street Address	City	Valbulla		State	Zip Code
95 Oxford St	City	Wethersfield		CT	Zip Code
Principal Occupation		Name of Employ	or.	CI	ļ
Dinner Service		1 ,	s Well Dinner Service		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	/es Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	03/	15/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nerenxa	11130	Arben		IVII	1059
Residential Street Address	City	Arbeir		State	Zip Code
95 Oxford St	City	Wethersfield		CT	Zip code
Principal Occupation		Name of Employ	er		ļ.
Custodian			Hartord Public School		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	/es Amo	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?	10	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes X No Personal Check	02/	15/2017	\$100.00		\$100.00
If yes, list Event #	03/	13/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Cuko		Jorid			1060
Residential Street Address	City			State	Zip Code
398 Franklin Ave		Hartford		СТ	
Principal Occupation		Name of Employ	er		
Cook		Jimmi	ies Pizza Restaurant		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			X N	lo	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check	03/	15/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Laze		Luziana			1061
Residential Street Address	City			State	Zip Code
967 Asylum Ave		Hartford		СТ	
Principal Occupation		Name of Employ			
waiters Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of)	dependent child o	of a lobbyist?	/es	
government the contract is with:			x ,	lo	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	15/2017	\$100.00		\$100.00

Page 108 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF PEROPT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumaj Explore April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gerrity	a:	Carolyn		M	0879
Residential Street Address	City	Domfrot		State	Zip Code
150 Gary School Rd Principal Occupation	<u> </u>	Pomfret Name of Employe	or	СТ	
Bussiness Manager			and Whitney		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or followbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No		
government the contract is with:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Dute	received	riggregate Contributions		
If yes, list Event # 03192017A	03/	19/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Gerrity	11130	Michael		D	0880
Residential Street Address	City			State	Zip Code
150 Gary School Rd		Pomfret		СТ	
Principal Occupation	•	Name of Employ	er	-	•
Chief Estimator		Paque	ette Electric Co		
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No		
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
No Cash X Personal Check	03/	19/2017	\$50.00		\$50.00
If yes, list Event # 03192017A		,			·
Last Name	First			MI	Contribution ID #
Nagy		Gerald			0881
Residential Street Address	City			State	Zip Code
151 Nagy Rd	<u> </u>	Ashford		СТ	
Principal Occupation Retired		Name of Employer Retire			
				Amor	unt of Contribution
Yes A No	0	dependent child of	f a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions]	
an event reported in section 31:					
If yes, list Event # 03192017A Cash Personal Check No	03/	19/2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Abbot		William		S	0882
Residential Street Address	City			State	Zip Code
439 Brayman Hollow Rd		Pomfret		СТ	
Principal Occupation		Name of Employe			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbriet energe or	Amor	ant of Contribution
Yes X No	0	dependent child o	Voc	1	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions	1	
— X C I					
If yes list Event # 03192017A	03/	19/2017	\$20.00		\$20.00

Page 109 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`		TYPE OF REPORT		
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Eiler		Joanne		R	0884
Residential Street Address	City			State	Zip Code
36 Bunny Ln		Brooklyn		СТ	
Principal Occupation		Name of Employ	er		
Account Manager		PMG 1	INC		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}		
government the contract is with:	Doto	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	03/	19/2017	\$50.00		\$50.00
If yes, list Event # 03192017A	03/	15/2017	Ψ30.00		450.00
Last Name	First			MI	Contribution ID #
Dehner		Cynthia			0885
Residential Street Address	City			State	Zip Code
36 Bunny Ln		Brooklyn		СТ	
Principal Occupation		Name of Employ	er		
Supervisor		Mohe	gan Sun Casino		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 03192017A Cash Credit/Debit Card	03/:	19/2017	\$50.00		\$50.00
Last Name	First	_		MI	Contribution ID #
Dalbec	O.	Anna		a	0886
Residential Street Address	City	Dura alaban		State	Zip Code
147 Pomfret Rd Principal Occupation		Brooklyn Name of Employ	or	СТ	
Homemaker			maker		
T			obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
U No I ☐ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	03/:	19/2017	\$100.00		\$100.00
If yes, list Event # 03192017A					
Last Name	First			MI	Contribution ID #
Labbe		Mark		Р	0887
Residential Street Address	City			State	Zip Code
43 Breackneck Hill Rd		Dayville		СТ	
Principal Occupation		Name of Employ			
Mechanical Engineer			hotonics		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		· F · · · · · · · · · · · · · · · · · ·	x No		
government the contract is with:	Doto	Received	Aggregate Contributions		
an event reported in Section J1?	Date	received	regregate Continuations		
No Cash X Personal Check	03/	19/2017	\$100.00		\$100.00
If yes, list Event # 03192017A Money Order Credit/Debit Card	Ι ΄΄΄	- ,	720.00	Ī	

Page 110 of 162

I. MONETARY RECEIPT	9 (94	ection A_I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-i)	TYPE OF REPORT					
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Baldwin	1 1130	Craig		W	0888			
Residential Street Address	City	Cruig		State	Zip Code			
374 Deerfield Rd	City	Pomfret		CT	z.p code			
Principal Occupation		Name of Employ	er	<u> </u>				
First Selectman			of Pomfret					
Is contributor a principal of a state contractor or prospective state contractor?			obbyict enouge or	Amou	nt of Contribution			
Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03192017A No Money Order Cash Personal Check	03/	19/2017	\$100.00		\$100.00			
in yes, list Event # 05192017# I Money Order Card								
Last Name	First			MI	Contribution ID #			
Rose		Lisa			0889			
Residential Street Address	City			State	Zip Code			
202 Tower Hill Rd		Chaplin		MI				
Principal Occupation		Name of Employ	er					
Finance		Town	Of Colombia					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03192017A No Money Order Credit/Debit Card	03/	19/2017	\$100.00		\$100.00			
<u> </u>					-			
Last Name	First			MI	Contribution ID #			
Rose		William			0890			
Residential Street Address	City			State	Zip Code			
202 Tower Hill Rd		Chaplin		СТ				
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (or a robbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
If yes, list Event # 03192017A No Sah Personal Check No Cash Personal Check	03/:	19/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dubitsky	FIISt	Doug		IVII	0891			
Residential Street Address	City	Doug		State	Zip Code			
125 Bear Hill Rd	City	Pomfret		CT	Zip Code			
Principal Occupation		Name of Employ	or	Ci				
Attorney			Dubitsky					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03192017A	03/	19/2017	\$100.00		\$100.00			

Page 111 of 162

I. MONETARY RECEIPT	9 (94	ection A-D						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	()	ction A-i)	TYPE OF REPORT					
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Neumon		Anna			0892			
Residential Street Address	City	-		State	Zip Code			
217 Colombus Ave		Meriden		СТ	•			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03162017A No Money Order Credit/Debit Card	03/	19/2017	\$50.00		\$50.00			
in you, interest in the second care in the second c								
Last Name	First			MI	Contribution ID #			
Kalici		Isa			0893			
Residential Street Address	City			State	Zip Code			
15 Marita Dr		Waterbury		CT				
Principal Occupation		Name of Employ	er					
Housing Manager			ncent DePaul					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 03162017A No Money Order Credit/Debit Card	03/	19/2017	\$50.00		\$50.00			
					Ĭ			
Last Name	First			MI	Contribution ID #			
Drysdale		Elizabeth			0894			
Residential Street Address	City			State	Zip Code			
359 Maybrook Rd		Waterbury		СТ				
Principal Occupation		Name of Employ						
Insurance examiner			of Connecticut					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of		F	x No					
government the contract is with:	Dete	Received						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	02/	19/2017	\$150.00		\$150.00			
If yes, list Event # 03162017A	03/	19/2017	\$130.00		\$150.00			
Last Name	First			MI	Contribution ID #			
Kalici		Besjana			0895			
Residential Street Address	City	Desjana		State	Zip Code			
15 Marita Dr		Waterbury		СТ	Į · · · · ·			
Principal Occupation		Name of Employ	er					
Unemployed			ployed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 03162017A	03/	19/2017	\$50.00		\$50.00			

Page 112 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT April 10 Filing - Original						
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Van Stone		Thomas			0896				
Residential Street Address	City	14/= t		State	Zip Code				
234 Heritage Dr Principal Occupation		Waterbury Name of Employe	or	СТ					
Program manager			sky Aircraft						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a lobbyist?						
government the contract is with:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # 03162017A No Cash X Personal Check Money Order Credit/Debit Card	03/	19/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Dudzinski	11130	Mary		1411	0897				
Residential Street Address	City	,		State	Zip Code				
35 Cronin St		Bristol		СТ					
Principal Occupation		Name of Employe	er		•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		асренает сппа о	x No						
Is this contribution associated with an expert concreted in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section J1? No No Personal Check	03/	19/2017	\$50.00		\$50.00				
If yes, list Event # 03162017A	03/	19/2017	\$30.00						
Last Name	First			MI	Contribution ID #				
Dudzinski		Mary			0898				
Residential Street Address	City			State	Zip Code				
35 Cronin St	<u> </u>	Newington		СТ	06010-7814				
Principal Occupation		Name of Employe							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	ant of Contribution				
Yes 🔼 N	0	dependent child o	3/	7 tinot	in or contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an august reported in Section 112	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Cash Personal Check	02/	40/2047	+50.00		+50.00				
If yes, list Event # 03162017A No Money Order Credit/Debit Card	03/	19/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Dudzinski		Daryle			0899				
Residential Street Address	City			State	Zip Code				
35 Regency Ct		Bristol		СТ	06010				
Principal Occupation		Name of Employ							
Director		State	obbriet enouge or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child o	obbyist, spouse, or	Amot	unt of Contribution				
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with an expert reported in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
all event reported in Section 31?									
If yes, list Event # 03192017A No No No No No No No No No No No No No	03/	19/2017	\$50.00		\$50.00				

Page 113 of 162

L MONETARY RECEIPT	S (Se	ection A-I)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore			April 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Alseph		John			0900			
Residential Street Address	City			State	Zip Code			
35 White Oak Ln	<u> </u>	Waterbury		СТ				
Principal Occupation Retired		Name of Employ Retire						
			11.14	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 03162017A No Money Order Credit/Debit Card	03/	19/2017	\$50.00		\$50.00			
				l	La . i . p. "			
Last Name	First	Duranil		MI	Contribution ID #			
Roberts Residential Street Address	City	Russell		C State	0901 Zip Code			
375 Copper Rdg	City	Southington		CT	Zip Code			
Principal Occupation		Name of Employ	er	<u> </u>				
Quality Supervisor		Depai	rtment of Defense					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event # 03162017A No Money Order Credit/Debit Card	03/	19/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Beeman		Guy			0902			
Residential Street Address	City	<u> </u>		State	Zip Code			
87 Country Ln		Meriden		СТ				
Principal Occupation		Name of Employ	er	=	•			
Marketing Consultant		Beem	an and Associates LLC					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	03/:	19/2017	\$50.00		\$50.00			
If yes, list Event # 03162017A	,	-, -	1,1,1,1					
Last Name	First			MI	Contribution ID #			
Wesson		Elizabeth			0903			
Residential Street Address	City			State	Zip Code			
159 Westmont Dr	L.,	Waterbury		СТ				
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? Method of contribution: Method of contribution:								
If yes, list Event # 03162017A No Cash X Personal Check Money Order Credit/Debit Card	03/	19/2017	\$50.00		\$50.00			

Page 114 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Vass		Steven			0904
Residential Street Address	City			State	Zip Code
159 Westmont Dr		Waterbury		СТ	
Principal Occupation		Name of Employ	er		
retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # 03162017A No Anney Order Credit/Debit Card	03/	19/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Goodine	FIISt	Lindsey		IVII	0905
Residential Street Address	City	Linusey		State	Zip Code
58 Baldwin Dr	City	Bristol		CT	Zip code
Principal Occupation		Name of Employ	er		ļ.
Teacher		CREC			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a foodyfst?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? No	03/	19/2017	\$25.00		\$25.00
I you, list Event in OSIOZOTTA Intolog Order I credit Debit Calle					
Last Name	First			MI	Contribution ID #
Goodine		Patricia			0906
Residential Street Address	City			State	Zip Code
214 Scott Rd Principal Occupation	<u> </u>	Waterbury		СТ	
Accountant		Name of Employ	of Watebrury		
				Amor	unt of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 03162017A No Money Order Credit/Debit Card	03/	19/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Dhespoti		Silvan			1062
Residential Street Address	City			State	Zip Code
967 Asylum Ave		Hartford		СТ	
Principal Occupation		Name of Employ	er	•	•
Driver		Fedex	c Ground		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	<u> </u>	
an event reported in Section J1?			55 0		
If yes, list Event #	03/	21/2017	\$100.00		\$100.00

Page 115 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original						
Lumaj Explore April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Sade		Paullo				1063
Residential Street Address	City				State	Zip Code
543 Franklin Ave Principal Occupation	L	Hartford		!	СТ	
Cook		Name of Employ Fox P				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	f a lobbyist?	_ 105		
government the contract is with:	Dete	D i d		No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
x No Zash Personal Check	03/2	21/2017	\$100.00			\$100.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Sade		Ergi				1064
Residential Street Address	City				State	Zip Code
543 Franklin Ave Principal Occupation	Ь,	Hartford Name of Employ	or.		СТ	
Construction			Construction LLC			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist snouse or	1	Amou	nt of Contribution
- -	О	dependent child of				
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	21/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Agolli		Vasfi				1065
Residential Street Address	City				State	Zip Code
163 Richard Rd		Rocky Hill			СТ	
Principal Occupation		Name of Employ	er			
Cook			e Pizza			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1		No		
government the contract is with	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	21/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Allmuca		Migena				1066
Residential Street Address	City				State	Zip Code
10 George St	L	Hartford			СТ	
Principal Occupation		Name of Employ				
Customer Service			alth LLC		A	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	о	dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		- "	•	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	,,		
an event reported in Section J1?						
If yes list Event # Credit/Debit Card	03/2	21/2017	\$100.00			\$100.00

Page 116 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	TVDE OF REDORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Lumaj Explore			TYPE OF REPORT April 10 Filing - Original			
B. Itemized Contributions from	_					
Last Name Agolli	First	Diana		MI	Contribution ID # 1067	
Residential Street Address	City			State	Zip Code	
163 Richard Rd		Rocky Hill		СТ		
Principal Occupation		Name of Employ	er		•	
Florsit		-	and Shop			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No	03/	21/2017	\$100.00		\$100.00	
If yes, list Event #	03/	21/2017	\$100.00			
Last Name	First			MI	Contribution ID #	
Delija		Ndue			1068	
Residential Street Address	City			State	Zip Code	
10 Geroge St		Hartford		СТ		
Principal Occupation Night Clerk		Name of Employ Walm				
			abbyist spaysa or	Amou	ant of Contribution	
Yes X N	0	dependent child of	Vac			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions			
x No	03/	21/2017	\$100.00		\$100.00	
If yes, list Event#						
Last Name	First			MI	Contribution ID #	
Lucian		Michelle			1069	
Residential Street Address	City	Diversional		State	Zip Code	
364 Lake Plymouth Blvd Principal Occupation		Plymouth Name of Employ	er	СТ		
Teacher			of Watebrury			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution	
If we indicate which branch or branches of	0	dependent child of				
government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	03/	21/2017	\$50.00		\$50.00	
If yes, list Event#		, -	1			
Last Name	First			MI	Contribution ID #	
Meccariello		Gennaro		R	1070	
Residential Street Address 33 Hazelwood Dr	City	Couthington		State CT	Zip Code	
Principal Occupation		Southington Name of Employ	er	CI		
Retired		retire				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?			
government the contract is with:	Doto	Received	Aggregate Contributions			
an event reported in Section J1?	Date	ACCUIVEU	Aggregate Contributions			
If yes, list Event #	03/	21/2017	\$25.00		\$25.00	

Page 117 of 162

I MONETARY RECEIPT	0 (0	4° A T							
I. MONETARY RECEIPTS	5 (56	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Volage		Claudette			1071				
Residential Street Address	City			State	Zip Code				
26 Barbara Ln		Woodbury		СТ					
Principal Occupation		Name of Employ	er						
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash X Personal Check	03/2	21/2017	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bujaj		Edward			1072				
Residential Street Address	City			State	Zip Code				
420 Herkimer Pl	5	Bronx		NY	r				
Principal Occupation		Name of Employ	er						
Construction			Corporation						
			obbyjet enouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	D-4-	D							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	03/2	21/2017	\$300.00		\$300.00				
Last Name	First			MI	Contribution ID #				
Paskus		Cathy			1073				
Residential Street Address	City			State	Zip Code				
4 Arrow Dr		Terryville		СТ					
Principal Occupation		Name of Employ							
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent chira c	·						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with A second of the seco	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Responsal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	21/2017	\$100.00		\$100.00				
3.9									
Last Name	First			MI	Contribution ID #				
Hall		John		G	1089				
Residential Street Address	City			State	Zip Code				
169 Beaver Hill Rd		North Windh	am	CT					
Principal Occupation		Name of Employ	er	- 					
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or So Johnwigt? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/2	22/2017	\$100.00		\$100.00				

Page 118 of 162

Y MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (5)	ection A-I)	T		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Grandahl		Jeffery		J	1090
Residential Street Address	City			State	Zip Code
151 Bushy Hill Rd		Simsbury		СТ	
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
			abbyigt grauge or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Tat (3.6 1.4 M — Mail 6 (3.6	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	03/	22/2017	\$30.00		\$30.00
If yes, list Event # Money Order X Credit/Debit Card	03/		430.00		450.00
Last Name	First			MI	Contribution ID #
	1 1150			1411	1091
Taylor Residential Street Address	City	Hasty		State	Zip Code
	City	F+ C			Zip Code
60 Locust Hill Rd		East Canaan		СТ	
Principal Occupation		Name of Employ			
Retired		retire	-		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o			
government the contract is with:			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	03/	22/2017	\$100.00		\$100.00
Noney order					
Last Name	First			MI	Contribution ID #
Pelletier		Steven			1092
Residential Street Address	City			State	Zip Code
348 Westminister Rd		Canterbury		СТ	
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	03/	22/2017	\$25.00		\$25.00
If yes, list Event #			7-2-2-2		
Last Name	First			MI	Contribution ID #
Bissonnette	1 1100	Paul		.,,,	1093
Residential Street Address	City	T dui		State	Zip Code
25 Kenneth Dr	City	Clastonbung		CT	Zip Code
		Glastonbury		CI	
Principal Occupation		Name of Employ			
Inspector			es Aerospace		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of		r	x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	22/2017	\$50.00		\$50.00

Page 119 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original						
Lumaj Explore April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Hutton		Allen				1094
Residential Street Address	City				State	Zip Code
7 Twin Oaks		Cromwell			СТ	
Principal Occupation Sales		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	$\overline{}$	Amou	nt of Contribution
	0	dependent child of				
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31? Cash Personal Check						
If yes, list Event # Money Order Credit/Debit Card	03/	22/2017	\$30.00			\$30.00
Last Name	First				MI	Contribution ID #
Simmons	11130	Robert				1095
Residential Street Address	City			\dashv	State	Zip Code
268 N Main St		Stonington			СТ	
Principal Occupation		Name of Employ	er			
First Selectman		Town	of Stonington			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	x	1		
government the contract is with: Executive Legislative	D-4-	D d		No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	03/	22/2017	\$100.00			\$100.00
If yes, list Event #	05/	22,2017	Ψ100.00			Ψ100.00
Last Name	First				MI	Contribution ID #
Starr		Robert				1114
Residential Street Address	City				State	Zip Code
128 Millard St		Torrington			CT	06790
Principal Occupation		Name of Employ				
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of			х	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg		
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Cash Personal Check Money Order X Credit/Debit Card	03/	23/2017	\$375.00		:	\$375.00
Last Name	First				MI	Contribution ID #
Capone	11130	Lou				1115
Residential Street Address	City			\dashv	State	Zip Code
20 Clara Dr		Norwalk			СТ	
Principal Occupation		Name of Employ	er			
Landscaping		D&L P	lant Care,inc			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		sependent ennu e	•	No		
government the contract is with:	Data	Received	Aggregate Contributions	INO		
an event reported in Section J1?	Date	received	Aggregate Contitionions			
X No Cash Personal Check	03/	23/2017	\$25.00			\$25.00
If yes_list Event # Money Order X Credit/Debit Card					i	

Page 120 of 162

I MONETADY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	2 (20	ection A-1)	TYPE OF DEPONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Lumaj Explore			April 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Thacari		Elida			1039
Residential Street Address	City			State	Zip Code
2 Yorktown Dr		Marlton		NJ	
Principal Occupation		Name of Employ	er		
secretary		Maest	ro Construction LLC		
			obbyist, spouse, or	Amou	int of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	111100	ant of continuation
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
T41 (1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	03/	23/2017	\$375.00		\$375.00
If yes, list Event #	00,	20, 201,	φ575100		
Last Name	First			MI	Contribution ID #
	1 1130	Rushdi		1411	1040
Tholorja Residential Street Address	C't	Rushui		Ct-t-	
	City			State	Zip Code
2 Yorktown Dr		Marlton		NJ	
Principal Occupation		Name of Employ			
Managing Partner			ro Construction LLC		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodysst?		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No T	03/	23/2017	\$375.00		\$375.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Tholorja		Blerina			1041
Residential Street Address	City			State	Zip Code
2 Yorktown Dr	,	Marlton		NJ	
Principal Occupation		Name of Employ	er		
Assistant Office Manager		1 7	ro Construction LLC		
			obbyist, spouse, or	Amou	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		711100	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received			
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	00.0	22/2017	+275.00		+275 00
If yes, list Event #	03/.	23/2017	\$375.00		\$375.00
-					1
Last Name	First			MI	Contribution ID #
Tholorja		Luan			1042
Residential Street Address	City			State	Zip Code
2 Yorktown Dr		Marlton		NJ	
Principal Occupation		Name of Employ	er		
Managing Partner		Maest	ro Construction LLC		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
x No	03/	23/2017	\$375.00		\$375.00
If yes, list Event # Money Order				I	

Page 121 of 162

I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original									
Lumaj Explore									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Karamanaj		Astrit			1043				
Residential Street Address	City			State	Zip Code				
17 Johnna Ln		Wethersfield		СТ					
Principal Occupation		Name of Employ	er						
Manager		Arber	Cafe						
			obbyist snouse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 1 at 1 at 1 at 1 at 1 at 1 at 1 a	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	03/	24/2017	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Karamanaj		Redona			1046				
Residential Street Address	City	Redolla		State	Zip Code				
18 Johnna Ln	City	Wethersfield		CT	Zip code				
Principal Occupation		Name of Employ	ON.	CI					
		1 7							
student		stude							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Атои	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	24/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
stefi		Vasilje			1047				
Residential Street Address	City			State	Zip Code				
37 Norman Dr		Glastonbury		CT					
Principal Occupation		Name of Employ	er						
Cook		Jimmi	ies Pizza Restaurant						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash X Personal Check	03/	24/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Haxhi		Marika			1048				
Residential Street Address	City			State	Zip Code				
398 Franklin Ave	City	Hartford		CT	Z.p code				
Principal Occupation		Name of Employ	or	<u> </u>					
Cook			ies Pizza Restaurant						
			obbyjet enouge or	Δmou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	02 Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	D-4	Dagaiyad							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		24/2017	1100.00		±100.00				
If yes, list Event # Money Order Credit/Debit Card	03/	24/2017	\$100.00		\$100.00				

Page 122 of 162

I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Haxhi		Vangjel			1049				
Residential Street Address	City			State	Zip Code				
398 Franklin Ave		Hartford		СТ					
Principal Occupation		Name of Employ	er						
Porter		Stop	and Shop						
			obbyjet enguee or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 1 at 1 at 1 at 1 at 1 at 1 at 1 a	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	03/	24/2017	\$100.00		\$100.00				
If yes, list Event #			T						
Last Name	First			MI	Contribution ID #				
Stefi	1 1100	Trifon			1050				
Residential Street Address	City	1111011		State	Zip Code				
	City	Clastanhum			Zip Code				
37 Norman Dr		Glastonbury		СТ					
Principal Occupation		Name of Employ							
Custodian		-	and Shop						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:									
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	03/	24/2017	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Delija		Vera			1051				
Residential Street Address	City			State	Zip Code				
10 George St		Hartford		СТ					
Principal Occupation		Name of Employ	er	-	-				
Worker		Thom	as Rafferty Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Zash Personal Check	03/3	24/2017	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Sade		Krisulla			1052				
Residential Street Address	City	Kilballa		State	Zip Code				
543 Franklin Ave	City	Hartford		CT	Zip code				
Principal Occupation		Name of Employ	or	Ci					
Customer Service									
		Mozzi	obbyict chause or	A	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aiiiou	in or Contribution				
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}						
government the contract is with:	Б.	D i d							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check		24/2017			+400.00				
If yes, list Event # Money Order Credit/Debit Card	03/	24/2017	\$100.00		\$100.00				

Page 123 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original						
Lumaj Explore April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			N	ΔI	Contribution ID #
Faruku		Ilirjan				1053
Residential Street Address	City				tate	Zip Code
737 Maple Ave Principal Occupation	<u> </u>	Hartford	ON.	0	T	
Driver		Name of Employ Faruk	u Trucking Inc			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?			
government the contract is with:			x	No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
x No X Cash Personal Check	03/	24/2017	\$100.00		•	\$100.00
If yes, list Event #	03/	2 1/ 2017	\$100.00			
Last Name	First			N	ΔI	Contribution ID #
Shaqollari		Renaldo				1054
Residential Street Address	City			S	tate	Zip Code
339 Ridge Rd	<u> </u>	Wethersfield		C	T	
Principal Occupation		Name of Employ	er			
Driver Is contributor a principal of a state contractor or prospective state contractor?		UPS Is contributor at	obbyist, spouse, or	- 1	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of		Yes	Amou	it of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Yes X Cash Personal Check						
If yes, list Event # Cash Credit/Debit Card	03/	24/2017	\$100.00		9	\$100.00
If yes, list Event #						
Last Name	First			N	4I	Contribution ID #
Faruku		Najrili				1055
Residential Street Address 737 Maple Ave	City	Hartford			tate	Zip Code
Principal Occupation	<u> </u>	Name of Employ	er		-1	
Driver			u Trucking Inc			
Is contributor a principal of a state contractor or prospective state contractor?			<u>-</u>	Yes	Amou	nt of Contribution
	0	dependent child of	a loodyist.	- 1		
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No X Cash Personal Check		2.4/2.2.7				
If yes, list Event # Money Order Credit/Debit Card	03/.	24/2017	\$100.00			\$100.00
Last Name	First			N	4I	Contribution ID #
Faruku		Erimira				1056
Residential Street Address	City			S	tate	Zip Code
737 Maple Ave		Hartford		C	T	
Principal Occupation		Name of Employ	er			
secretary			u Trucking Inc			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x			
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			200			
If yes list Event # X Cash Personal Check No Money Order Credit/Debit Card	03/	24/2017	\$100.00		9	\$100.00

Page 124 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original					
Lumaj Explore April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gjonpalaj		Astrit			1034
Residential Street Address	City			State	Zip Code
333 E Moshoulu		Bronx		NY	
Principal Occupation President		Name of Employ Globu			
			obbyist, spouse, or	Ar	nount of Contribution
Yes X No)	dependent child of	· · · · · · · · · · · · · · · · · · ·	Yes	
If yes, indicate which branch or branches of government the contract is with:			x	No	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31? Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/	24/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Gjonpalaj	1 1130	Elenora			1035
Residential Street Address	City			State	Zip Code
125 Parkway Rd Apt 1107		Bronxville		NY	
Principal Occupation		Name of Employ	er	•	-
Owner		Globu	s Travel LLC		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes Ar	nount of Contribution
If yes, indicate which branch or branches of		dependent child c	· –		
government the contract is with: Executive Legislative	Б.	D : 1		No	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	24/2017	\$375.00		\$375.00
If yes, list Event #	03/	24/2017	ψ3/3.00		ψ3/3.00
Last Name	First			MI	Contribution ID #
Nezaj		Erenik			1112
Residential Street Address	City			State	Zip Code
130 Second Ave		Pelham		NY	10803
Principal Occupation		Name of Employ			
CPA			& Co. CPAs, LLP		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or fa lobbyist?	Yes	nount of Contribution
If yes, indicate which branch or branches of			x	No	
government the contract of with	Date	Received	Aggregate Contributions	_	
an event reported in Section J1? Yes					
If yes, list Event # Cash Personal Check No	03/	24/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID#
Bizzarro	FIISt	Gennaro		MII	Contribution ID # 1113
Residential Street Address	City	Germaro		State	Zip Code
180 Ten Acre Rd		New Britain		СТ	06052
Principal Occupation		Name of Employ	er		
Lawyer		GB La	w Group		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or	Yes	nount of Contribution
If yes, indicate which branch or branches of		acpendent emild (x	N-	
government the contract is with: In this contribution associated with Method of contribution:	Dete	Received		NO .	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	03/	24/2017	\$100.00		\$100.00
If yes_list Event # Money Order X Credit/Debit Card	i			1	

Page 125 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original					
Lumaj Explore April 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Parente		Barbara			1083
Residential Street Address	City			State	Zip Code
628 Overlook Path		Southington		СТ	
Principal Occupation Retired		Name of Employer Retire			
			obbyist, spouse, or	Amou	unt of Contribution
Yes X No)	dependent child of	V	S	
If yes, indicate which branch or branches of government the contract is with:			x N	,	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31? Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	03/	25/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Parente	FIISt	Leonard		IVII	1084
Residential Street Address	City	Leonard		State	Zip Code
628 Overlook Path		Southington		СТ	r
Principal Occupation		Name of Employ	er	-	!
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	if a lobbyist?		
government the contract is with:			X N	<u>'</u>	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	03/	25/2017	\$50.00		\$50.00
If yes, list Event #	03/.	23/2017	\$50.00		\$30.00
Last Name	First			MI	Contribution ID #
Angst		Mary Ellen			1085
Residential Street Address	City			State	Zip Code
41 Regency Ct		Bristol		СТ	
Principal Occupation		Name of Employe	er		
Accounting Manager		ESPN			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x N		
To this contribution are sized with	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash X Personal Check Money Order	03/	25/2017	\$75.00		\$75.00
If yos, list Event #					
Last Name	First			MI	Contribution ID #
Kissko	O.	John		j	1086
Residential Street Address	City	Torrington		State	Zip Code
206 Red Mountain Rd Principal Occupation		Torrington Name of Employe	or	СТ	<u> </u>
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If was indicate which branch or branches of)	dependent child of	i a loodyist?		
If yes, indicate which branch or branches of government the contract is with:			X No	<u>.</u>	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	25/2017	\$25.00		\$25.00

Page 126 of 162

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	•	•	TYPE OF REPORT						
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from	m Inc	lividuals							
Last Name	First			MI	Contribution ID #				
Dyer		Daniel			1096				
Residential Street Address	City			State	Zip Code				
186 Jerry Browne Rd		Mystic		СТ					
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	25/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Cairns	11130	April		IVII	1081				
Residential Street Address	City	ДРП		State	Zip Code				
30 Old Colchester		Waterford		СТ	r				
Principal Occupation		Name of Employ	er		,1				
LTS coordinator		Water	ford Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a fobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
x No Cash Personal Check	03/	26/2017	\$10.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Stibler		Wendele			1082				
Residential Street Address	City			State	Zip Code				
56 Cambridge Ct		Beacon Falls		СТ	<u> </u>				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in section 31:									
If yes, list Event # Cash Credit/Debit Card	03/	26/2017	\$30.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Parmelee		Richard			1087				
Residential Street Address	City			State	Zip Code				
260 Parmelee Rd		Durham		СТ					
Principal Occupation	•	Name of Employ	er	•	•				
Engineer		Day a	ind Zimmer						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	<u> </u>					
an event reported in Section J1?			30 0						
X No	03/	26/2017	\$30.00		\$30.00				

Page 127 of 162

I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-1)	TYPE OF DEPONT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore			April 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rich		Leonard			1088				
Residential Street Address	City			State	Zip Code				
103 Spring Glen Dr		Meriden		СТ					
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
			abbyigt groups or	Amou	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 10 to	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash X Personal Check	03/	27/2017	\$50.00		\$50.00				
If yes, list Event #		•			•				
Last Name	First			MI	Contribution ID #				
Stuchell		Janet			1079				
Residential Street Address	City	Juliet		State	Zip Code				
319 Birmingham Rd	City	Cantorbury		CT	Zip code				
Principal Occupation		Canterbury Name of Employ	on.	Ci					
		1 7							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	03/	27/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Swick		Robert			1080				
Residential Street Address	City			State	Zip Code				
180 Long Hill Rd		Wallingford		CT					
Principal Occupation		Name of Employ	er	-					
Finance Director		Milfor	d Transit District						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash X Personal Check	03/	27/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
McCall		Diane		М	1098				
Residential Street Address	City			State	Zip Code				
127 McCall		Lebanon		CT	r				
Principal Occupation		Name of Employ	er		!				
Retired		Retire							
			abbyigt groups or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Anot	J. Commoundii				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad		-					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02.	20/2017	+35.00		+25.00				
If yes, list Event # Money Order Credit/Debit Card	03/	28/2017	\$25.00		\$25.00				

Page 128 of 162

I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original						
Lumaj Explore April 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Hanlon		William				1099
Residential Street Address	City	5.4.4			State	Zip Code
33 Pleasant St	L	Bethel			СТ	
Principal Occupation Retired		Name of Employ Retire				
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	f a lobbyist?			
government the contract is with:	Dete	D		No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes list Event # Cash Personal Check No Money Order X Credit/Debit Card	03/2	28/2017	\$20.00			\$20.00
If yes, list Event #						
Last Name	First				MI	Contribution ID #
Nezaj		Zenel				1109
Residential Street Address	City				State	Zip Code
130 Second Ave	<u> </u>	Pelham			NY	10803
Principal Occupation Retired		Name of Employ Retire				
			obbreigt anguag or		Amoui	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Credit/Debit Card	03/2	28/2017	\$375.00		\$	\$375.00
Last Name	First				MI	Contribution ID #
Vucinaj		Alfons				1105
Residential Street Address	City				State	Zip Code
1452 Ohm Ave		Bronx			NY	10465
Principal Occupation	-	Name of Employ	er	-	-	
Unemployed		Unem	ployed			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\neg		
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/2	29/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Caggiano		Sheryl				1106
Residential Street Address	City				State	Zip Code
27 Cricket Hill Rd		Bristol			СТ	06010
Principal Occupation		Name of Employ	er			
Furniture Repair/Sales			ban Re-Style			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			30 -0			
If yes list Event # Cash Personal Check No	03/2	29/2017	\$50.00			\$50.00

Page 129 of 162

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Lumai Explore April 10 Filing - Original							
Lumaj Explore April 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals		_			
Last Name	First			MI	Contribution ID #		
Ferguson		Patricia			1107		
Residential Street Address	City			State	Zip Code		
10 Hickory Ln Principal Occupation		Weston		СТ	06883		
Homemaker		Name of Employ None	er				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-			
an event reported in Section J1?	Buie	10001100	riggregate controllions				
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/:	29/2017	\$250.00		\$250.00		
Last Name	First			MI	Contribution ID #		
Ferguson	1 1100	Bob			1108		
Residential Street Address	City			State	Zip Code		
10 Hickory Ln		Weston		СТ	06883		
Principal Occupation		Name of Employ	er	•	•		
Fundraiser		NRA					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amou	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1? X No	03/	29/2017	\$250.00		\$250.00		
If yes, list Event # Money Order X Credit/Debit Card		,					
Last Name	First			MI	Contribution ID #		
Savage		Dennis			1097		
Residential Street Address	City			State	Zip Code		
382 S Burnham Hwy		Lisbon		СТ			
Principal Occupation Retired		Name of Employ Retire					
				Amoi	ant of Contribution		
Yes A No)	dependent child of	37-	S	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	03/	29/2017	\$50.00		\$50.00		
				l	I		
Last Name	First	Klaidi		MI	Contribution ID #		
Braho Residential Street Address	City	Klajdi		State	Zip Code		
769 Maple St	City	Wethersfield		CT	Zip Code		
Principal Occupation		Name of Employ	er	1			
Pizza Man		Vila M	lilano's Pizza				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31?							
If yes list Event # Cash Credit/Debit Card	03/	29/2017	\$50.00	1	\$50.00		

Page 130 of 162

I MONETA DV DECEIDTS (C L A. D.									
I, MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Lumaj Explore April 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Karamanaj		Razie			1045				
Residential Street Address	City			State	Zip Code				
18 Johnna Ln		Wethersfield		СТ					
Principal Occupation		Name of Employ	er						
housewife		Home	emaker						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
Ŭ No ☐	03/2	29/2017	\$60.00		\$60.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Weber		Edith			1037				
Residential Street Address	City			State	Zip Code				
40 Lupine		Wallingford		СТ					
Principal Occupation		Name of Employ	er	<u> </u>					
retired		Retire							
			obbyiet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37	111104	nt of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash X Personal Check	02/	20/2017	±100.00		±100 00				
If yes, list Event # Money Order Credit/Debit Card	03/.	29/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Jake		Weber			1038				
Residential Street Address	City			State	Zip Code				
5 Pinehurst Rd		Bristol		СТ					
Principal Occupation		Name of Employ							
student		stude	nt						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (*						
government the contract is with:			x _{No}						
Is this contribution associated with A second of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/2	29/2017	\$60.00		\$60.00				
Last Name	First			MI	Contribution ID #				
Papa		Leo			1036				
Residential Street Address	City			State	Zip Code				
30 Grant Hill Rd		Coventry		CT					
Principal Occupation		Name of Employ	er						
Owner		Lakvi	ew restaurant						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	03/3	30/2017	\$100.00		\$100.00				

Page 131 of 162

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT April 10 Filing - Original					
Lumaj Explore April 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Levy		Leora			1101
Residential Street Address	City			State	Zip Code
59 Pecksland Rd Principal Occupation	<u> </u>	Greenwich Name of Employe		СТ	06831
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or	Amor	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x N		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?			35 3		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fetija		Jonila			1103
Residential Street Address	City			State	Zip Code
139-05 85th Dr		Jamaica		NY	11435
Principal Occupation		Name of Employe	er	-	•
Property Manager		Donna	a Margherita		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		аеренаен сина о	x N	0	
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No	03/:	31/2017	\$300.00		\$300.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Weber		Mackenzie			1104
Residential Street Address	City			State	Zip Code
5 Pinehurst Rd	<u> </u>	Bristol		СТ	06010
Principal Occupation Student		Name of Employe Stude			
				Amor	unt of Contribution
Yes 🔼 No	0	dependent child o		es	ant of continuation
If yes, indicate which branch or branches of government the contract is with:			x N	0	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2017	\$25.00		\$25.00
		I		1.6	La . a . a . m. "
Last Name	First	Michael		MI	Contribution ID # 1134
Turgeon Residential Street Address	City	Міспаеі		State	Zip Code
1841 Berlin Tpke	City	Wethersfield		CT	06109
Principal Occupation		Name of Employe	er	1	
Jeweler		Micha	el Turgeon		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Amor	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	0	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	┑	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	03/	31/2017	\$100.00		\$100.00

Page 132 of 162

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Lumaj Explore April 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Stegall		Amy			1135			
Residential Street Address	City			State	Zip Code			
17 Old Monson Rd		Stafford Spri	ngs	СТ	06076			
Principal Occupation		Name of Employe	er					
Manager		State						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Dute	Received	riggiogate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Becker	Tiist	David		IVII	1136			
Residential Street Address	City	Davia		State	Zip Code			
31 Catherine St Fairfield				СТ	06824			
Principal Occupation		Name of Employe	er					
Consultant		Flash	point Consulting LLC					
Is contributor a principal of a state contractor or prospective state contractor?	0	_	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent ennu o	x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	03/	31/2017	\$50.00		\$50.00			
				<u> </u>	1			
Last Name	First			MI	Contribution ID #			
Carter		Daniel			1137			
Residential Street Address	City	5.4.4		State	Zip Code			
14 Katrina Cir		Bethel		СТ	06801			
Principal Occupation		Name of Employe						
Consultant Is contributor a principal of a state contractor or prospective state contractor?			McBride, LLC obbyist, spouse, or	Amou	ant of Contribution			
Yes X No	0	dependent child o		Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Action 112 Yes Wethold of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	03/	31/2017	\$25.00		\$25.00			
			Total of S	Section B	\$79,905.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A.	⊥ D)	(Total on Line	14 Column A of Summany Page)		\$79,905.00			

Page 133 of 162

	I. 1	MONET	ΓARY	Y RECEI	IPTS (S	Section A-I)				
NAME OF COMMITTEE (Prov						,		Τ	TYPE OF	REP∩RT
Lumaj Explore	vide Complete Name as K	egistereu	williC	OHIIIIISSIOII)				April 10 Filing - Ori	
Lumaj Explore									, ,	•
	C1. Co	ntributio	ons fr	om Other	Comm	ittees				
Name of Committee						Name of Treasurer				
Address					Is this cont	ribution associated with	ı an		Yes No	Amount of Contribution
event reported in Section J1?										
C:t-		State	Zip Co	ode	Date F	If yes, list Event #	Aggrega	ate Contril	outions	-
City										
		<u> </u>						Т	otal of Section C	1
										-
	I. MONE	TARY F	RECI	EIPTS (S	ection .	A-I)				
NAME OF COMMITTEE								Т	YPE OF REPOR	Т
Lumaj Explore							A	pril 10 Fi	ling - Original	
C	2. Reimbursements o	r Surplu	ıs Dist	tributions	from o	her Committee	es			
Name of Committee						Name of Treasurer				
Address							Date	e Received	i	Amount of Receipt
City		State		Zip Code		Payment Type	·			
						Reimbursement Surplus distribu		-	ry committee	
Expenditure #	Description	1								
										1
								To	tal of Section C2	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				ТҮРЕ	OF REPORT				
Lumaj Explore			,	April 10 Filir	ng - Original				
D. Loans Received this Period									
Name of Lender		Source of Loan:				Date of Receipt			
Street Address	City	Bank Candid	date	Individu State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No			
Name of Cosigner/Guarantor (if applicable)	l				I	Amount Received			
Street Address	City			State	Zip Code				
	•			<u>l</u>	Total of Section	n D			
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					TYPE OF REPO	RT			
Lumaj Explore				Apri	l 10 Filing - Original				
E. Personal Funds of the Candidate Rece	eived this Period (C	andidate Committee	s ONL	Y)					
Date of Receipt Method of Payment Cash	Personal Check	Credit/Debit	t Card			Amount			
				Total o	f Section E				
I. Mo	netary Receipts (S	Section A-I)							
NAME OF COMMITTEE				7	YPE OF REPOR	T			
Lumaj Explore				April 10	Filing - Original				
G. Interest from	n Deposits in Autho	orized Accounts		'					
Name of Institution			Da	te Received		Amount			
Street Address	City		State	Zip	Code				
				Т	otal of Section G				

Total of Section I

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE		1	ΓΥΡΕ OF REPOR	٦					
Lumaj Explore		April	10 Filing - Original						
H. Public Grant Funds Received from the Citizens' Election Fund									
Purpose of Grant:	Grant Cycle:		Date Received	Amount					
Initial Grant Adjustment	Primary General Election Special	l Election							
Supplemental/Post Election Deficit									
			Total of Section H						
I.	MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE			TYPE OF REPO	RT					
Lumaj Explore		April	10 Filing - Original						
I. Miscellaneo	us Monetary Receipts not Considered Contributi	tions							
Name		Date o	of Transaction	Amount Received					
Street Address	City	State	Zip Code						
Description	'		ı						

	II. EVENT ACTIVITY	(Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Con	nmission)			TYPE	OF REPO	RT	
Lumaj Explore					April 10 Filing - C	Original		
	J1. Event Inform	mation						
Event # Date of Event	Description Luncheon Event						fundraisin	g event?
Location: Street Address 525 W Auburn Rd ,				City	Hills		State MI	Zip Code 48307
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re-	ceipts here.)				\$0.00
Event # Date of Event	Description Dinner Event					l—	fundraisin	g event?
Location: Street Address 615 Franklin Ave				City Hartford			State CT	Zip Code 06114
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00
Event # Date of Event	Description Dinner Event						ı fundraisin Yes	g event?
Location: Street Address 91 Golden Hill St				City Waterbury	/		State CT	Zip Code 06706
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section Je with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Re-	ceipts here.)				\$0.00

	II. EVENT ACTIVITY	Y (Sections	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	nmission)			ТҮРЕ (OF REPO	ORT	
Lumaj Explore					April 10 Filing - O	riginal		
	J1. Event Inform	mation						
Event # Date of Event	Description Meet and Greet Event					Was this	a fundrais Yes	ing event?
Location: Street Address 374 Deerfield Rd				City Pomfret			State CT	Zip Code 06259
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bevera	complete requ	aired information for			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 l complete required infor		ions not Considered (Contributio	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Reco	eipts here.)				\$0.00
Event # Date of Event 04/23/2017 Letter A	Description Cocktail Event					Was this	a fundrais	ing event?
Location: Street Address 15 Grilley Rd				City Wolcott			State CT	Zip Code 06716
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bevera	complete requ	aired information for			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 I complete required infor		ions not Considered (Contributio	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Reco	eipts here.)				\$0.00
				То	tal of Section J1			\$0.00

Total of Section J4

\$400.00

	II.EVI	ENT ACTIVITY	(Sections	J1 - J	4)					
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commissi	ion)				TYPE OI	F REPOI	RT	
Lumaj Explore						Apr	il 10 Filing - Oriç	ginal		
	J3. In-Kind Donat	ions Not Considere	d Contribu	utions						
Name of the Donor										
Street Address				City					State	Zip Code
Donation Given by: Individual	Description of Donation									arket Value of Oonation
Business Entity Sole Proprietorship	Date Received	Event #			Agg	regate value f	or this event			
Sole Hophelosing										
							Total of Section	on J3		
	II.	EVENT ACTIVI	TY (Secti	ions J	1 - J4)					
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commissi	ion)				ТҮРЕ С	OF REPO	ORT	
Lumaj Explore							April 10 Filing	ı - Original	I	
J4. In-Ki	nd Donations Not Co	onsidered Contribu	tions Asso	ciated	with a H	ouse Part	y			
Name of Host						Is this event	supporting more	than one ca	andidate?	
JoAnn Baldwin						Yes	X No	If yes, co Addendu	mplete Iter m J4	nization in
Street Address				Citv					State	Zip Code
3411 Irwin Ave				Pomf	ret				СТ	06258
Description of Donation House Party Expenses										rket Value of onation
Event # 03192017A	Aggregate value of this Eve	ent - all hosts	\$400.00	A	.ggregate valu	e of all Event	s - this host/candid	date 0.00		\$400.00
				•						

III. NONMONETARY RECEIPTS (Sections K - L)									
NAME OF COMMITTEE (Provide Complete Name as Registered	l with (Commiss	ion)		1	ΓΥΡΕ OF RE	PORT		
Lumaj Explore					April 10 Filir	ng - Original			
K. In-Ki	nd Co	ntributi	ons		•				
Name									
Street Address			(City			State	Zip Code	
Is this contribution associated with an event reported in Section J1? No Description of In-Kind Contribution Pes No									
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state Contractor? indicate which branch or branches of No government the contract is with: Executive Legislative Fair Market Value of this Contribution									
Type of Contributor:	Type of Contributor: Date Received Aggregate contributions								
Individual Committee Sole F	roprietor	ship							
					Total	of Section K			
III. Non Mo	netar	y Recei	ipts (Sections K -]	L)	_				
NAME OF COMMITTEE (Provide Complete Name as Registered	d with (Commiss	ion)		Т	YPE OF REP	ORT		
Lumaj Explore					April 10 Fili	ing - Original			
L. Refundable Deposit	to Tel	ephone	Company						
Last Name of Individual		First Nan	ne		MI	Date D	eposit Made		
Residential Street Address	Ci	ty		State	Zip Coo	de		Amount of Deposit	
Name of Telephone company									
Street Address City State Zip Code									
					Total	of Section L			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT				
Lumaj Explore				April 10 Filing - (Original				
	N. Expenses Paid By Comm	ittee							
Name of Payee Constant Contact			Date of Payn 01/09/20			rment neck # ebit Card			
Street Address 1601 Trapelo Rd		City Waltham			State MA	Zip Code 02451			
Purpose of Expend A-WEB	Description Email Marketing					Amount			
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$40.00								
Name of Payee Explorator Media LLC	D	rment neck # ebit Card							
Street Address 270 Westport Rd		City Wilton			State CT	Zip Code 06897			
Purpose of Expend OVHD	Description Email and Webhosting					Amount			
which reimbursement is sough	— I	nditure # plicable)	Event #			\$60.00			
Name of Payee Scott Cleary			Date of Payn		D D	vment neck # <u>117</u> ebit Card FT			
Street Address 226 Andrews Rd		City Wolcott			State CT	Zip Code 06716			
Purpose of Expend OFFICE	Description Office Supplies					Amount			
which reimbursement is sough	—	nditure # plicable)	Event #			\$53.72			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT				
Lumaj Explore				April 10 Filing - (Original				
	N. Expenses Paid By Comm	ittee							
Name of Payee Brock Weber			Date of Payr 01/20/20		1 —	neck # 116 bbit Card			
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052			
Purpose of Expend FNDR *	Supplies for Fundraisers								
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure	\$1,327.00								
Name of Payee Anedot		neck #							
Street Address PO Box 84314		City Baton Rouge			State LA	Zip Code 70884			
Purpose of Expend BNK	Description Jan 2017 Cerdit Card Fees					Amount			
which reimbursement is sough	— I	diture # slicable)	Event #	1		\$18.07			
Name of Payee Paychex			Date of Payr		1 =	neck #			
Street Address 714 Brook St Ste 120 , 1	140	City Rocky Hill			State CT	Zip Code 06067			
Purpose of Expend OVHD	Description Workers Comp insurance policy					Amount			
which reimbursement is sough		diture # plicable)	Event #			\$75.00			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT				
Lumaj Explore				April 10 Filing - (Original				
	N. Expenses Paid By Comm	ittee							
Name of Payee Paychex			Date of Payr			rment neck # ebit Card			
Street Address 714 Brook St Ste 120 , 1	.40	City Rocky Hill			State CT	Zip Code 06067			
Purpose of Expend WAGE	Description Paychecx Fee					Amount			
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure	\$96.96								
Name of Payee Brock Weber	1 —	neck# ebit Card							
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052			
Purpose of Expend WAGE	Description January Salary					Amount			
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		nditure # plicable)	Event #	ŧ		\$6,000.00			
Name of Payee Cassandra Dudinski			Date of Payr		1 =	neck# ebit Card			
Street Address 35 Regency Ct		City Bristol			State CT	Zip Code 06716			
Purpose of Expend WAGE	Description January Salary					Amount			
which reimbursement is soug	─	nditure # plicable)	Event #			\$2,500.00			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT				
Lumaj Explore				April 10 Filing - (Original				
	N. Expenses Paid By Comn	ittee							
Name of Payee Scott Cleary			Date of Payr		1 =	neck #			
Street Address 226 Andrews Rd		City Wolcott			State CT	Zip Code 06716			
Purpose of Expend WAGE	Description January Salary					Amount			
Is this expenditure coordinated with another candidate for Wes Expenditure # Event # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum									
Name of Payee Sean Cleary	1 —	neck #							
Street Address 54 East St		City Wolcott			State CT	Zip Code 06716			
Purpose of Expend WAGE	Description January Wages					Amount			
which reimbursement is sough	— I	nditure # plicable)	Event #	i		\$3,250.00			
Name of Payee CT Country Rentals		_	Date of Payr 01/29/20		1 =	neck # <u>120</u> bbit Card			
Street Address 108 Mad River Rd		City Wolcott			State CT	Zip Code 06716			
Purpose of Expend OVHD	Description January Office Space					Amount			
which reimbursement is sough		nditure # plicable)	Event #			\$800.00			

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT				
Lumaj Explore			,	April 10 Filing - (Original				
	N. Expenses Paid By Comm	ittee							
Name of Payee CT Country Rentals			Date of Payn		1 =	neck # 121 ebit Card			
Street Address 108 Mad River Rd		City Wolcott			State CT	Zip Code 06716			
Purpose of Expend OVHD	Description February Office Spance					Amount			
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$800.00								
Name of Payee TD Bank	Method of Payment Check # Debit Card X EFT								
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716			
Purpose of Expend BNK	Description January Bank Fee					Amount			
which reimbursement is sough		diture # slicable)	Event #			\$8.00			
Name of Payee Explorator Media LLC			Date of Payn		1 =	neck # ebit Card			
Street Address 270 Westport Rd		City Wilton			State CT	Zip Code 06897			
Purpose of Expend OFFICE	Description Website ahosting and emails					Amount			
which reimbursement is sough		diture # slicable)	Event #			\$30.10			

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT		
Lumaj Explore				April 10 Filing - (Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Constant Contact			Date of Payr 02/07/20		1 =	eck #	
Street Address 1601 Trapelo Rd		City Waltham			State MA	Zip Code 02451	
Purpose of Expend A-WEB	February Email Marketing					I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)						\$60.00	
Name of Payee Date of Payment				Method of Payment Check # Debit Card X EFT			
Street Address 270 Westport Rd		City Wilton			State CT	Zip Code 06897	
Purpose of Expend OVHD	Description Website hosting and Emails					Amount	
which reimbursement is sough		nditure # plicable)	Event #	:	\$45.45		
Name of Payee Albanian American Club			Date of Payr 02/11/20		1 —	eck # <u>119</u> bit Card	
Street Address 525 Auburn Rd		City Rochester Hills			State MI	Zip Code 48307	
Purpose of Expend FNDR *	Description Food Cost for Fundraiser					Amount	
which reimbursement is soug		nditure # plicable)	Event #			\$1,390.00	

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O				OF REPORT		
Lumaj Explore				April 10 Filing - (Original	
	N. Expenses Paid By Comr	nittee				
Name of Payee Paychex			Date of Pays		De De	rment neck # ebit Card
Street Address 714 Brook St Ste 120 , 1	.40	City Rocky Hill			State CT	Zip Code 06067
Purpose of Expend OFFICE	Description Paychecx Fee					Amount
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		enditure # oplicable)	Event #	ŧ		\$86.86
Name of Payee Date of Payment Paychex 02/20/2017				Method of Payment Check # Debit Card X EFT		
Street Address 714 Brook St Ste 120 , 1	.40	City Rocky Hill			State CT	Zip Code 06067
Purpose of Expend OVHD	Description Workers Comp costs					Amount
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		enditure # oplicable)	Event #	ŧ		\$79.40
Name of Payee Scott Cleary			Date of Payr		D D	rment neck # <u>123</u> ebit Card
Street Address 226 Andrews Rd		City Wolcott			State CT	Zip Code 06716
Purpose of Expend FNDR *	Description reimbursement for Detroit fundraiser					Amount
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure	□	enditure # oplicable)	Event #	ŧ		\$166.40

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI					OF REPORT		
Lumaj Explore			ļ	April 10 Filing -	Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Brock Weber			Date of Payn 02/20/20		1 =	eck #	
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend WAGE	February Salary					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Yes Expenditure # (if applicable) Event #						\$6,000.00	
Name of Payee Brock Weber Date of Payment 02/20/2017				Method of Payment X Check # 122 Debit Card EFT			
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend FNDR *	Description Detroit fundraiser expenses					Amount	
which reimbursement is sough	— I	nditure# plicable)	Event #	i		\$1,456.08	
Name of Payee Sean Cleary			Date of Payn		ı =	eck #	
Street Address 54 East St		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend WAGE	Description February Wages					Amount	
which reimbursement is sough	— 1 40	nditure # plicable)	Event #	i		\$3,250.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT		
Lumaj Explore				April 10 Filing -	Original		
	N. Expenses Paid By Comm	nittee					
Name of Payee Cassandra Dudinski			Date of Payr 02/20/20		1 =	eck #	
Street Address 35 Regency Ct		City Bristol			State CT	Zip Code 06716	
Purpose of Expend WAGE	Description February Salary					I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)						\$2,500.00	
Name of Payee Date of Payment Scott Cleary 02/20/2017				Method of Payment Check # Debit Card X EFT			
Street Address 226 Andrews Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend WAGE	Description February Salary					Amount	
which reimbursement is sough	— I	enditure # oplicable)	Event #	i	\$850.00		
Name of Payee Go Daddy		_	Date of Payr		ı =	eck #	
Street Address 14455 N Hayden Rd Ste	226	City Scottsdale			State AZ	Zip Code 85260	
Purpose of Expend WEB	Description Website Hosting					Amount	
which reimbursement is sough	□	enditure # oplicable)	Event #			\$233.38	

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI					F REPORT	
Lumaj Explore				April 10 Filing - (Original	
	N. Expenses Paid By Comm	ittee				
Name of Payee Go Daddy			Date of Payri 02/24/20		1 =	neck #
Street Address 14455 N Hayden Rd Ste	226	City Scottsdale			State AZ	Zip Code 85260
Purpose of Expend WEB	Description Website Hosting					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable) Event #					\$30.71	
Name of Payee Go Daddy Date of Payment 02/24/2017				Method of Payment Check # X Debit Card EFT		
Street Address 14455 N Hayden Rd Ste	226	City Scottsdale			State AZ	Zip Code 85260
Purpose of Expend WEB	Description Website Hosting					Amount
which reimbursement is sough	— I	nditure # plicable)	Event#	i	\$211.21	
Name of Payee Anedot			Date of Payn 02/28/20		1 =	neck #
Street Address PO Box 84314	<u>, </u>	City Baton Rouge			State LA	Zip Code 70884
Purpose of Expend BNK	Description Feb 2017 Credit Card Fees					Amount
which reimbursement is soug	─	nditure# plicable)	Event #	i		\$137.07

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT		
Lumaj Explore			Ap	oril 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee TD Bank			Date of Paymer 02/28/2017		. =	neck # ebit Card	
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend BNK	Description February Bank Fee					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)						\$13.48	
Name of Payee Date of Payment Spectrum Marketing 03/02/2017				Method of Payment X Check # 124 Debit Card EFT			
Street Address City 95 Eddy Rd # 101 Manchester				State NH	Zip Code 03102		
Purpose of Expend OFFICE	Description Information Cards					Amount	
which reimbursement is sough		diture # plicable)	Event #			\$887.00	
Name of Payee CT Country Rentals			Date of Paymer 03/06/2017			neck # 125 ebit Card	
Street Address 108 Mad River Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend OVHD	Description March Office Space					Amount	
which reimbursement is soug		diture # slicable)	Event #			\$800.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT		
Lumaj Explore				April 10 Filing -	Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Constant Contact			Date of Payr		1 =	neck #	
Street Address 1601 Trapelo Rd		City Waltham			State MA	Zip Code 02451	
Purpose of Expend A-WEB	Description March Email service					I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)						\$40.00	
Name of Payee Place 2 Be Date of Payment 03/11/2017					Method of Payment X Check # 130 Debit Card EFT		
Street Address 615 Franklin Ave		City Hartford			State CT	Zip Code 06114	
Purpose of Expend FNDR *	Description Fundraiser Expenses					Amount	
which reimbursement is sough	— — — — — — — — — — — — — — — — — — —	nditure # plicable)	Event #	i		\$2,312.27	
Name of Payee Brock Weber			Date of Payr 03/11/20		1 —	neck # <u>127</u> bbit Card	
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend OFFICE	Description supplies					Amount	
which reimbursement is sough		nditure # plicable)	Event #	i		\$1,610.33	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	F REPORT		
Lumaj Explore			ļ	April 10 Filing - (Original		
	N. Expenses Paid By Commi	ittee					
Name of Payee Unisource Windsor			Date of Payn			yment heck# <u>126</u> ebit Card FT	
Street Address 100 Helmsford Way		City Windsor			State CT	Zip Code 06095	
Purpose of Expend A-DM	Description Direct mail Solisition					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable) Expenditure # (if applicable)						\$8,388.89	
Name of Payee F and F Catering Date of Payment 03/11/2017					Method of Payment X Check # 131 Debit Card EFT		
Street Address 36 Indian Hill Ave		City Portland			State CT	Zip Code 06480	
Purpose of Expend FNDR *	Description Waterbury Fundraiser					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		diture # licable)	Event #		\$710.00		
Name of Payee AOH			Date of Payn			yment heck # <u>128</u> ebit Card FT	
Street Address 91 Golden HI S		City Waterbury			State CT	Zip Code 06706	
Purpose of Expend FNDR *	Description Hall Rental					Amount	
which reimbursement is sough		diture # licable)	Event #		\$200.00		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C				ТҮРЕ О	OF REPORT		
Lumaj Explore			Ap	oril 10 Filing - (Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Paychex			Date of Payme 03/16/201		. =	neck# ebit Card	
Street Address 714 Brook St Ste 120 , 1	.40	City Rocky Hill			State CT	Zip Code 06067	
Purpose of Expend OVHD	Description Worker Comp Costs					Amount	
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		diture # dicable)	Event #			\$43.86	
Name of Payee Date of Payment Paychex 03/16/2017				Method of Payment Check # Debit Card X EFT			
Street Address 714 Brook St Ste 120 , 1	.40	City Rocky Hill			State CT	Zip Code 06067	
Purpose of Expend OFFICE	Description Paychex Fees					Amount	
Is this expenditure coordinate which reimbursement is sough If yes, assign an Expenditure		diture # dicable)	Event #			\$86.86	
Name of Payee Brock Weber			Date of Payme 03/20/201		ı =	neck# ebit Card	
Street Address 98 Winthrop St		City New Britain			State CT	Zip Code 06052	
Purpose of Expend WAGE	Description March Salary					Amount	
which reimbursement is soug		diture # dicable)	Event #			\$6,000.00	

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT	
Lumaj Explore				April 10 Filing - (Original	
	N. Expenses Paid By Comm	nittee				
Name of Payee Sean Cleary			Date of Payr		1 =	eck # bit Card
Street Address 54 East St		City Wolcott			State CT	Zip Code 06716
Purpose of Expend WAGE	Description March Wages					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable) Event #					\$3,250.00	
Name of Payee Cassandra Dudinski Date of Payment 03/20/2017				Method of Payment Check # Debit Card X EFT		
Street Address 35 Regency Ct		City Bristol			State CT	Zip Code 06716
Purpose of Expend WAGE	Description March Salary					Amount
which reimbursement is sough	— I	nditure# plicable)	Event #			\$2,500.00
Name of Payee Scott Cleary			Date of Payr		1 =	eck # bit Card
Street Address 226 Andrews Rd		City Wolcott			State CT	Zip Code 06716
Purpose of Expend WAGE	Description March Salary					Amount
which reimbursement is soug		nditure # plicable)	Event #			\$850.00

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI					OF REPORT		
Lumaj Explore				April 10 Filing - (Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Cassandra Dudinski			Date of Payr		1 =	neck# <u>133</u> ebit Card	
Street Address 35 Regency Ct		City Bristol			State CT	Zip Code 06716	
Purpose of Expend FOOD	Description Coffee for Meeting					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable) Expenditure # (if applicable)						\$29.80	
Name of Payee Mahans Lakeview Date of Payment 03/29/2017				Method of Payment X Check # 132 Debit Card EFT			
Street Address 15 Grilley Rd		City Wolcott			State CT	Zip Code	
Purpose of Expend FNDR *	Description Deposit for Fundraiser on 4/23/17					Amount	
which reimbursement is sough		nditure# plicable)	Event #		\$1,000.00		
Name of Payee TD Bank			Date of Payr		1 =	neck # ebit Card	
Street Address 826 Wolcott Rd		City Wolcott			State CT	Zip Code 06716	
Purpose of Expend BNK	Description March Bank Fee					Amount	
which reimbursement is sough		nditure# plicable)	Event #			\$8.00	

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O				OF REPORT		
Lumaj Explore			April 10 Filing - C	Original		
	N. Expenses Paid By Commi	ittee	•			
Name of Payee Anedot			f Payment 9/2017	. =	eck # bit Card	
Street Address PO Box 84314		City Baton Rouge		State LA	Zip Code 70884	
Purpose of Expend BNK	Description March 2017 Credit Card Fees				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)					\$149.84	
Name of Payee Date of Payment Eduard Bujaj 03/31/2017				Method of Payment X Check # 134 Debit Card EFT		
Street Address 4200 Herkimer Pl				State NY	Zip Code 10470	
Purpose of Expend REF	Description Partial Contributer Return				Amount	
which reimbursement is sough		diture # E	vent#		\$25.00	
Name of Payee US Social Security Admir	nistration		f Payment 1/2017		eck# bit Card	
Street Address 51 N Elm St # 1		City Waterbury		State CT	Zip Code 06702	
Purpose of Expend WAGE	Description Matching FICA for Q1 2017				Amount	
which reimbursement is soug		diture# E	vent #		\$2,891.73	

	IV. EXPENDITURES	(Sections N - S)				
NAME OF COMMITTER	E (Provide Complete Name as Registered with Commission	n)		TYPE OF REPO	FREPORT		
Lumaj Explore				April 10 Filing - Original	Driginal		
	N. Expenses Paid By Cor	mmittee					
Name of Payee Connecticut Department	of Labor		Date of Pays 03/31/20		Payment Check # Debit Card EFT		
Street Address 200 Folly Brook Blvd		City Wethersfield	•	State CT	Zip Code 06109		
Purpose of Expend WAGE	Description CT - SUTA Q1 2017				Amount		
Is this expenditure coordinate which reimbursement is soug If yes, assign an Expenditure		Expenditure # if applicable)	Event #	ŧ	\$1,357.20		
Name of Payee Date of Payment Internal Revenue Service 03/31/2017				Method of Payment Check # Debit Card X EFT			
Street Address PO Box 804521		City Cincinnati		State OH	Zin Code 45208		
Purpose of Expend WAGE Description Federal Unemployment Q1 2017 Amount					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Expenditure # Event # (if applicable) \$141.30					\$141.30		
				Total of Section N	\$65,700.97		

	IV.	. EXPENDITU	JRES (Section	ons N - S)				
NAME OF COMMITTEE (F	Provide Complete Name as Re	egistered with Con	nmission)			TYP	E OF REPOR	Т
						April 10 Filing	- Original	
	O. Expe	enses Paid By Ca	andidate					
Name of Payee (Name of vendor who	candidate paid directly)				Date of Pays	ment	Is Reimbursemer	
Street Address		City		State	Zip C	ode		Amount
Purpose of Expenditure (by code)	cription				Event#			
						Total	of Section O	
	IV. EXPI	ENDITURES ((Sections N -	S)				
NAME OF COMMITTEE (F	Provide Complete Name as Ro	egistered with Con	nmission)			TYPE	OF REPORT	
Lumaj Explore						April 10 Filing - C	riginal	
	P. Expenses	Incurred on Co	ommittee Cred	lit Card				
Name of Issuing Institution				Type of Credit (Visa	Card: Maste	r Card Di	iscover	American Express
Name of Vendor				•			Date of Tr	ansaction
Street Address				City			State	Zip Code
Purpose of Expenditure (by code)	Description							Amount
Is this expenditure coordinated w which reimbursement is sought?	rith another candidate for	Ye No		Expenditure # (if applicable)	Eve	nt#		
If yes, assign an Expenditure # ar	nd complete Itemization in Adden	dum						
						Total of Sect	ion P	

Page 159 of 162

IV. EXPENDITURES (Sec	etions N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission	n)	TYPE O	F REPORT	
Lumaj Explore		April 10 Filing - Ori	ginal	
Q. Expenses Incurred By Committee but N	ot Paid During this Period			
Name of Creditor			Date Incurre	ed
Street Address	City		State	Zip Code
Purpose of Expenditure (by code) Description				unt Incurred ate or Actual)
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # F (if applicable)	Event #		
		Total of Section Q		

	IV. EXPEND	OITURES	(Sections N -	S)						
NAME OF COMMITTEE (Provide Complete	Name as Registere	ed with Comm	nission)			,	TYPE OF REI	PORT		
Lumaj Explore						April 10 F	Filing - Original			
R. Itemizat	ion of Reimburs	sements and	l Secondary Pa	iyees						
Last Name of Worker/Consultant	First			MI	Date	of Payme	nt to Vendor	Worker/C Section N	Consul	mburse Committee tant as reported in
								Debit Card EFT		
Name of Vendor Paid by Committee Worker/Consultant	•			-			•			
Street Address of Vendor			City					State	e	Zip Code
Purpose of Expenditure (by code)	Purpose of Expenditure									
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)			Event #				Amount		
If yes, assign an Expenditure # and completes Itemization in		No								
						Total of	Section R			
	IV FYPE	NDITHR	ES (Sectuibs	N - S)						
NAME OF COMMITTEE (Provide Complete				11-5)		,	ГҮРЕ OF REI	PORT		
Lumaj Explore	Traine as registere	ed with Colli	mission		,	April 10 Filing - Original				
s	. Surplus Distrik	oution of E	quipment and l	Furniture						
Name of Recipient	S. Surplus Distribution of Equipment and Furniture Name of Recipient									
Street Address		City			State	•	Zip Code			Original Purchase Amount of Item
Description of Item					•					
							Total of Se	ction S		

	Section J4. ADDENDUM		
NAME OF COMMITTEE			TYPE OF REPORT
J4. In - Kind Donat	ions Not Considered Contribution Asso	ciated with a Hou	ise Party - Addendum
Event #			
Name of Candidate			
	Section N. ADDENDUM		
NAME OF COMMITTEE			TYPE OF REPORT
	N. Expenses Paid By Committee - Ad	dendum	
Expenditure #			Amount of Expenditure
Name of Candidate		Offic	ce Sought
	Section P. ADDENDUM		
NAME OF COMMITTEE			TYPE OF REPORT
1	P. Expenses Incurred on Committee Cr	edit Card - Adder	ndum
Expend	liture #		Amount of Expenditure
Name of Candidate		•	Office Sought

Section Q. ADDENDUM		
NAME OF COMMITTEE		TYPE OF REPORT
Q. Expenses Incurred by Committee but Not P	Paid During this Pe	riod - Addendum
Expenditure #		Amount of Expenditure
Name of Candidate		Office Sought

Section R. ADDENDUM		1	
NAME OF COMMITTEE		TYPE OF REPORT	
R. Itemization of Reimbursements and Secondary Payees	- Addendun	1	
	Amount of Expenditure		
Expenditure #		Amount of Expenditure	